N321 Care Plan # 1

Lakeview College of Nursing

Mallorie Mason

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
2/9/21	B.G.	33	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Arby's	Single	NKA
Code Status	**Height**	**Weight**	
Full Code	160.02 cm	82 kg	

Medical History (5 Points)

Past Medical History: Depression, patient was diagnosed two-three years ago

Past Surgical History: N/A

Family History: Paternal: Patient states, "heart issues and heart attack"

Maternal: N/A

Social History (tobacco/alcohol/drugs): Patient drinks alcohol. When asked how much alcohol the patient stated, "I have drank a fifth everyday for the past two weeks". The patients preferred drink is Captain Morgan rum. Patient does not use tobacco or any other drugs. Patient does occasionally vape every now and then.

Assistive Devices: N/A

Living Situation: Patient lives at home with a roommate

Education Level: Patient has there GED

Admission Assessment

Chief Complaint (2 points): Excessive Drinking

History of present Illness (10 points):

A 33 year old patient was admitted to Sarah Bush hospital on February, 9, 2021. When asked why the patient was brought to the hospital, the patient stated, “excessive drinking”. The patient admitted himself because he knew he could not detox on his own. The patient stated, “I have drank a fifth everyday for the past two weeks”. Patient excessive drinking relates to girlfriend issues. Patient stops for a while and then relapsed to numb the pain.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): .Alcoholism

Secondary Diagnosis (if applicable): .Detox

Pathophysiology of the Disease, APA format (20 points):

According to Capriotti and Frizzell, “Alcohol, is the most commonly used addictive drug, is mainly a CNS depressant (Capritotti and Frizzell, 2020, P. 912). An allele called A1 of the D2 dopamine receptors is responsible for the addictive behaviors alcoholism brings. People with the specific allele will have fewer dopamine receptors and a natural tendency for addictive behaviors (Cappriotti and Frizzell, 2020). People who excessively drink alcohol are seeking to stimulate circuits of the brain. The circuits are to be involved in rewarding and reinforcement. Alcohol withdrawal is when a person who uses alcohol heavily has reduced or stopped alcohol intake. Chronic alcohol use can cause pancreatitis, gastrointestinal bleeding, sexual dysfunction, liver damage, and cardiovascular disease (Videbeck, 2020).

Excessive alcohol use symptoms include slurred speech, nystagmus, altered judgment, decreased motor skills, decreased level of consciousness, respiratory arrest, and death (Videbeck, 2020). Alcohol withdrawal symptoms may include disorientation, tremulousness, hallucinations, nausea, sweating, insomnia, anorexia, and tachycardia (Capriotti and Frizzell, 2020). Elevated blood pressure and increased respirations will be found in patients with withdrawing alcohol, which high blood pressure was found in

my patient. Elevated glucose sugars may occur in alcoholism patients because alcohol is carbohydrates, and carbohydrates make blood sugars elevate.

One diagnostic test used to help identify alcoholism is the cage questioner. “A single positive response to the cage questionnaire is considered suggestive of an alcohol problem, and two or more positive responses indicate the presence of such problem” (Capriotti and Frizzell, 2020, P. 914). Blood alcohol concentration is an indication of how much alcohol is in the blood/body. The average blood alcohol concentration level is 0.08%, which is the legal limit (Videbeck, 2020). A blood-alcohol level that can cause death is 0.4%. An alcoholism detox assessment tool is called the Clinical Institute Withdrawal Assessment of Alcohol Scale, Revised (CIWA-Ar). The CIWA tool is essential because in order to give alcohol detox patients their medications.

Alcoholism treatment is to detox. There are many treatments in the medical field that can help to detoxify. Medication is the number one treatment to help alcohol withdrawal patients. If the patient is experiencing agitation or tremulousness, benzodiazepines can be used (Capriotti and Frizzell, 2020). If the patient is experiencing nausea, then ondansetron can be given. Which the patient was both given these medications due to symptoms. “Once physical withdrawal is complete. Group and individual counseling begins and continues on an inpatient, outpatient, and group support” (Capriotti and Frizzell, 2020, P. 915). An example of a support group is Alcoholics Anonymous (AA).

Pathophysiology References (2) (APA):

Capriotti, T. & Frizzell, J.P. (2020). *Pathophysiology: Introductory concepts and clinical perspectives.* (2nd ed.). F.A. Davis Company.

Videbeck, S.L., (2020). *Psychiatric mental health nursing* (8th ed.). Wolter Kluwer Health Lippincott Williams & Wilkins.

Laboratory Data (15 points)

CBC Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason for Abnormal Value
RBC	4.28-5.56	4.04	N/A	Patient may be anemic or in early onset of renal failure because of the alcohol.
Hgb	13.0-17.0	11.8	N/A	Low red blood cells cause hemoglobin to be lowered as well. Patient could be anemic or because of excessive alcohol.
Hct	38.1-48.9	35.3	N/A	Lowered red blood cells cause hematocrit to be low. This may also be a sign of anemia, or because of the patients alcohol abuse.
Platelets	149-393	258	N/A	
WBC	4.0-11.7	8.6	N/A	
Neutrophils	45.3-79.0	61.2	N/A	
Lymphocytes	11.8-45.9	26.8	N/A	
Monocytes	4.4-12.0	9.0	N/A	
Eosinophils	0.0-6.3	1.7	N/A	
Bands	0-700	N/A	N/A	

Chemistry Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab	Normal Range	Admission Value	Today's Value	Reason For Abnormal
Na-	136-145	141	N/A	
K+	3.5-5.1	3.8	N/A	
Cl-	98-107	102	N/A	
CO2	21-31	29	N/A	
Glucose	74-109	124	N/A	May be high because the patient had just eaten or because of the excessive alcohol.

				Alcohol has a lot of carbohydrates which make blood sugars rise.
BUN	7-25	9	N/A	
Creatinine	0.70-1.30	0.70	N/A	
Albumin	3.5-5.2	4.1	N/A	
Calcium	8.6-10.3	8.1	N/A	
Mag	1.6-2.6	N/A	N/A	
Phosphate	2.5-4.5	N/A	N/A	
Bilirubin	0.3-1.0	0.2	N/A	Caffeine and NSAIDS lower bilirubin levels.
Alk Phos	44 to 147	87	N/A	
AST	10-30	27	N/A	
ALT	10-40	30	N/A	
Amylase	30-110	N/A	N/A	
Lipase	10-140	N/A	N/A	
Lactic Acid	4.5-19.8	N/A	N/A	

Other Tests Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
INR	2-3	N/A	N/A	
PT	9.6-11.8sec	N/A	N/A	
PTT	30-40sec	N/A	N/A	

D-Dimer	≤250	N/A	N/A	
BNP	<125	N/A	N/A	
HDL	>60	N/A	N/A	
LDL	<130	N/A	N/A	
Cholesterol	<200	N/A	N/A	
Triglycerides	<150	N/A	N/A	
Hgb A1c	4%-5.6%	N/A	N/A	
TSH	0.4-4.0	N/A	N/A	

Urinalysis Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Lab Test	Normal Range	Value on Admission	Today's Value	Reason for Abnormal
Color & Clarity	Yellow Clear	Colorless and clear	N/A	
pH	5.0-8.0	6.0	N/A	
Specific Gravity	1.005-1.034	1.005	N/A	
Glucose	Normal	Normal	N/A	
Protein	Negative	Negative	N/A	
Ketones	Negative	Negative	N/A	
WBC	<=5	Negative	N/A	
RBC	0-3	Negative	N/A	
Leukoesterase	Negative	Negative	N/A	

Cultures Highlight All Abnormal Labs—Explanations must be in complete sentences and contain in-text citations in APA format.

Test	Normal Range	Value on Admission	Today's Value	Explanation of Findings
Urine Culture	Negative Growth	N/A	N/A	
Blood Culture	Negative Growth	N/A	N/A	
Sputum Culture	Negative Growth	N/A	N/A	
Stool Culture	Negative Growth	N/A	N/A	

Lab Correlations Reference (1) (APA):

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & suddarth's textbook of medical-surgical Nursing* (14th ed.*)*. Wolters Kluwer Health Lippincott Williams & Wilkins

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

EKG was performed on 2/9/2021. Results found were sinus tachycardia, but other than that normal. Tachycardia means fast beating heart. The heart would beat more than 100 beats per minute

Diagnostic Test Correlation (5 points):

Test was most likely preformed due to the amount of alcohol the patient had consumed

Diagnostic Test Reference (1) (APA):

Hinkle, J.L., & Cheever, K. H. (2018). *Brunner & suddarth's textbook of medical-surgical Nursing* (14th ed.*)*. Wolters Kluwer Health Lippincott Williams & Wilkins

Current Medications (10 points, 1 point per completed med)

10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	N/A	omega-3-acid ethyl esters Lovaza	quetiapine Seroquel	escitalopram Lexapro	N/A
Dose		1,000mg	50mg	10mg	
Frequency		Daily	Daily	Daily	
Route		Oral	Oral	Oral	
Classification		Pharmacologic: Ethyl esters Therapeutic: Antilipemic	Pharmacologic: Dibenzodiazepine Therapeutic: Antipsychotic	Pharmacologic: Selective serotonin reuptake inhibitor Therapeutic: Antidepressant	
Mechanism of Action		" Essential fatty acids that may inhibit very-low-	"Interfering with dopamine binding to	" Inhibits reuptake of the neurotransmitter	

		density lipoprotein and triglyceride synthesis in the liver" (Jones and Bartleett, 2020, P. 910).	dopamine type two-receptor sites in the brain and by antagonizing serotonin, dopamine type one, histamine, and adrenergic receptors" (Jones and Bartleett, 2020, P.1061).	serotonin by CNS neurons, increasing the amount of serotonin available in nerve synapses" (Jones and Bartleett, 2020, P. 429).	
Reason Client Taking		Nutrition, helps with heart disease, and lowering blood pressure	Depression	Depression	
Contraindications (2)		Hypersensitivity to omega 3-acid ethyl esters or its components	Hypersensitivity to quetiapine or its components Patients with history of cardiac arrhythmia.	Concomitant therapy with pimozide Hypersensitivity to escitalopram	
Side Effects/Adverse Reactions (2)		Angina; Anaphylaxis	Suicidal Ideation Hypothermia	Seizures Atrial Fibrillation	
Nursing Considerations (2)		1.Make sure patient is not allergic to fish or shellfish. 2. Monitor LDl-C levels	1.Moinitor patients closely for suicidal tendencies 2. Place patient on fall precautions	1. Monitor for bleeding, patient should be on bleeding precautions 2. Taper dosage to avoid adverse reactions when the medication is not needed anymore	

Hospital Medications (5 required)

Brand/Generic	enoxaparin	lorazepam Ativan	ondansetron Zofran	pantoprazole Protonix	Folic Acid

	Lovenox				
Dose	40mg	1 mg	4mg	40mg	1mg
Frequency	Daily	PRN	PRN	Daily	Daily
Route	Sub Q	IV Push	IV Push	Oral	Oral
Classification	Pharmacologic: Low-molecular-weight heparin Therapeutic: Anticoagulant	Pharmacologic: Benzodiazepine Therapeutic: Anxiolytic	Pharmacologic: selective serotonin receptor antagonist Therapeutic: Antiemetic	Pharmacologic: Proton pump inhibitor Therapeutic: Antiulcer	Water soluble vitamin
Mechanism of Action	"Potentiates the action of antithrombin III, a coagulation inhibitor. By binding with antithrombin III, enoxaparin rapidly binds an inactivates clotting factors" (Jones and Bartleett, 2020, P.405)	"May potentiate the effects of gamma-aminobutyric acid (GABA) by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS. GABA inhibits excitatory stimulation, which helps control emotional behavior" (Jones and Bartleett, 2020, P. 727).	"Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. Reduces nausea and vomiting by preventing serotonin release in the small intestine" (Jones and Bartleett, 2020, P.916)	"Inhibits the final step in gastric acid production by blocking the exchange of intracellular H+ and extracellular K+, thus preventing H+ from entering the stomach and additional HCL from forming" (Jones and Bartleett, 2020, p.951).	"Folate converts into tetrahydrofolic acid (THF), a compound that undergoes several transfer/methylation reactions that are important for the synthesis of nitrogenous bases in DNA and ribonucleic acid (RNA) and are necessary for the maturation of red blood cells (RBCs)" (Merrell and McMurry, 2020)
Reason Client Taking	Prevent deep vein thrombosis	Detoxing symptoms	Nausea	Heartburn Lower stomach acid	Alcohol detox
Contraindications (2)	1. Active major bleeding 2. History of heparin induced thrombocytopenia (HIT)	1.Acute angle-closure glaucoma 2.Hypersensitivity to lorazepam, it's components, or benzodiazepines	1.Concomitant use of apomorphine, congenital long QT syndrome 2.Hypersensitivity to ondansetron	1. Concurrent therapy with rilpivirine-containing products 2.Hypersensitivity to pantoprazole	1. Hypersensitivity to folic acid 2. Patients with undiagnosed anemia
Side Effects/Adverse Reactions (2)	1.Atrial Fibrillation 2.Hemmorage	1.Sucidial ideation 2.thrombocytopenia	1.Serotonin syndrome 2.Arrhythimas	1. Leukopenia 2.Hypomagnesemia	1. Confusion 2. Nausea
Nursing	1.Use bleeding	1. If the patient has	1.If patient has	1. Flush the I.V.	1. Monitor for

Considerations (2)	precautions 2. Don't give frug via I.M. injection	depression make sure before starting lorazepam they have already taking their antidepressants 2. Stopping drug abruptly increase chances of withdrawal symptoms. Dosing should be tapered.	hypokalemia or hypomagnesemia it should be corrected before ondansetron is given. 2. Place tablet on the tongue of the patients, because it dissolves in seconds.	line with normal saline before and after giving the drug 2. Monitor patient for diarrhea C. difficle which can occur in patients taking pantoprazole.	hypersensitivity reactions 2. Check B12 levels and for anemia

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2019). 2020 *Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning. – or similar drug book

Merrell BJ, McMurry JP. Folic Acid. [Updated 2020 Nov 26]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK554487/

Assessment

Physical Exam (18 points)

GENERAL (1 point): **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 Patient was alert and awake A+O X 4 , place, name, birthday, and the day Patient wasn't in any distress Overall appearance was good, patient wanted to shower because of sweating
INTEGUMENTARY (2 points): **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:**	 Pallor Sweaty from detox symptoms Warm Returned back to normal in less than 2 seconds No rashes No Bruises

Wounds: . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	No wounds
HEENT (1 point): **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	Head and neck were both symmetrical, no swelling or trauma. Ears were symmetrical, no discharge, no redness, grey tympanic membrane Sclera was white, no discharge, or redness, six cardinals were preformed No polyps, turbinate's, redness or discharge, no deviated septum Poor dental hygiene, some of patients teeth were missing
CARDIOVASCULAR (2 points): **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☒ Edema Y ☐ N ☒** **Location of Edema:**	S1 and S2 were hear when auscultating heart sounds No murmurs or gallops heard N/A Brachial, radial, and dorsal pedis pulses were felt. Pulses were strong in each spot. Blanched nail returned back to normal color in less than 2 seconds
RESPIRATORY (2 points): **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Vesicular breath sounds hear anterior and posterior
GASTROINTESTINAL (2 points): **Diet at home:** **Current Diet** **Height:**	Regular diet Regular diet 160.02 82kg

Weight: **Auscultation Bowel sounds:** **Last BM:** **Palpation: Pain, Mass etc.:** **Inspection:** **Distention:** **Incisions:** **Scars:** **Drains:** **Wounds:** **Ostomy: Y ☐ N ☒** **Nasogastric: Y ☐ N ☒** **Size:** **Feeding tubes/PEG tube Y ☐ N ☒** **Type:**	Active bowel sounds in all four quadrants Abdomen tender and soft, patient did not feel any pain when abdomen was pushed on No masses felt when abdomen was palpitated No distention No incisions No scars No drains No wounds No Ostomy, Nasogastric, or Feeding tube
GENITOURINARY (2 Points): **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	Patient states, " My urine is sometimes yellow or clear" Not cloudy or no unpleasant odor I did not see a void from the patient, but he did state, "I have been urinating normally" No pain or hematuria in urine
MUSCULOSKELETAL (2 points): **Neurovascular status:** **ROM:** **Supportive devices:**	Patient preformed abduction/adduction in arms very well. Patient can walk and move lower extremities well. ROM was excellent. Patient does not use any supportive devices

Strength: **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib)** ☐ **Needs assistance with equipment** ☐ **Needs support to stand and walk**☐	Patient strength was equal Patient does not need any ADL assistance but the patient was assigned a sitter, so the patient could not to ADL alone. Patient was bedridden due to detoxifying symptoms but can move themselves Up ad lib with one person Patient needs help with IV pump Only with IV pump, but patient can stand and walk independently
NEUROLOGICAL (2 points): **MAEW: Y ☒ N☐** **PERLA: Y ☒ N☐** **Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☒** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Patient moves all extremities well Pupils were equal, round, reactive to light, and accommodation Strength was checked by having the patient squeeze my hands, push up and down against my hands. Legs and arms were both assessed. Orientated to name, place, birthday, the day Adult Clear Patient was able to identify touch A+O X 4
PSYCHOSOCIAL/CULTURAL (2 points): **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:** **Personal/Family Data (Think about home environment, family structure, and available family support):**	Patient states, “music and being outside are two of his coping methods” GED Baptist is the patients religion Patient lives with a roommate. Patient states, “I talk to some people”

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0800	84	128/88	20	36.7	96

1100	80	126/82	18	36.5	96

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900	4	Head	Mild	Pounding	Gave prescribed meds
1130	4	Head	Mild	Simmering	Will give prescribed meds when able too

IV Assessment (2 Points)

IV Assessment	Fluid Type/Rate or Saline Lock
Size of IV: 20 inch gauge	
Location of IV: Left Hand	0.9% saliene IV drip 75 mL/hr
Date on IV: 2/9/2021	
Patency of IV: Blood was returned	
Signs of erythema, drainage, etc.:	No signs of erythema or drainage
IV dressing assessment:	IV was assessed at 1130, flushed good

Intake and Output (2 points)

Intake (in mL)	Output (in mL)
480 mL	Did not see the patient void during clinicals

Nursing Care

Summary of Care (2 points)

Overview of care: Took the clients vital signs, got his shower ready, passed medications, head-to-toe assessment

Procedures/testing done: No testing or procedures done while at clinicals

Complaints/Issues: Patient did not want CNA to be in the shower with him. Patient complained of sweating due to detox

Vital signs (stable/unstable): Vitas were stable both times taken. Blood pressure is a tad bit high.

Tolerating diet, activity, etc.: Patient showered

Physician notifications: No knew physician orders during clinical

Future plans for patient: Have the patient be sitter free. Relieve detox symptoms

Discharge Planning (2 points)

Discharge location: Home

Home health needs (if applicable): N/A

Equipment needs (if applicable): N/A

Follow up plan: Patient wants to get better from his excessive drinking problem. Follow up weeks later with the provider after discharge.

Education needs: Educated patient on vaping.

Nursing Diagnosis (15 points)

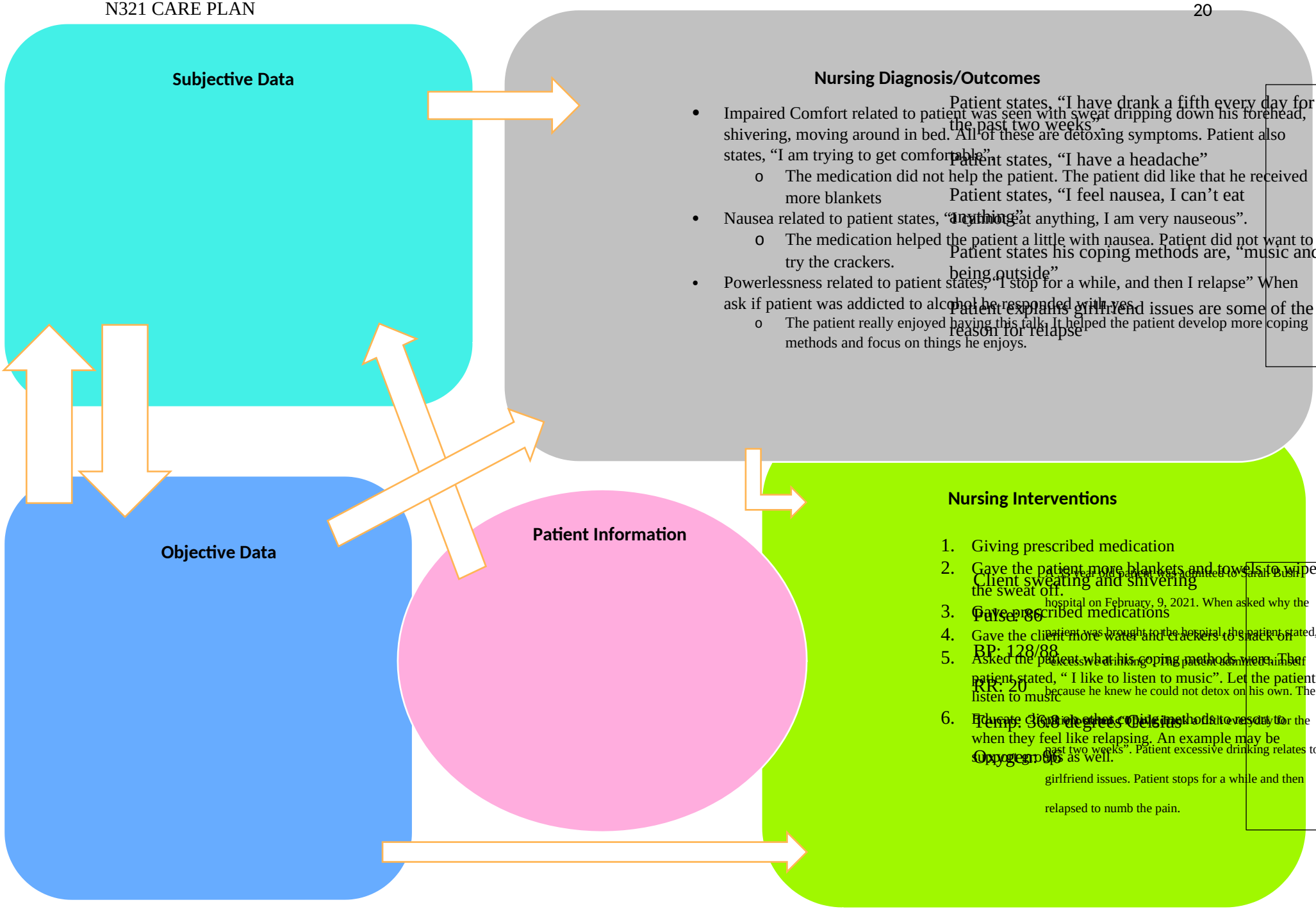
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Intervention (2 per dx)**	**Evaluation** • How did the patient/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Impaired Comfort	Patient was seen with sweat dripping down his forehead, shivering, moving around in bed. All of these are detoxing	**1.** Giving prescribed medication **2.** Gave the patient more blankets and towels to wipe	The medication did not help the patient. The patient did like that he received more blankets

	symptoms. Patient also states, “I am trying to get comfortable”.	the sweat off.	
2. Nausea	Patient states, “I cannot eat anything, I am very nauseous”	**1.** Gave prescribed medications **2.**Gave the client more water and crackers to snack on	The medication helped the patient a little with nausea. Patient did not want to try the crackers.
3. Powerlessness	Patient states, “I stop for a while, and then I relapse” When ask if patient was addicted to alcohol he responded with yes.	**1.**Asked the patient what his coping methods were. The patient stated, “ I like to listen to music”. Let the patient listen to music **2.**Educate client on other coping methods to resort to when they feel like relapsing. An example may be support groups as well.	The patient really enjoyed having this talk. It helped the patient develop more coping methods and focus on things he enjoys.

Other References (APA):

Concept Map (20 Points):


Subjective Data
Patient states, "I have drank a fifth every day for the past two weeks".
Patient states, "I have a headache"
Patient states, "I feel nausea, I can't eat anything, I am very nauseous".
Patient states his coping methods are, "music and being outside"
Patient explains girlfriend issues are some of the reason for relapse"
Nursing Diagnosis/Outcomes
Impaired Comfort related to patient was seen with sweat dripping down his forehead, shivering, moving around in bed. All of these are detoxing symptoms. Patient also states, "I am trying to get comfortable".
The medication did not help the patient. The patient did like that he received more blankets
Nausea related to patient states, "anything".
The medication helped the patient a little with nausea. Patient did not want to try the crackers.
Powerlessness related to patient states, "I stop for a while, and then I relapse" When ask if patient was addicted to alcohol he responded with yes.
The patient really enjoyed having this talk. It helped the patient develop more coping methods and focus on things he enjoys.
Objective Data
Client sweating and shivering
Pulse: 86
BP: 128/88
RR: 20
Temp: 36.8 degrees Celsius
Oxygen: 96
Patient Information
Last year, the patient was admitted to Sarah Bush hospital on February, 9, 2021. When asked why the patient was brought to the hospital, the patient stated, excessive drinking. The patient admitted himself because he knew he could not detox on his own. The patient stated, " I like to listen to music". Let the patient listen to music
Educate client on other coping methods to resort to when they feel like relapsing. An example may be supportive talks as well.
Nursing Interventions
Giving prescribed medication
Gave the patient more blankets and towels to wipe the sweat off.
Gave prescribed medications
Gave the client more water and crackers to snack on
Asked the patient what his coping methods were. The patient stated, " I like to listen to music". Let the patient listen to music
Educate client on other coping methods to resort to when they feel like relapsing. An example may be supportive talks as well.