

Mental Health Case: Andrew Davis

Documentation Assignments

1. Document your initial assessment of Andrew Davis including his response and comments made during the assessment.

My initial assessment Andrew Davis was sitting up on the bed very restless, agitated, seemed a little bit red in the face, he was cooperative but just wanted to get out of the hospital. He was very embarrassed what had happened the day before he came in. During the assessment he would make comments saying that this is not going to help him. He is nervous because he is not sure that he can stop drinking, he said. The patient also mentioned that sometimes he wakes up in the morning and he can't remember things. He said its scary. He said that he does not need to attend support groups.

2. After completing the Clinical Institute Withdrawal Assessment of Alcohol Scale with Andrew Davis, document your findings and any interventions you provided based on your findings.

After completing the CIWA assessment I found that he had nausea but no vomiting, he had moderate tremors when his arms were extended, he had beads of sweat on his forehead and the palms of his hands were sweaty, he did not have any burning, itching, pills, needles or numbness, he was not hearing or seeing anything usual, he had mild anxiety, he was moderately fidgety and restlessness, he did complain of a mild headache, and he was oriented to person, place, time and situation. I gave him acetaminophen for his headache that he rated a 4/10, I performed a set of Vital signs on him, auscultated his heart and lungs sounds. And did some education as to why he was in the hospital and how this could help him.

3. Referring to your feedback log, document all nursing care you provided to Andrew Davis and his response to care.

- I was my hands
- Introduced myself
- Identified patient
- Asked for any known allergies
- I asked to perform a set of vital signs on Mr. Davis he said "Yeah, I guess. If you have to."
- I asked if he could tell me where we were he said "Yes, I am in this hospital because my wife said I couldn't come home."
- I asked if he was experiencing pain and he said "yes". I then asked where it was located and he said, "I can't get rid of this headache."
- Patient said "Why are you asking me so many questions? You are making my headache worse." I said, I appreciate how difficult it is to answer so many questions; however, I need to complete an assessment of you today.
- I asked the patient if he felt nervous and he said, "I don't know what to do with my hands." I asked, are you saying you feel anxious?
- I asked the patient if he felt bugs crawling under his skin and the patient said, "No I am not crazy."
- I asked the patient if he is seeing anything you know are not there? He said, "No, I am not seeing things that are not there. Do you think I'm butts?"

4. Document patient education opportunities you provided Andrew Davis including medications ordered and the rationale for conducting sequential CIWA assessments.

I educated the patient about short-term goals, substance abuse, supported the patient about the decision to seek help, I supported the patient about his responsibilities. I educated him on signs and symptoms of alcohol withdrawal and a headache is one of the main symptoms and refraining from alcohol for the rest of his life. I forgot to educate about the results of the CIWA assessment and about medications.

5. Document your handoff report in the SBAR format to communicate Andrew Davis's future needs.

Situation: Andrew Davis is a 56- year- old currently on the acute detoxification unit.

Background: Yesterday, he was removed from a school board meeting after becoming angry and direction racial and ethnic slurs.

He reports that his alcohol intake is approximately 1 pint of vodka per day.

Assessment: Upon my assessment, the patient was sweating, report a headache and was sensitive to sound.

He is reporting "feeling anxious" and wanting to get out of this place.

Recommendation: Continue CIWA-Ar assessment and vital signs every hour x8 hours.