

N323 Care Plan

Lakeview College of Nursing

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**Demographics (3 points)**

<b>Date of Admission</b> 06/10/2021	<b>Patient Initials</b> BJS	<b>Age</b> 47	<b>Gender</b> Male
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Construction Worker	<b>Marital Status</b> Married	<b>Allergies</b> NKA
<b>Code Status</b> Full Code	<b>Observation Status</b> Every 15 minutes	<b>Height</b> 68 inches	<b>Weight</b> 155 lbs.

**Medical History (5 Points)**

**Past Medical History:** Patient does not have any past medical history noted.

**Significant Psychiatric History:** First-time Psychiatric admit. No prior psychiatric History Noted.

**Family History:** Noncontributory for psychiatric issues. Patient's biological father has a diagnostic history of Alcoholism.

**Social History (tobacco/alcohol/drugs):** Patient has history of tobacco and alcohol usage.

Patient consumes one to twelve beers per day for a five to seven-day period, for the past thirty-four years. Patient consumes one pack of cigarettes per day for seven days, for the past thirty-seven years. Patient did not recall the brand of cigarettes or the brand of the beer.

**Living Situation:** The patient is married and currently lives with his wife and also two of the four children he has. Patient does not live with any pets.

**Strengths:** Patient states, "I am very good at laying concrete."

**Support System:** Patient has good support system. He is supported by his wife and children.

**Admission Assessment**

**Chief Complaint (2 points):** Patient states, "I drink a lot of alcohol."

**Contributing Factors (10 points):**

**Factors that lead to admission:** The patient stated, “I was brought here because my wife and I had a major argument after I had been drinking for a little while, maybe three to four beers. I started yelling at her, and she got scared. I wanted to scare my wife one day and hurt her just like she hurt me. So, I wrote a suicide note, and she found it and called the police. I was sent to the hospital and then to the Pavilion. I didn’t stop them from taking me to the Pavilion because I wanted to get better for my family. I never harmed myself before. I never want to hurt myself. But I get upset at my wife a lot. She recently took a job working from seven in the morning to late hours in the evening. I would be in the house stuck with all of the house duties while I also worked. I get angry and start drinking, and when I am not mad, I drink too. You have to understand something, I grew up watching my dad and uncle drink a lot. Where I come from, that’s all you can do is drink. Once I start drinking, I’m usually at home and I don’t stop until I do something stupid or black out. I get really angry and I yell and throw things sometimes. My drinking gets worse when I am upset, and it gets better when I make the decision not to drink. I tried counseling before, but it didn’t work. I was never treated by the doctors for drinking. Hopefully I can be treated, while I’m here.”

**History of suicide attempts:** Patient never physically tried to harm himself. Patient’s only suicide attempt was a note he wrote. The patient stated, “I wrote a letter saying I wanted to drink myself to death or stab myself to death to scare my wife.” Patient could not recall date of writing the note and it is not noted. Patient’s method of choice is either alcohol or a knife.

**Primary Diagnosis on Admission (2 points):** Severe Alcohol Use Disorder

**Secondary Diagnosis on Admission:** Substance Abuse Depression

**Psychosocial Assessment (30 points)**

<b>History of Trauma</b>					
<b>No lifetime experience:</b> No known traumas past or present					
<b>Witness of trauma/abuse:</b> Patient witnessed no known traumas past or present					
	<b>Current</b>		<b>Past (what age)</b>	<b>Secondary Trauma (response that comes from caring for another person with trauma)</b>	<b>Description</b>
<b>Physical Abuse</b>	No expressed abuse		Not Applicable	Not Applicable	Not Applicable
<b>Sexual Abuse</b>	No expressed abuse	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Emotional Abuse</b>	No expressed abuse	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Neglect</b>	No expressed abuse	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Exploitation</b>	No expressed abuse	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Crime</b>	No known crimes committed	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Military</b>	No military involvement	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Natural Disaster</b>	No present only past involvement	At age 12	No secondary traumas. Noted	Patient witness	
<b>Loss</b>	No current loses	At age 20	No secondary traumas related to father's	Patient loss bio cancer. Father	

			loss.	passed away.
<b>Other</b>	Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Presenting Problems</b>				
<b>Problematic Areas</b>		<b>Presenting?</b>		<b>Describe (frequency, intensity, occurrence)</b>
<b>Depressed or sad mood</b>		<b>Yes</b>	<b>No</b>	Not Applicable
<b>Loss of energy or interest in activities/school</b>	<b>Yes</b>	<b>No</b>		Not Applicable
<b>Deterioration in hygiene and/or grooming</b>	<b>Yes</b>	<b>No</b>		Not Applicable
<b>Social withdrawal or isolation</b>	<b>Yes</b>	<b>No</b>		Not Applicable
<b>Difficulties with home, school, work, relationships, or responsibilities</b>	<b>Yes</b>	<b>No</b>		Not Applicable
<b>Sleeping Patterns</b>		<b>Presenting?</b>		<b>Describe (frequency, intensity, occurrence)</b>
<b>Change in numbers of hours/night</b>		<b>Yes</b>	<b>No</b>	Not Applicable
<b>Difficulty falling asleep</b>	<b>Yes</b>	<b>No</b>		Not Applicable
<b>Frequently awakening during night</b>	<b>Yes</b>	<b>No</b>		Patient awakens at 0200 every night, se sleep, and awakens at 0500.
<b>Early morning awakenings</b>	<b>Yes</b>	<b>No</b>		Patient awakens at 0500 to be ready for week and he awakens. At 0200 on the d
<b>Nightmares/dreams</b>	<b>Yes</b>	<b>No</b>		Not Applicable
<b>Other</b>	<b>Yes</b>	<b>No</b>		Not Applicable
<b>Eating Habits</b>		<b>Presenting?</b>		<b>Describe (frequency, intensity, occurrence)</b>
<b>Changes in eating habits: overeating/loss of appetite</b>		<b>Yes</b>	<b>No</b>	Not Applicable
<b>Binge eating and/or purging</b>	<b>Yes</b>	<b>No</b>		Not Applicable

<b>Unexplained weight loss?</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Amount of weight change:</b>				
<b>Use of laxatives or excessive exercise</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Anxiety Symptoms</b>		<b>Presenting?</b>		<b>Describe (frequency, intensity, occurrence)</b>
<b>Anxiety behaviors (pacing, tremors, etc.)</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Panic attacks</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Obsessive/ compulsive thoughts</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Obsessive/ compulsive behaviors</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Impact on daily living or avoidance of situations/objects due to levels of anxiety</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Rating Scale</b>				
<b>How would you rate your depression on a scale of 1-10?</b>			Patient expressed, "0, I'm not depressed."	
<b>How would you rate your anxiety on a scale of 1-10?</b>		Patient expressed, "0, I'm not anxious."		
<b>Current Stressors of Areas of Life Affected by Presenting Problem (work, school, family, legal, social, financial)</b>				
<b>Problematic Area</b>		<b>Presenting?</b>		<b>Describe (frequency, intensity, occurrence)</b>
<b>Work</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>School</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Family</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Legal</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Social</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Financial</b>	<b>Yes</b>	<b>No</b>	Not Applicable	
<b>Other</b>	<b>Yes</b>	<b>No</b>	Not Applicable	

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	Facility/MD/ Therapist	Inpatient/ Outpatient	Reason for Treatment	Response/Outco
No Previous History of Psychiatric Admission	<b>Inpatient</b> <b>Outpatient</b> <b>Other:</b>	Not applicable	Not applicable	<b>No improvement</b> <b>Some improve</b> <b>Significant imp</b>
Not applicable	<b>Inpatient</b> <b>Outpatient</b> <b>Other:</b>	Not applicable	Not applicable	<b>No improvement</b> <b>Some improve</b> <b>Significant im</b>
Not applicable	<b>Inpatient</b> <b>Outpatient</b> <b>Other:</b>	Not applicable	Not applicable	<b>No improvement</b> <b>Some improve</b> <b>Significant im</b>
Personal/Family History				
Who lives with you?	Age	Relationship	Do they use substances?	
Wife	38	Spouse	<b>Yes</b>	<b>No</b>
Child	9	Daughter	<b>Yes</b>	<b>No</b>
Child	8	Son	<b>Yes</b>	<b>No</b>
Not applicable	Not applicable	Not applicable	<b>Yes</b>	<b>No</b>
Not applicable	Not applicable	Not applicable	<b>Yes</b>	<b>No</b>
<b>If yes to any substance use, explain:</b> Wife drinks every day at least one to two beers per day				
<b>Children (age and gender):</b>				

Four total in total.

Twenty-six-year-old daughter (biological)

Fourteen-year-old lives daughter (legal; non-biological)

Nine-year-old daughter (biological)

Eight-year-old son (biological)

**Who are children with now?**

Eight- and nine-year-old are home with wife

Twenty-six-year-old lives in Gary, Indiana on her own

Fourteen-year-old lives with dad, location unknown

**Household dysfunction, including separation/divorce/death/incarceration:**

Divorced once before-Exact year unknown

**Current relationship problems:** Simple disagreements over housework and professional work

**Number of marriages:**

Two marriages

**Sexual Orientation:**

Heterosexual

**Is client sexually active?**

**Yes** No

**Does client practice safe sex?**

Yes **No**

**Please describe your religious values, beliefs, spirituality and/or preference:**

Catholic-without specific preferences

**Ethnic/cultural factors/traditions/current activity:**

No traditions or other religious factors noted

**Describe:** Not Applicable

**Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or c**  
 year ago, patient was on probation for DUI. No current arrests or charges.

**How can your family/support system participate in your treatment and care?**

Patient stated, "I would like my wife to come with me to counseling and start thinking about not drinking herself, stop too."

**Client raised by:**

- Natural parents**
- Grandparents
- Adoptive parents
- Foster parents
- Other (describe):

**Significant childhood issues impacting current illness:**

Patient stated, "I used to watch my dad drink a lot and my uncle too. Which started met to drink.

**Atmosphere of childhood home:**

- Loving**
- Comfortable
- Chaotic
- Abusive
- Supportive
- Other:

**Self-Care:**

- Independent**
- Assisted
- Total Care

**Family History of Mental Illness (diagnosis/suicide/relation/etc.)**

No relative psychiatric family history

**History of Substance Use: Alcohol**

**Education History:**

- Grade school**
- High school**-date unknown
- College
- Other:** Patient has some college experience- dates and subject studied unknown

**Reading Skills:**

- Yes**

<b>No Limited</b>	
<b>Primary Language:</b> English	
<b>Problems in school:</b> Patient did not report any past problems in school	
<b>Discharge</b>	
<b>Client goals for treatment:</b> Patient stated, “I want to get out of here, healthy and go to counseling and AA with my wife so that I can stop drinking.”	
<b>Where will client go when discharged?</b> Home with wife	

**Outpatient Resources (15 points)**

Resource	Rationale
1. Individual or group counseling	1. To help the patient better understand his problem with alcohol and support recovery from the psychological aspects of alcohol use (Mayo Clinic Staff, 2018, p. 1). In addition, the patient will be able to introduce family into his therapy and discuss triggers, contributions, and disturbances. Addressing these points will aid in his recovery.
2. Alcoholics Anonymous	2. “To stay sober and help other alcoholics achieve sobriety” (Wikipedia, 2021, p.1) patient will be amongst other alcoholics who may understand what he feels. After he achieves success, he can then assist others in attaining sobriety as well.
3. Drug Alcohol Addiction 24/7 Confidential Hotline	3. Patient will be able to discuss feelings concerning alcohol abuse without judgment and will also be able to speak to professionals who can guide in the direction of recovery.

**Current Medications (10 points)**  
**\*Complete all of your client’s psychiatric medications\***

<b>Brand/ Generic</b>	Valium/diazepam (Jones & Barlett, 2021, p. 306).	Benadryl/ diphenhydramine (Jones & Barlett, 2021, p. 306).	Imodium/ loperamide hydrochloride (Physicians’ Desk Reference, 2021)	Circadin/ melatonin (Drug Bank Online, 2021)	ondansetron/ Zofran (Jones & Barlett, 2021, p. 306).
<b>Dose</b>	10mg	25mg	2mg	3mg	8mg
<b>Frequency</b>	PRN	PRN	PRN	PRN	PRN
<b>Route</b>	PO	PO	PO	PO	PO
<b>Classification</b>	Benzodiazepine/ Anticonvulsant (Jones & Barlett, 2021, p. 306).	Antihistamine/ Antiemetic (Jones & Barlett, 2021, p. 306).	Antipropulsives (Physicians’ Desk Reference, 2021)	Acetamides (WebMD, 2018)	Selective serotonin receptor antagonist/Anti emetic (Jones & Barlett, 2021, p. 306).
<b>Mechanism of Action</b>	Potentiates effects of gamma-aminobutyric acid (GABA). Gaba inhibits excitatory stimulation, which helps control emotional behavior. Also, suppresses spread of seizure- activity caused by seizure-producing foci in cortex, limbic, and thalamus structures (Jones & Barlett, 2021, p. 306).	Inhibits acetylcholine in Central Nervous System, which produces. Antidyskinetic effects. Blocks histamine and produces antihistamine effects such as reducing flares, itching, and wheals, decreases lacrimal and salivary gland secretions (Jones & Barlett, 2021, p. 306).	Interferes with peristalsis by direct action on the circular and longitudinal muscles of the intestinal wall to slow motility. May directly inhibit fluid and electrolyte secretion and/ or increase water absorption. (Physicians’ Desk Reference, 2021)	“Melatonin is a derivative of tryptophan. It binds to melatonin receptor type 1A, which then acts on adenylate cyclase and the inhibition of a cAMP signal transduction pathway. Melatonin not only inhibits adenylate cyclase, but it also activates phospholipase C. This potentiates the release of arachidonate. By binding to melatonin receptors 1 and 2, the downstream	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine. (Jones & Barlett, 2021, p. 306).

				signaling cascades have various effects in the body” (Drug Bank Online, 2021)	
<b>Therapeutic Uses</b>	To relieve anxiety and treat symptoms of acute alcohol withdrawal. (Jones & Barlett, 2021, p. 306)	To treat hypersensitivity reactions, and seasonal rhinitis (Jones & Barlett, 2021, p. 306).	Acute Diarrhea (Physicians’ Desk Reference, 2021)	Trouble falling asleep at a conventional bedtime (WebMD, 2018)	To prevent nausea and vomiting (Jones & Barlett, 2021, p. 306).
<b>Therapeutic Range (if applicable)</b>	2 to 10 mg can be given orally 2 to 4 times daily (Jones & Barlett, 2021, p. 306)	25–50 mg every 4–6 h, not to exceed 50–100 mg (Jones & Barlett, 2021, p. 306).	4 milligrams (mg) (2 capsules) after the first loose bowel movement, then 2 mg (1 capsule) after each loose bowel movement after the first dose has been taken. However, dose is usually not more than 16 mg (8 capsules). (Physicians’ Desk Reference, 2021)	from 0.5 mg up to 3 mg. (WebMD, 2018)	three 0.15-mg/kg doses up to a maximum of 16 mg per dose (Jones & Barlett, 2021, p. 306).
<b>Reason Client Taking</b>	Alcohol Withdrawal	Sleep Aid	Diarrhea	Initiate Sleep	Alcohol Withdrawal
<b>Contraindications (2)</b>	Hypersensitivity to Diazepam and Severe Respiratory Insufficiency (Jones & Barlett, 2021, p. 306).	Hypersensitivity to diphenhydramine and hypersensitivity to similar antihistamines (Jones & Barlett, 2021, p. 306).	Hepatic Disease and abdominal pain (Physicians’ Desk Reference, 2021)	Bleeding disorders and High Blood Pressure (WebMD, 2018)	Concomitant use of Apomorphine and Hypersensitivity to ondansetron (Jones & Barlett, 2021, p. 306).
<b>Side Effects/</b>	Hypotension and Respiratory	Arrhythmias and Thrombocytopenia	Constipation and Syncope	Short term feelings of	Hypotension and Agitation

<b>Adverse Reactions (2)</b>	Depression (Jones & Barlett, 2021, p. 306).	(Jones & Barlett, 2021, p. 306).	(Physicians' Desk Reference, 2021)	depression and stomach cramps (WebMD, 2018)	(Jones & Barlett, 2021, p. 306).
<b>Medication/Food Interactions</b>	Antacids and Opioids, Grapefruit or Grapefruit juice (Micromedex, 2021, p.1)	MAO inhibitors and Barbiturates (Jones & Barlett, 2021, p. 306).  No food restrictions but should not be taken with Alcohol (Marks, 2020).	Acetaminophen and albuterol. (Physicians' Desk Reference, 2021)	Benzodiazepine and Acetaminophen and Avoid Alcohol (Drug Bank Online, 2021)	Tramadol and Rifampin (Jones & Barlett, 2021, p. 306).  Grapefruit or grapefruit juice (McGartland Law Firm Inc., 2019, p.1)
<b>Nursing Considerations (2)</b>	Monitor patient for decreased drug effectiveness, especially with prolonged use.  Monitor severely depressed patient for suicidal tendencies. (Jones & Barlett, 2021, p. 306).	Expect to give parenteral form of diphenhydramine only when oral ingestion isn't possible.  Instruct patient to take diphenhydramine at least thirty minutes before exposure to situations that may cause motion sickness.  (Jones & Barlett, 2021, p. 306).	Use caution since loperamide undergoes significant first-pass hepatic metabolism.  Patients should receive appropriate fluid and electrolyte replacement as needed. (Physicians' Desk Reference, 2021)	Monitor patients' blood sugar in patients with diabetes.  Educate patient not to drive while taking medication (WebMD, 2018)	Use calibrated container or oral syringe to measure dose of oral solution.  Monitor patient signs and symptoms of hypersensitivity to ondansetron. (Jones & Barlett, 2021, p. 306).

<b>Brand/Generic</b>	Aplenzin/bupropion	Centrum/multivitamin	Thiamine/Vitamin B1	N/A	N/A
<b>Dose</b>	150mg	1 tablet/ 10ml in 500ml-1000ml	100 mg	N/A	N/A
<b>Frequency</b>	Daily	Daily	Daily	N/A	N/A
<b>Route</b>	PO	PO	PO	N/A	N/A
<b>Classification</b>	Aminoketone/antidepressant	Vitamins (Cunha, 2020)	Calcium supplement (Physicians' Desk Reference, 2021)	N/A	N/A

<b>Mechanism of Action</b>	May inhibit dopamine, norepinephrine, and serotonin uptake by neurons, which significantly relieves evidence of depression (Jones & Barlett, 2021, p. 306).	Multivitamins contain a combination of different vitamins and minerals, which are substances that your body needs to grow, function, and develop normally (Cunha, 2020)	Thiamine combines with adenosine triphosphate (ATP) in the liver, kidneys, and leukocytes to produce thiamine diphosphate. Thiamine diphosphate acts as a coenzyme in carbohydrate metabolism (Physicians' Desk Reference, 2021).	N/A	N/A
<b>Therapeutic Uses</b>	To treat depression (Jones & Barlett, 2021, p. 306).	Used to treat vitamin deficiency (Cunha, 2020)	Thiamine deficiency (Physicians' Desk Reference, 2021)	N/A	N/A
<b>Therapeutic Range (if applicable)</b>	not more than 150 mg three times per day (Jones & Barlett, 2021, p. 306).	One a day (Cunha, 2020)	2.5-7.5 µg/dL (Physicians' Desk Reference, 2021)	N/A	N/A
<b>Reason Client Taking</b>	Major depressive disorder	Vitamin deficiency	Replenish Vitamin B1	N/A	N/A
<b>Contraindications (2)</b>	Seizure disorder and hypersensitivity to bupropion (Jones & Barlett, 2021, p. 306).	Impaired renal function and nephrolithiasis (Cunha, 2020)	Encephalopathy and hypersensitivity to thiamine (Physicians' Desk Reference, 2021)	N/A	N/A
<b>Side Effects/Adverse Reactions (2)</b>	Abnormal coordination and confusion (Jones & Barlett, 2021, p. 306).	Constipation and nausea (Cunha, 2020)	Pruritis and angioedema. (Physicians' Desk Reference, 2021)	N/A	N/A
<b>Medication/Food Interactions</b>	Antipsychotics and amantadine (Jones & Barlett, 2021, p. 306).	No food or medication interactions noted (Cunha, 2020)	No drug or food interactions associated with thiamine (Physicians' Desk Reference, 2021)	N/A	N/A
<b>Nursing Considerations (2)</b>	Know that certain forms are not approved for smoking cessation treatment.  Use cautiously in patient with renal impairment (Jones & Barlett, 2021, p. 306).	Consult each product label  Do not administer more than 1 per day (Cunha, 2020)	Store at room temperature.  Should be administered prior to glucose (Physicians' Desk Reference, 2021)	N/A	N/A

**Medications Reference (1) (APA):**

Cunha, J. (2020, January 14). *Multivitamin*.

[https://www.rxlist.com/consumer\\_multivitamins/drugs-condition.htm](https://www.rxlist.com/consumer_multivitamins/drugs-condition.htm)

Drug Bank Online. (2021, May 7). *Melatonin*. <https://go.drugbank.com/drugs/DB01065>

Jones & Barlett. (2021). *2021 Nurse's Drug Handbook* (20th ed.). Burlington, MA

Marks, J. (2020, November 17). *Benadryl (Diphenhydramine)*. <https://www.everydayhealth.com/drugs/benadryl>

McGartland Law Firm, Inc. (2019). *Zofran® May Cause Harmful Interactions with Certain Foods, Drugs, And Medical Conditions*. <https://www.mcgartland.com/library/foods-and-medications-that-may-interact-with-zofran/>

Micromedex, I. (2021, May 3). *Valium (diazepam) and Alcohol / Food Interactions*. [https://www.drugs.com/food-interactions/diazepam\\_valium.html#:~:text=diazePAM%20food&text=Grapefruit%20and%20grapefruit%20juice%20may,first%20talking%20to%20your%20doctor](https://www.drugs.com/food-interactions/diazepam_valium.html#:~:text=diazePAM%20food&text=Grapefruit%20and%20grapefruit%20juice%20may,first%20talking%20to%20your%20doctor).

Physicians' Desk Reference. (2021). *loperamide hydrochloride*. <https://www.pdr.net/drug-summary/Loperamide-Hydrochloride-Capsules-loperamide-hydrochloride-2664.2114>

Physicians' Desk Reference. (2021). *Thiamine hydrochloride*. <https://www.pdr.net/drug-summary/Thiamine-thiamine-hydrochloride-2546.1643>

WebMD. (2018). *Melatonin*.

<https://www.webmd.com/vitamins/ai/ingredientmono-940/melatonin#:~:text=Melatonin%20is%20POSSIBLY%20SAFE%20when,%2C%20stomach%20cramps%2C%20and%20irritability>.

**Mental Status Exam Findings (20 points)**

<b>APPEARANCE:</b> <b>Behavior:</b> <b>Build:</b> <b>Attitude:</b> <b>Speech:</b> <b>Interpersonal style:</b> <b>Mood:</b> <b>Affect:</b>	Patient's general appearance was well-groomed. Patient stated, "I'm at the Pavilion." Patient's behavior and build was intact and appropriate for age. Patient's attitude was calm and mild. Patient's speech and language was clear and respectful. Patient's interpersonal style and mood was appropriate for age. Patient did not show signs of depression or agitation. Patient's affect of emotion was immediate and appropriate for the tone of conversation. Patient appeared happy and responsive in a timely fashion. No signs of acute mental delay.
<b>MAIN THOUGHT CONTENT:</b> <b>Ideations:</b> <b>Delusions:</b> <b>Illusions:</b> <b>Obsessions:</b> <b>Compulsions:</b> <b>Phobias:</b>	Patient exhibited no signs of phobias, compulsions, obsessions, illusions, delusions, or ideations. Patient was clear on why he was admitted and was focused on improving behaviors of previous anger and agitations to improve and achieve optimal mental health. Patient did not exhibit signs of anxiety. Patient did not appear will hallucinations or similar.
<b>ORIENTATION:</b> <b>Sensorium:</b> <b>Thought Content:</b>	Patient was alert and oriented to person, place, time, and situation.
<b>MEMORY:</b> <b>Remote:</b>	Patient stated, "I started drinking when I was 12." Patient was able to recall when is addiction to alcohol began.
<b>REASONING:</b> <b>Judgment:</b> <b>Calculations:</b> <b>Intelligence:</b> <b>Abstraction:</b> <b>Impulse Control:</b>	Patient exhibited sound judgement. Patient stated, "I want to go to counseling and AA meetings to stop drinking to be better for my family." Patient appeared intelligent and exhibited abstract details in conversation. Patient did appear moderately impulsive due to drinking at the first sign of anger, rather than thinking about the effects of the abuse of alcohol. Patient seemed calculated in conversation concerning steps to recovery. Patient stated, "I need to receive treatment from the Pavilion and then go to counseling and AA meetings to stop drinking and become healthy."

<b>INSIGHT:</b>	Patient appeared insightful on his recovery and what he needs to accomplish to get well.
<b>GAIT:</b> <b>Assistive Devices:</b> <b>Posture:</b> <b>Muscle Tone:</b> <b>Strength:</b> <b>Motor Movements:</b>	Patient has smooth gait and balance. Patient does not use any assistive devices. Patient exhibited upright posture and normal muscle tone and equal strength in all extremities. Patient’s motor movements were normal.

**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0550	78	121/68	18	98.4 F	94%
1750	81	131/92	18	96.7 F	98%

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
1400	0-10	0	0	0	0
1800	0-10	0	0	0	0

**Dietary Data (2 points)**

<b>Dietary Intake</b>	
<b>Percentage of Meal Consumed:</b>	<b>Oral Fluid Intake with Meals (in mL)</b>
<b>Breakfast:</b> 100%	<b>Breakfast:</b> 240 mL
<b>Lunch:</b> 100%	<b>Lunch:</b> 240 mL
<b>Dinner:</b> 100%	<b>Dinner:</b> 240 mL

**Discharge Planning (4 points)**

**Discharge Plans (Yours for the client):**

Patient is going home to his wife. His only home health needs include prescribed medications. Patient does not need any equipment. Patient will follow-up with psychiatrist for mental health needs. Discharge plans include patient attending weekly counseling sessions. Patient cessation of alcohol without moderation. Patient attending AA meetings and also utilizing the drug and alcohol addiction hotline. Patient will continue to take all prescribed medications by physician’s orders. Patient will utilize healthy coping methods to relieve pain rather than consuming alcohol. Patient will include his family in his recovery and plan of care. Plan also includes for client to call the doctor if there are any adverse reactions to prescribed medications. Patient will monitor blood pressure with at-home automatic cuff. Patient will pay attention to triggers and redirect himself when triggered. Patient is educated about his diagnosis of Alcohol use disorder and will not consume alcohol at home as it will contradict his need for recovery.

**Nursing Diagnosis (15 points)**

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

<b>Nursing Diagnosis</b>	<b>Rational</b>	<b>Immediate Interventions (At admission)</b>	<b>Intermediate Interventions (During hospitalization )</b>	<b>Community Interventions (Prior to discharge)</b>
<ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>			
1. Alcohol	If	1. CIWA	1. Completer	1. Provide hotline

	withdrawal related to alcohol use disorder as evidence by patient stating, "I drink a lot of alcohol and I feel nausea"	withdrawal is not addressed patient can experience severe symptoms up to a seizure	withdrawal assessment 2. take vital signs 3. administer medications as provided by physician	assessment on client 2. provide trash can for vomiting 3. administer medications as prescribed	resources 2. open group discussions with other members concerning the abuse of alcohol  3. Encouragement of family therapy when. Patient can be discharged
	2. Thoughts of hopelessness related to major depressive disorder as evidence by patient secondary diagnosis of MDD and patient stating, "I tried counseling and it didn't work, I tried not drinking before and it didn't work. We will see if it works this time."	If patients' thoughts of hopelessness aren't addressed, patient's recovery will not be a success and he will return to abusing alcohol.	1. Administer medications as prescribed 2. Provide screening on client for depression and find out what he likes and dislikes 3. Encourage client to write down his thoughts in a journal to track his moods.	1. Keep cords or harmful items out of reach in case client attempts to hurt himself 2. Actively listen to client to understand why he feels treatment won't work 3. Administer a favorite snack to patient to put a smile on his face	1. Encourage client to sit with other patients who may understand his feelings to be able to relate to them. 2. Encourage client to engage in group meetings and discussing his thoughts on depression 3. encourage client to walk the halls to relieve thoughts of depression
3.	Risk for electrolyte imbalance related to diarrhea as evidence by Imodium intake	If patient does not correct diarrhea, patient's body can lose a significant number of electrolytes and patient	1. Avoid patient Alcohol and caffeine consumption 2. Administer medication as prescribed by physician	1. Administer IV 0.9% normal saline 2. Give semi-solid foods like chicken, eggs, rice, etc. as patient's bowels return to normal.	1. Pamphlets on ways to prevent and cure diarrhea 2. where protective gear while walking in hallways to prevent accidents 3. encourage client to eat in. group dinners and not feel ashamed because of

	can go into shock and decrease quality health outcomes.	3. Ensure patient does not receive more Imodium than prescribed to prevent constipation	3. Weigh patient daily	diarrhea
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**Other References (APA):**

Mayo Clinic Staff. (2018, July 11). *Alcohol Use Disorder*. <https://www.mayoclinic.org/diseases-conditions/alcohol-use-disorder/diagnosis-treatment/drc-20369250>

Wikipedia. (2021, June 9). *Alcoholics Anonymous*. [https://en.wikipedia.org/wiki/Alcoholics\\_Anonymous](https://en.wikipedia.org/wiki/Alcoholics_Anonymous)

**Concept Map (20 Points)**









