N323 Care Plan

Lakeview College of Nursing

Name: Kayla Wolpert

Demographics (3 points)

Date of Admission 6-29-21	Patient Initials G.B.	Age 42	Gender Male
Race/Ethnicity Caucasian	Occupation Quaker Oats	Marital Status Single	Allergies Bactrim Sulfamethoxazole-trimethoprim
Code Status Full	Observation Status 15-minute checks	Height 5'10"	Weight 170lbs

Medical History (5 Points)

Past Medical History: The patient has a rod in his right leg from a previous car accident; other than that patient has no known medical history. The patient has denied any past medical history other than being in a rehab program for alcohol detox.

Significant Psychiatric History: The patient never consulted a psychiatrist in the past. He was never hospitalized, and patient denies any history of suicide attempt. The patient has no previous psychiatric history other than the patient was admitted to a facility in Florida for detoxing from alcohol. Which then the patient then when to a rehab center for 28 days and completed his stay. The patient stated, "It was about 15-20 years ago".

Family History: The patient's family history includes his biological father had issues with alcoholism, and his son has attention-deficit hyperactivity disorder (ADHD).

Social History (tobacco/alcohol/drugs): The patient is in a relationship but lives alone with one cat. He works at Quaker and has had some college experience. He smokes 1 pack of cigarettes per day. He admits to drinking alcohol, and that is why he is here. Although the patient did not state how much he drinks daily. The chart says, "It was about 15-20 years ago". He denies any illicit drugs. Upon arrival the patient's withdrawal symptoms included cramping, sweating,

nausea, diarrhea, and tremors. The patient's withdrawal score was 14 upon arrival but a 1 when scored on 7-1-2021.

Living Situation: He lives alone with his cat in a small town.

Strengths: The patient is pleasant, cooperative, and willing to participate in his treatment. He was willing to answer any questions that were asked.

Support System: The patient states, "My family and girlfriend are very supportive".

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Admission Assessment

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Chief Complaint (2 points): "I have alcohol problems".

Contributing Factors (10 points): This is a 42-year-old male with a history of alcohol use disorder. He was willingly admitted for detox after leaving the hospital for initial detox. He relapsed one year ago after a 2-year period of sobriety. Patient states, "I have been drinking since I was 15-16 years old". He drinks approximately a pint of vodka a day and 2-3 beers as well. His last drink was on June 30th. He states, "Losing his car due to driving on a suspended license, financial problems, relationship issues, and negative consequences due to alcohol use".

Factors that lead to admission: He states, "I was stressed out due to losing my car, not knowing what to do. So, I started drinking a little too much". The patients chart said he drinks a pint of vodka and 2-3 beers daily.

History of suicide attempts: He denies any suicidal thoughts, intentions, or plans.

Primary Diagnosis on Admission (2 points): Alcohol use with detox.

Secondary Diagnosis: Patient was not admitted with a secondary diagnosis.

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Patient denies any history related to trauma. Patients chart states, "2 car accident in 2002 and 2004, patient has rod in his right leg due to it". **Witness of trauma/abuse: N/A**				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	N/A	N/A	N/A	N/A
Sexual Abuse	N/A	N/A	N/A	N/A
Emotional Abuse	N/A	N/A	N/A	N/A
Neglect	N/A	N/A	N/A	N/A
Exploitation	N/A	N/A	N/A	N/A
Crime	License Suspended	Current		Patient's chart states, "patient has been driving on suspension and has an upcoming hearing soon".
Military	N/A	N/A	N/A	N/A
Natural Disaster	N/A	N/A	N/A	N/A

Loss	N/A	Sister passed away 2 years ago.	N/A	Patient did not elaborate on patient's death just that it was a difficult time.
Other	N/A	N/A	N/A	N/A

Presenting Problems		
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**

Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)
Depressed or sad mood	**Yes**	**No**	Even though patient stated no, his chart stated, "I drink because I am bored and stressed".
Loss of energy or interest in activities/school	**Yes**	**No**	Even though patient stated no, his chart stated, "yes, so I spend a lot of time alone drinking".
Deterioration in hygiene and/or grooming	**Yes**	**No**	
Social withdrawal or isolation	**Yes**	**No**	
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	Even though patient stated no, his chart stated, "At work I have been frustrated so I like to drink". He also states, "Yes, job is aware of my drinking problem".
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity,**

			duration, occurrence)
Change in numbers of hours/night	**Yes**	**No**	Even though patient stated no, his chart stated, "I get about 3-4 hours of sleep every night" for the past 30 days.
Difficulty falling asleep	**Yes**	**No**	Even though patient stated no, his chart stated, "I have trouble falling asleep every night" for the past 30 days.
Frequently awakening during night	**Yes**	**No**	
Early morning awakenings	**Yes**	**No**	
Nightmares/dreams	**Yes**	**No**	
Other	**Yes**	**No**	Even though patient stated no, his chart stated that he often goes 1-2 days without sleep.
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	**Yes**	**No**	Even though patient stated no, his chart stated, "I have not eaten a lot in the past few days".
Binge eating and/or purging	**Yes**	**No**	
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No**	

Use of laxatives or excessive exercise	Yes	No	
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	Yes	No	
Panic attacks	Yes	No	
Obsessive/compulsive thoughts	Yes	No	
Obsessive/compulsive behaviors	Yes	No	
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes	No	
Rating Scale			
How would you rate your depression on a scale of 1-10?	Patient stated, "I would rate it a 1, because I am not depressed".		
How would you rate your anxiety on a scale of 1-10?	Patient stated, "I would rate it a 1, because when I do start to feel anxious, I go outside and play soccer with my son".		
Current Stressors of Areas of Life Affected by Presenting Problem (work, school, family, legal, social, financial)			
Problematic Area	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Work	Yes	No	Even though patient stated no, his chart stated, "Patient is here by referral from employment. Missing work due to alcohol intoxication", "At work I have been frustrated so I like to drink", "job is aware of drinking

			problem".
School	Yes	<mark>No</mark>	
Family	Yes	<mark>No</mark>	Even though patient stated no, his chart stated, "my mom is supportive", "stepdad, we get along when I'm not drinking", "my son and I get along".
Legal	Yes	<mark>No</mark>	Even though patient stated no, his chart stated, "Patient has bee driving on suspension", "Upcoming hearing", "I drink too much. I've broken bones and gotten in car accidents".
Social	Yes	<mark>No</mark>	
Financial	Yes	<mark>No</mark>	Even though patient stated no, his chart stated, "upcoming hearing for suspended license".
Other	Yes	<mark>No</mark>	
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient			

Dates	Facility/MD/ Therapist	Inpatient/ Outpatient	Reason for Treatment	Response/Outcome
20 years ago.	**Inpatient Outpatient Other:** Prairie Center in Florida.	Outpatient	Alcohol Detox	**No improvement** **Some improvement** Patient states, "Rehab helped but it has been stressful here and there are not as many resources as there are in Florida". **Significant improvement**
	Inpatient Outpatient Other:			**No improvement** **Some improvement** **Significant improvement**
	Inpatient Outpatient Other:			**No improvement** **Some improvement** **Significant improvement**
Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Patient lives alone with his cat.		Patient's pet.	**Yes**	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**

If yes to any substance use, explain:

Children (age and gender): Patient has a 14-year-old son.

Who are children with now? Patient's son lives with his mom.

Household dysfunction, including separation/divorce/death/incarceration: Patient denies

any household dysfunction.

Current relationship problems: Patient is in a relationship with a 51-year-old female. Patient

states, "there are no problems in our relationship, she is very supportive".

Number of marriages: Patient has never been married.

Sexual Orientation: Male	Is client sexually active? **Yes** **No**	Does client practice safe sex? **Yes** **No**

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

Patient states, "I am Catholic, but I do not practice".

Ethnic/cultural factors/traditions/current activity: Patient does not practice in traditions.

Describe: Stated above.

Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Patient currently has a suspended license and has an upcoming hearing due to being pulled over.

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

states, "They are there when I need rides places, and that they are very supportive".

Client raised by:

   Natural parents
   Grandparents
   Adoptive parents
   Foster parents
   Other (describe): Patient was raised by his biological mother and stepdad. Biological
father did not raise him.

Significant childhood issues impacting current illness: Patient states, "Not to his

knowledge".

Atmosphere of childhood home:
 	
  <mark>**Loving**</mark>
  <mark>**Comfortable**</mark>
  Chaotic
  Abusive
  <mark>**Supportive**</mark>
  Other:

Self-Care:
 	
  <mark>**Independent**</mark>
  Assisted
  Total Care

Family History of Mental Illness (diagnosis/suicide/relation/etc.) Patient denies any history of mental illness, his chart has no history of mental illness.
History of Substance Use: Patient states, "My biological father had alcohol abuse problems as well".

Education History:
 	
  Grade school
  High school
  <mark>**College**</mark>**:** Patient has two years of college and would like to return to school if applicable.
  Other:

Reading Skills:
 	
  <mark>**Yes**</mark>
  No
  Limited

Primary Language: English, patient denies being fluent in any other languages.
Problems in school: Patient denies having difficulties in school. He states, "It came easy to me".
Discharge
Client goals for treatment: Patient stated, "I did my 72 hours of detox, and I am ready to

leave". Although when admitted he stated, "I am here because of alcohol, and I have a problem". He wants to find other alternatives instead of drinking.
Where will client go when discharged? Patient plans to go back home to his cat.

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<mark>Outpatient Resources</mark> (15 points)

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Resource	Rationale
1. A & A Accredited Alcohol & Drug located in Danville, IL. 217-655-7004	**1.** Due to patient living close to Danville, AA meetings will help keep patient accountable and hopefully be able to find a sponsor to help him with his alcoholism. AA is a great source of group counseling and know that he is not alone.
2. SAMHSA'S National Hotline, 1-800-662-HELP (4357).	**2.** This hotline is a free number he can call at anytime of the day. Someone will always answer and be supportive. They can also help with treatment referrals and information about their services.
3. Lionrock Recovery, 1-800-495-2282 or lionrockrecovery.com.	**3.** Lionrock in an online substance abuse counseling. They have individual, group, and family sessions. Everything is confidential when talking, and it is an accredited outpatient treatment. This would be beneficial due to patient having difficulties with his license. They are available at all times as well

				and their hotline is free as well.

Current Medications (10 points)
Complete all of your client's psychiatric medications

Brand: Generic:	Multivitamin	NicoDerm CQ, nicotine transdermal system	Vitamin B-1, thiamine	Valium, diazepam	Benadryl, diphenhydramine hydrochloride
Dose	1 tablet	21mg	100mg	5-10mg	25mg
Frequency	Daily	Daily	Daily	Depends on patients CIWA-AR score	PRN at bedtime
Route	PO	Transdermal	PO	PO	PO
Classification	Vitamin and mineral combination (Wisdom Jobs, 2019).	Nicotinic agonist	Vitamin B1 supplement (Wikipedia contributors, 2021).	Benzodiazepine	Antihistamine

Mechanism of Action	Provide vitamins and minerals not obtained through diet (Wisdom Jobs, 2019).	Binds selectively to nicotinic-cholinergic receptors at autonomic ganglia, in the adrenal medulla, at neuromuscular junctions, and in the brain. By providing a lower dose of nicotine that cigarettes, this drug reduces nicotine craving and withdrawal symptoms (Jones & Bartlett Learning, 2020).	Aids pyruvic acid in the conversion to acetyl-CoA so that it can enter the Krebs cycle (Wikipedia contributors, 2021).	May potentiate effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding specific benzodiazepine receptors in cortical and limbic areas of CNS (Jones & Bartlett Learning, 2020).	Binds to central and peripheral H1 receptors, competing with histamine for these sites and preventing it from reaching its site of action (Jones & Bartlett Learning, 2020).
Therapeutic Uses	vitamin deficiency replacement due to illness and poor nutrition (Wisdom Jobs, 2019).	Smoking cessation adjunct	Replace vitamin B1 deficiency due to illness or nutritional deficiency (Wikipedia contributors, 2021).	Anticonvulsant	Antianaphylactics adjunct
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	Detox Protocol	Nicotine Withdrawal	Detox Protocol	Detox Protocol	Help patient sleep.
Contraindications (2)	hypersensitivity to any	Hypersensitivity to	hypersensitivity to	Acute angle-closure	Hypersensitivity to

	of its components, use with other vitamins or multivitamins. Too much can lead to toxicity (Wisdom Jobs, 2019).	nicotine or its components, including menthol or soy.	thiamine, kidney impairment (Wikipedia contributors, 2021).	glaucoma, hypersensitivity to diazepam or its components, untreated open-angle glaucoma.	diphenhydramine, similar antihistamines, or their components.
Side Effects/Adverse Reactions (2)	upset stomach, headache (Wisdom Jobs, 2019).	Dizziness, headaches, rash, or pruritus.	Restlessness, itching (Wikipedia contributors, 2021).	Respiratory depression, depression, or libido changes.	Photosensitivity, drowsiness, or confusion.
Medication/ Food Interactions	Antacids, diuretic, and Sulfa drugs may affect the absorption and distribution (Drugs.com, n.d.).	Acetaminophen, tricyclic antidepressants, caffeine, or acidic beverages.	Azithromycin, Erythromycin (Wikipedia contributors, 2021).	Antacids, fluoxetine, CNS depressants, antidepressants, opioids, and alcohol use.	Barbiturates, CNS depressants, MAO inhibitors, and alcohol.
Nursing Considerations (2)	Administer with food to promote absorption. Some GI disorders may affect the absorption of multivitamin (Wisdom Jobs, 2019).	Keep in mind to avoid possible burns, remove patch before patient has an MRI. Emphasize that patient must stop smoking as soon as nicotine treatment starts to avoid toxicity (Jones &	Parenteral production may contain aluminum, used in caution with patients with renal failure. GI disorders may affect the absorption of Thiamine (Wikipedia contributors, 2021).	Use diazepam with extreme caution in patients with history of alcohol or drug abuse because it can cause physical and psychological dependence. Avoid abrupt withdrawal of diazepam, as ordered, when used as part of the patient's seizure	Advise to take with food to minimize GI distress and urge the patient to avoid alcohol use while using this drug (Jones & Bartlett Learning, 2020).

		Bartlett Learning, 2020).		control regimen because a transient increase in frequency or severity of seizures may occur (Jones & Bartlett Learning, 2020).	

Brand: **Generic:**	Atarax, hydroxyzine pamoate	Advil, ibuprofen	Imodium, loperamide	Melatonin	Zofran, ondansetron
Dose	25mg	400mg	2mg	3mg	8mg
Frequency	Every 6 hours PRN	Every 6 hours PRN	4x daily PRN	PRN at bedtime	Every 8 hours PRN
Route	PO	PO	PO	PO	PO
Classification	Anxiolytic, antiemetic, antihistamine, sedative-hypnotic (Jones & Bartlett Learning, 2019).	NSAID	Antidiarrheals	Hormone	Antiemetic (Jones & Bartlett Learning, 2019)
Mechanism of Action	Anxiolytic, antiemetic, antihistamine, sedative-hypnotic (Jones & Bartlett Learning, 2019).	Block's activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and	Slows down the intestinal motility to allow for more water and electrolyte absorption (Jones & Bartlett Learning, 2019).	Regulate night and day cycles or sleep-wake cycles (Jones & Bartlett Learning, 2019).	Block's serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in

		cause local pain, swelling, and vasodilation (Jones & Bartlett Learning, 2019).			the intestines (Jones & Bartlett Learning, 2019).
Therapeutic Uses	Relieve anxiety (Jones & Bartlett Learning, 2019).	Analgesic, anti-inflammatory, antipyretic.	Diarrhea	Insomnia, cancer, endometriosis, high blood pressure, jet lag, migraines, anxiety before surgery, and sunburns (Jones & Bartlett Learning, 2019).	Prevent nausea and vomiting (Jones & Bartlett Learning, 2019).
Therapeutic Range (if applicable)	50-100mg 4 times daily (Jones & Bartlett Learning, 2019).	N/A	N/A	N/A	8mg (Jones & Bartlett Learning, 2019).
Reason Client Taking	Anxiety	Moderate Pain	Loose Stool	Insomnia	Nausea
Contraindications (2)	Prolonged QT interval, hypersensitivity to cetirizine, hydroxyzine, or its components (Jones & Bartlett Learning, 2019).	Hypersensitivity to ibuprofen or its components, known or suspected infection or necrotizing enterocolitis (Jones & Bartlett Learning, 2019).	Hypersensitivity to loperamide and bowel obstruction (Jones & Bartlett Learning, 2019).	Depression and seizure disorders (Jones & Bartlett Learning, 2019).	Concomitant use of apomorphine, congenital long QT syndrome (Jones & Bartlett Learning, 2019).

Side Effects/Adverse Reactions (2)	Drowsiness, hallucinations (Jones & Bartlett Learning, 2019).	Seizures, abdominal cramps, and nausea (Jones & Bartlett Learning, 2019).	Dizziness and constipation.	Headache and daytime sleepiness (Jones & Bartlett Learning, 2019).	Hypotension, serotonin syndrome (Jones & Bartlett Learning, 2019).
Medication/ Food Interactions	Alcohol use may increase CNS depression, ondansetron may increase risk of QT prolongation (Jones & Bartlett Learning, 2019).	ACE inhibitors, alcohol use, lithium, aspirin, and digoxin (Jones & Bartlett Learning, 2019).	Pramlintide recent or current antibiotic use, and drugs that can cause constipation (Jones & Bartlett Learning, 2019).	CNS depressants, caffeine, anticoagulants, and antidiabetic drugs (Jones & Bartlett Learning, 2019).	Alcohol may cause increased stimulant and sedative effects.
Nursing Considerations (2)	Do not give subcutaneously or IV due to tissue necrosis. Observe for oversedation if a patient takes another CNS depressant (Jones & Bartlett Learning, 2019).	Urge patient not to take higher doses of drug or for longer time than prescribed and advise patient to take drug with food or after meals to reduce GI distress (Jones & Bartlett Learning, 2019).	Do not drive, use machinery, or do anything that needs alertness until you can do it safely and avoid alcohol use (Jones & Bartlett Learning, 2019).	Should not be used as long-term treatment and monitor the other drugs the patients taking to not cause too much sleepiness (Jones & Bartlett Learning, 2019).	Monitor patient closely for serotonin syndrome. Ondansetron may mask symptoms of adynamic progressive ileus or gastric distention after abdominal surgery (Jones & Bartlett Learning, 2019).

Medications Reference (1) (APA):

Drugs.com. (n.d.). *Multivitamins*. Drugs.Com. Retrieved July 2021, from

    https://www.drugs.com/mtm/multivitamins.html

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

    Learning.

Wikipedia contributors. (2021, June 29). *Thiamine*. Wikipedia.

    https://en.wikipedia.org/wiki/Thiamine

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	Patient appears to be alert and oriented time 4. Patient is friendly, cooperative, maintains appropriate eye contact, appropriate height, and weight. Patient clothing is appropriate for the setting. Patient appears clean, neat, and tidy and no odor present. Patient's attitude is open and pleasant. Patient's speech is clear and normal liveliness and offers information. Patient's mood a majority of the time was flat. Patient's affect is appropriate to situation, normal and constricted.
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	Patient denies hallucinations, paranoid, delusion, illusions. Patient's thought process is good, relevant to the topic being discussed, coherent, logical. Patient denies delusions and ideations. Patient denies obsession and compulsive behaviors. Patient denies having phobias. Patient denies having suicidal and homicidal and agrees to remain safe. Patient did not express delusional content.
ORIENTATION: **Sensorium:** **Thought Content:**	Patient is oriented to time, place, person, and situation. Patients' sensorium is normal, and patient's level of consciousness is normal, alert.
MEMORY: **Remote:**	Patient's memory is good for recent events but is average when it comes to past experiences. Patient's attention and concentration is sufficient. No acute, inattention, alerted LOC, or disorganized thinking.

REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	Patient's judgement is good; able to come to appropriate conclusions; realistic decisions. Patient's impulse control is good at the moment as well. Patient was attentive and has adequate concentration.
INSIGHT:	Patient's insight is good; recognizes his problems; intellectual and emotional awareness; patient is hopeful things will get better and willing to try different things to improve.
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	Patient denies use of assistive devices. Patient is independent with ADL assistance, up ad lib. Patient does not require assistance with equipment and support to stand and walk. Patient demonstrated active range of motion bilaterally throughout. Patient has a low fall risk score. Patient maintains good balance independently. Patient tolerated ambulation well and showed no signs of difficult breathing. Patient needed no cueing and set up assistance. Patient's general motor response was normal. Patient's hang grips and pedal pushes were strong and +2 bilaterally.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1545	112 bpm (Right radial)	125/99 (Sitting; left upper arm)	20 breaths per minutes (unlabored)	98.7 (temporal)	96% (room air)
1945	84 bpm (Right radial)	122/84 (Sitting; left upper arm)	17 breaths per minutes (unlabored)	97.8 (temporal)	98% (room air)

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1545	1-10	Patient denies any pain.	N/A	N/A	N/A
1945	1-10	Patient denies any pain.	N/A	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed:	**Oral Fluid Intake with Meals (in mL)**
Breakfast: 25%	**Breakfast:** 600mL
Lunch: 75%	**Lunch:** 450mL
Dinner: 100%	**Dinner:** 800mL

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

Discharge plans for G.B. include:

1. Discuss who is going to be there for him when he returns home.

2. Attend an AA meeting at least once a week to help develop effective coping skills.

3. Continue prescribed medications if applicable.

4. Follow up with primary doctor.

5. Educate patient on taking medications as prescribed.

6. Equip the patient with the following outpatient resources listed above.

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	Immediate Interventions (At admission)	Intermediate Interventions (During hospitalization)	Community Interventions (Prior to discharge)
1. Imbalanced nutrition related to drinking alcohol instead of eating nourishing food (Phelps et al., 2017).	I chose this diagnosis due to patient not eating much and that he came in not eating much.	1.Ascertain healthy body weight for age and height. 2. Provide pleasant environment. 3. Provide good oral hygiene and dentition.	1.Provide companionship during mealtime. 2. Consider six small nutrient-dense meals instead of three larger meals. 3. Consider the use of seasoning for patients with changes in their sense of taste.	1. Encourage exercise. 2. Encourage patient to eat more meals with family. 3. Offer protein supplements based on individual needs.
2. Ineffective denial related to alcohol use as evidence by patient stating, "I	Denial of alcohol use and failure to accept responsibility for behavior.	1. Give the client information about alcoholism in a matter-of-fact manner.	1. Do not allow the client to rationalize difficulties or to blame others or circumstances beyond the	1. Encourage other clients in the program to provide feedback for each other.

do not have a problem, I did my 72 hours of detox, and I am ready to go" (Phelps et al., 2017).		**2.** Avoid the client's focus only on external problems without relating them to the problem of alcoholism. **3.** encourage the client to identify behaviors that have caused problems in his life.	client's control. **2.** Consistently redirect the client's focus to his own problems and to what he can do about them. **3.** Positively reinforce the client when he identifies or expresses feelings or shows any insight into his or her behaviors or consequences.	**2.** Identify community resources for the patient to be able to use. **3.** The patient to be able to verbalize their acceptance of their responsibility.
3. Risk for injury related to substance intoxication as evidence by patient being in an accident while intoxicated (Phelps et al., 2017).	Patient was in a previous car accident due to being intoxicated.	**1.** Patient safety. **2.** Monitor patient's vitals. 4. Monitor patient's seizure activity.	**1.** Assist with ambulation and self-care activities if needed. **2.** Assess gait. **3.** Monitor cardiac rate and rhythm.	**1.** Encourage the patient to report any type of abuse. **2.** Patient will remain free of injury. **3.** Patient will be able to identify the different stages of alcohol withdrawal syndrome.

Other References (APA):

Phelps, L. L., Ralph, S. S., & Taylor, C. M. (2017). *Sparks and Taylor's Nursing Diagnosis*

    Reference Manual (10th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

"It was about 15-20 years ago". , "It was about 15-20 years ago". , "I have been drinking since I was 15-16 years old". , "Losing his car due to driving on a suspended license, mental problems, financial issues, and negative consequences due to alcohol use". "I was stressed out due to losing my car, not knowing what to do. So, I started drinking a little too much". , "2 car accident in 2002 and 2004, patient has rod in his right leg due to it". "again because I am bored and stressed". , "Yes, so I spend a lot of time alone drinking". "At work I have been frustrated so I like to drink". , "Yes, job is aware of my drinking problem". "I get about 3-4 hours of sleep every night". "Maybe a couple hours of sleep every night". "I have not eaten a lot in the past few days". , "I would rate it a 1 because I am not depressed". "I would rate it a 1, because when I do start to feel anxious, I go outside and play soccer with my son". "Patient is here by referral from rehab". "At work I have been frustrated so I like to drink". , "job is aware of drinking problem". "my mom is supportive". , "stepdad, we get along when I'm not drinking". , "my son and I get along". , "Patient has been driving on suspension". "I had bottles of urine". "I think I have too few broken injuries and gotten in car accidents". "Upcoming hearing for suspended license". "Rehab helped but it has been stressful here and there are not as many resources as there are in Florida". "There are no problems in our relationship, she is very supportive". "I am Catholic, but I do not practice". "They are there when I need rides places, and that they are very supportive". "Not to his knowledge". "My biological father had alcohol abuse problems as well"., "It came easy to me". , "I did my 72 hours of detox, and I am ready to leave". "I am here because of alcohol, and I have a problem". He wants to find other alternatives instead of drinking. , "I do not have a problem, I did my 72 hours of detox, and I am ready to go"

Nursing Diagnosis/Outcomes

1. Imbalanced nutrition related to drinking alcohol instead of eating nourishing food (Phelps et al., 2017)
   a. Patient will maintain a good weight according to patients height and age.
2. Ineffective denial related to alcohol use as evidence by patient stating, "I do not have a problem, I did my 72 hours of detox, and I am ready to go (Phelps et al., 2017).
   a. The patient will be accepting to his problem.
3. Risk for injury related to substance intoxication as evidence by patient being in an accident while intoxicated (Phelps et al., 2017)
   a. The patient will abstain from alcohol to prevent injuries.

Nursing Interventions

1. Ascertain healthy body weight for age and height.
2. Provide pleasant environment.
3. Provide good oral hygiene and dentition.
4. Provide companionship during mealtime.
5. Consider six small nutrient-dense meals instead of three larger meals.
6. Consider the use of seasoning for patients with changes in their sense of taste.
1. Encourage exercise.
2. Encourage patient to eat more meals with family.
3. Offer protein supplements based on individual disease.
1. Give the client information about alcoholism in a matter-of-fact manner.
2. Avoid the client's focus only on external problems without relating them to the problem of alcoholism.
3. encourage the client to identify behaviors that have caused problems in his life.
1. Do not allow the client to rationalize difficulties or to blame others or circumstances beyond the client's control.
7. Consistently redirect the client's focus to his own problems and to what he can do about them.
8. Positively reinforce the client when he identifies or expresses feelings or shows any insight into his or her behaviors or consequences. 1. Encourage other clients in the program to provide feedback for each other.
9. Identify community resources for the patient to be able to use.
10. The patient to be able to verbalize their acceptance of their responsibility.
11. Patient safety.
12. Monitor patient's vitals.
13. Monitor patient.
14. Assist with ambulation and self-care activities if needed.
15. Assess gait.
16. Monitor cardiac rate and rhythm.
17. Encourage the patient to report any type of abuse.
18. Patient will remain free of injury.
19. Patient will be able to identify the different stages of alcohol withdrawal syndrome.

Patient Information

42-year-old male that weighs 170lbs and is 5'10". Patient is on 15-min-checks. He is a full code and was admitted on 6-29-2021. Patient has no known history. Patient lives alone.

Date of Admission	Patient Initials	Age
6-29-21	G.B.	42
Race/Ethnicity	Occupation	Marital Status
Caucasian	Quaker Oats	Single
Code Status	Observation Status	Height
Full	15-minute checks	5'10"

2.5 years of sobriety Percentage of Meal Consumed:
Breakfast: 25%
Lunch: 75%
Dinner: 100%

	Gender	Male
Allergies	Penicillin	
Weight	170lbs	

1948	112 (Right radial)	125/99 (Sitting; left upper arm)	20 breaths per minutes (unlabored)	98.7 (temporal)		96% (room air)
1945	84 bpm (Right radial)	122/84 (Sitting; left upper arm)	17 breaths per minutes (unlabored)	97.8 (temporal)		98% (room air)

The patient's withdrawal score was 14 upon arrival but a 1 when scored on 7-1-2021.

Objective Data