N323 Care Plan

Lakeview College of Nursing

Name: Ayeah Kuma-Biloh

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
10-25-2021	M.C	47	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White Caucasian	Entrepreneur	Married	No known allergies
Code Status	**Observation Status**	**Height**	**Weight**
Full	15-minute checks	70 inches	250lbs

Medical History (5 Points)

Past Medical History: Diabetes, Hypercholesterolemia, GERD

Significant Psychiatric History: Patient has a past medical history of Diabetes

Family History: The patient's family history includes his biological father and grandfather had issues with alcoholism.

Social History (tobacco/alcohol/drugs): Patient does not smoke. He admits to drinking alcohol, and that is why he is here, he also takes cocaine daily. Although the patient did not state how much he drinks daily. The chart says, he drank 5 to 7 bottles of bear daily with 0.5 grams of cocaine.

Living Situation: Patient lives with his wife and two kids.

Strengths: The patient is motivated, cooperative, intelligent, and willing to participate in his treatment, he is able to perform activities of daily living independently, and he was eager to answer any questions that were asked.

Support System: Patient states that his wife and family are very supportive.

Admission Assessment

Chief Complaint (2 points): "I abuse on Alcohol and cocaine**"**

Contributing Factors (10 points): This is a 47-year-old male with a history of alcohol use disorder, and he was willingly admitted for detox. Patient reports he has been drinking since the

age of 16. He reports that drinking became a problem when he was 20 years old and reports 6 years of sobriety. His daughter passed Early this year which prompted him to go back to drinking. He reports drinking and taking two -three grams of cocaine daily. He reports relationship problems as negative consequences of alcohol and cocaine use. He admits have auditory hallucinations associated with Cocaine use.

Factors that lead to admission: He states, "I felt lonely and I missed my dear daughter so much, I decided to take some cocaine and alcohol to feel better" The patients chart said he takes 2-3 grams of cocaine daily and drinks about 6-8 beers daily.

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

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

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Patient denies any history related to trauma. He lost his daughter early this year. **Witness of trauma/abuse: N/A**				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from**	**Describe**

			caring for another person with trauma)	
Physical Abuse	**N/A**	**N/A**	**N/A**	
Sexual Abuse	**N/A**	**N/A**	**N/A**	
Emotional Abuse	**N/A**	**N/A**	**N/A**	
Neglect	**N/A**	**N/A**	**N/A**	
Exploitation	**N/A**	**N/A**	**N/A**	
Crime	**N/A**	**N/A**	**N/A**	
Military	**N/A**	**N/A**	**N/A**	
Natural Disaster	**N/A**	**N/A**	**N/A**	
Loss	**N/A**	**N/A**	**N/A**	
Other	**N/A**	**N/A**	**N/A**	
Presenting Problems				
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**	
Depressed or sad mood	**Yes**	**No**		
Loss of energy or interest in activities/school	**Yes**	**No**		
Deterioration in hygiene and/or grooming	**Yes**	**No**		
Social withdrawal or isolation	**Yes**	**No**		
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**		
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**	

Change in numbers of hours/night	**Yes**	**No**	
Difficulty falling asleep	**Yes**	**No**	
Frequently awakening during night	**Yes**	**No**	
Early morning awakenings	**Yes**	**No**	
Nightmares/dreams	**Yes**	**No**	
Other	**Yes**	**No**	
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	**Yes**	**No**	
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		**N/A**	

a scale of 1-10?	
How would you rate your anxiety on a scale of 1-10?	**N/A**

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**	**Patient has difficulties concentrating at work. Patient is always drunk and takes alcohol with him.**
School	**Yes**	**No**	
Family	**Yes**	**No**	**Always in constant argument with wife over drinking habits.**
Legal	**Yes**	**No**	**Was involved in DUI while driving.**
Social	**Yes**	**No**	**Loves being alone to drink**
Financial	**Yes**	**No**	**“My addiction has greatly affecting my finances”**
Other	**Yes**	**No**	

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for**	**Response/Outcome**

			Treatment	
July 10, 2021	**Inpatient Outpatient Other: New choice Pavilion**	**Inpatient**	**Alcohol and cocaine addiction**	**No improvement Some improvement 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?**	
wife	**42**	**spouse**	**Yes**	**No**
Children			**Yes**	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
If yes to any substance use, explain:				
Children (age and gender): 6-year-old boy, 12-year-old boy (Patient did not feel comfortable telling me the name of his children) **Who are children with now?** Children live with wife in Rantoul				
Household dysfunction, including separation/divorce/death/incarceration: Patient denies				

any household dysfunction.

Current relationship problems: Number of marriages: Patient is in a relationship with a 42-year-old female. Patient states, “there are no problems in our relationship, my wife is very supportive.

Sexual Orientation:	**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 a Christian, and I love to worship God”

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

Describe: N/A

Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): No current or illegal issues

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

Patients’ states, “My family takes good care of me, and that they are very supportive”.

Client raised by:

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

Significant childhood issues impacting current illness: Patient states “ My Father was an alcoholic and he abused my mom physically”

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.) Patient denies any history of mental illness, his chart has no history of mental illness.
History of Substance Use: Patient states, “My father had alcohol abuse problems too”.
Education History: **Grade school:** **High school** **College:** Patient has an Associate degree in business Administration **Other:** Patient has bachelor’s degree in business administration
Reading Skills: **Yes** **No** **Limited**
Primary Language: English
Problems in school: Patient denies having difficulties in school. He states, “I love school”
Discharge
Client goals for treatment: Patient stated, “I did 72 hours of detox, and I feel I am ready to go home and face my life, I want to be a better husband to my wife and a better father to my children”
Where will client go when discharged? Home to his wife and children

Outpatient Resources (15 points)

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. Lionrock Recovery, 1-800-495-2282 or lionrockrecovery.com.	**2.** Lionrock in an online substance abuse counseling. They have group, and family and individual sessions. Everything is confidential, and it is a recognized outpatient treatment. This would be beneficial to help patient deal with substance use. They are always available as well and their hotline is free.
3. *SAMHSA'S National Hotline,* 1-800-662-HELP (4357).	**2.** This is a free hotline number he can call at any time of the day. Someone will always answer and be supportive. They also help with treatment recommendations and information about their services.

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

Brand/Generic	Valium/ diazepam	Benadryl/ diphenhydramine hydrochloride	Zofran/ ondansetron	Advil/ ibuprofen	Melatonin
Dose	5-10mg	25mg	8mg	400mg	3mg
Frequency	Depends on patient CIWA score	Prn at bedtime	PRN every 8 hours	Prn (every 6hrs)	Prn at bedtime
Route	oral	Oral	oral	oral	oral
Classification	Benzodiazepine	Antihistamine	Antiemetic	NSAID	Hormone
Mechanism of Action	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).	Block's serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestines (Jones & Bartlett Learning, 2020).	Block's activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling, and vasodilation (Jones & Bartlett Learning, 2020).	Regulate night and day cycles or sleep-wake cycles (Jones & Bartlett Learning, 2020).

Therapeutic Uses	Anticonvulsant		Prevent nausea and vomiting	Analgesic, anti-inflammatory, antipyretic.	Insomnia, cancer, endometriosis, high blood pressure, jet lag, migraines, anxiety before surgery.
Therapeutic Range (if applicable)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Reason Client Taking	Detox Protocol	Helps patient to sleep	For Nausea	For pain	Insomnia
Contraindications (2)	hypersensitivity to diazepam or its components, untreated open-angle glaucoma.	Hypersensitivity to diphenhydramine, similar antihistamines, or their components	Concomitant use of apomorphine, congenital long QT syndrome (Jones & Bartlett Learning, 2020)	Hypersensitivity to ibuprofen or its components, (Jones & Bartlett Learning, 2020).	Depression and seizure disorders (Jones & Bartlett Learning, 2020)
Side Effects/Adverse Reactions (2)	Respiratory depression, depression, or sexual disfunction	Photosensitivity, drowsiness, and confusion.	Hypotension, serotonin syndrome	Seizures, abdominal cramps, and nausea.	Day time sleepiness and headache
Medication/ Food Interactions	fluoxetine, CNS depressants, antidepressants, opioids, antacids, and alcohol use.	CNS depressants, MAO inhibitors, and alcohol.	Alcohol can cause increased stimulant and sedative effects.	ACE inhibitors, alcohol use, lithium, aspirin, and digoxin (Jones & Bartlett Learning, 2020).	caffeine, anticoagulants, and antidiabetic drugs (Jones & Bartlett Learning, 2020).
Nursing Considerations (2)	Use diazepam with extreme caution in	Advise Patient to take this medication	Monitor patient closely for	Encourage patient to take	This medication Should not

	patients with history of alcohol or drug abuse because it can cause physical and psychological dependence. Also, avoid abrupt withdrawal of diazepam, as ordered, when used as part of the patient's seizure control regimen because a transient increase in frequency or severity of seizures may occur (Jones & Bartlett Learning, 2020).	with food to minimize GI distress and encourage the patient to avoid alcohol use while taking this medication (Jones & Bartlett Learning, 2020).	serotonin syndrome. Ondansetron may mask symptoms of adynamic progressive ileus or gastric distention after abdominal surgery (Jones & Bartlett Learning, 2020).	medication as prescribed. Take medication with food to avoid GI upset. (Jones & Bartlett Learning, 2020).	be used as long-term treatment and monitor the other drugs the patients taking, not to cause too much sleepiness (Jones & Bartlett Learning, 2020).

Brand/Generic	Glipizide/ Glucotrol	Imodium/ loperamide	Metformin/ Glucophage	**N/A**	**N/A**
Dose	**5mg**	**2mg**	**100mg**		
Frequency	**daily**	**4 times daily prn**	**2 times daily**		
Route	**oral**	**oral**	**Oral**		
Classification		Antidiarrheal			

	antidiabetic		**Antidiabetic**		
Mechanism of Action	Directly stimulates functioning pancreatic beta cells to secrete insulin, leading to an acute drop in blood glucose.	Slows down the intestinal motility to allow for more water and electrolyte absorption (Jones & Bartlett Learning, 2019).	Decreases hepatic glucose production and intestinal absorption of glucose to improve insulin sensitivity.		
Therapeutic Uses	Hyperglycemia, Diabetes type II	Diarrhea	Lower glucose level in patient		
Therapeutic Range (if applicable)	N/A	**N/A**	**N/A**		
Reason Client Taking	Diabetes	**diarrhea**	**Diabetes**		
Contraindications (2)	Diabetic ketoacidosis Do not take this medication **while pregnant.**	Hypersensitivity to loperamide and bowel obstruction (Jones & Bartlett Learning, 2020).	Contraindicated in patients with hypersensitivity to this medication. Not indicated to use in patient with Type one diabetes.		
Side Effects/Adverse Reactions (2)	Nausea, vomiting	Constipation and dizziness	Headache, dizziness, anorexia, Nausea, vomiting.		
Medication/Food Interactions	NSAIDS may increase hypoglycemic effects. Alcohol use may alter glycemic control most commonly causing hypoglycemia**.**	Pramlintide recent or current antibiotic use, and drugs that can cause constipation (Jones & Bartlett Learning, 2020).	Beta blockers, hypoglycemia may be difficult to recognize in patients using betablockers. Alcohol use may increase drug effect.		
Nursing Considerations (2)	Some patients may attain effective control on a one's	Do not drive, use machinery, or do anything	Always assess patient for renal function before		

	daily regimen. During periods of increases stress, patient may need insulin therapy **(**Jones & Bartlett Learning, 2020).	that needs alertness. safely and also avoid alcohol use (Jones & Bartlett Learning, 2020).	beginning this drug. Monitor patients' glucose level regularly to evaluate effectiveness of therapy.		

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse's drug handbook* (19th ed.). Jones & Bartlett Learning.

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	Patient is friendly, cooperative, and maintains appropriate eye contact, appropriate height, and weight. Patient clothing is suitable for the setting. Patient looks clean, neat, and tidy and no odor present. Patient's attitude is open and Cooperative. Patient's speech is clear and normal offers information. Patient's mood most of the time was flat. Patient's affect is appropriate to situation, normal.
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:**	Patient denies hallucinations, paranoid, delusion, illusions. Patient's thought process is good, and related to the topic being discussed, coherent. Patient denies delusions and ideations. Patient

Obsessions: **Compulsions:** **Phobias:**	denies obsession and compulsive behaviors. Patient denies having phobias. Patient denies having suicidal and homicidal and agrees to remain safe. Patient did not convey 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 memory is good for recent and past experiences
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	Patient's judgement is decent; Patient is able to come to appropriate conclusions; patient makes realistic decisions. Patient's impulse control is good. Patient was attentive and has sufficient concentration.
INSIGHT:	Patient has a good insight and recognizes his problems; Patient is aware intellectually and emotionally; patient is optimistic things will get better and ready to try different things to improve.
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	Patient refuses use of assistive devices. Patient is independent with activities of daily living. Patient does not require assistance with equipment and support to stand and walk. Patient showed active range of motion bilaterally throughout. Patient has a low fall risk score. Patient maintains good balance. Patient tolerated ambulation well and showed no signs of difficulty breathing. Patient's general motor response was normal.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1530	79	133/89	18	97.8	**99% (**room

			(unlabored)	(temporal)	air)
1700	85	124/72	18 (unlabored)	93.6 (Temporal)	98% (room air)

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1530	0-10	Patient denies any pain	N/A	N/A	N/A
1700	0-10	Patient denies any pain	N/A	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast:** 30% **Lunch:** 40% **Dinner:** 50%	**Oral Fluid Intake with Meals (in mL)** **Breakfast:** 240ml **Lunch:** 240ml **Dinner:** 240ml

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

Discharge plans for M.C include:

1. Discuss support system (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 taking prescribed medications as ordered.
4. Follow up with primary doctor and respect appointment dates.

5. Educate patient on taking medications as prescribed and what side effects to expect with each medication. Provide 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. Risk for injury related to substance intoxication as evidence by patient being in an accident while drunk, DUI (Phelps et al., 2017).	Patient was involved in a car accident while driving drunk	**1.** Monitor patients vital signs 2. Ensure Patients safety 3. Monitor patient for seizure activity	**1.**Assist with activities of daily living if needed **2.** Monitor patients' cardiac rhythm **3.** Assist patient with ambulation and apply gait belt if needed**.**	**1**. Patient should be able to identify stages of alcohol and cocaine withdrawal **2.** Encourage patient to report any form of abuse. **3.** Patient will be free from injury
2.Imbalanced nutrition related to drinking alcohol instead of	I choose this nursing diagnostic because patient is not eating much.	**1.** Provide pleasant environment **2.** Make certain that	**1.** Consider frequent small nutrient-dense meals instead of large meals.	**1.** Encourage patients to eat meals with family. **2.** Encourage patient to

eating nourishing food (Phelps et al., 2017).	Patient stated not having much appetite for food.	client has healthy body weight for age and height. **3. E**ncourage client to brush teeth two times daily (provide good oral hygiene)	**2.**Sit with patient during meals **3.** consider using more seasoning if patient experiences decrease in sense of taste	exercise at least 3 times a week. **3.** Encourage nutritional supplement based on patients needs.
3.Situational Low self-esteem as related to Self-negating verbalization, expressions of shame and guilt (Phelps et al., 2017).	I choose this nursing diagnostic because patient felt that society was judging him for being addicted to cocaine and alcohol which impairs his daily function	**1.** Provide patient with opportunity for and encourage verbalization and discussion of individual or personal situation**.** **2.** Provide reinforcement for positive actions. **3.** Encourage expression of feelings of guilt, shame, and anger.	**1.** Encourage the patient to list and review past accomplishments and positive happenings **2**. Help the patient recognize that substance use is the problem and that problems can be dealt with without the use of drugs **3.** Spend time with patient. Discuss patient's behavior and use of substance in a nonjudgmental way.	**1**. Involve patient in group therapy**.** **2.** Encourage patient to use technics of role rehearsal **3.** Verbalize acceptance of self as is and an increased sense of self-worth.

Other References (APA):

Oyugi. (2020, January 11). *8 Substance Abuse Nursing Care Plans*. Nurseslabs. Retrieved November 29, 2021, from https://nurseslabs.com/substance-abuse-nursing-diagnosis-care-plan/#low_self-esteem.

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

"I felt lonely, and I missed my dear daughter so much, I decided to take some cocaine and alcohol to feel better"

"I abuse on Alcohol and cocaine"

"There are no problems in our relationship, my wife is very supportive."

"I did 72 hours of detox, and I feel I am ready to go home and face my life, I want to be a better husband to my wife and a better father to my children"

"My father had alcohol abuse problems too".

Nursing Diagnosis/Outcomes

1. Risk for injury related to substance intoxication as evidence by patient being in an accident while drunk
   a. Patient will abstain from alcohol to prevent injury.
2. Imbalanced nutrition related to drinking alcohol instead of eating nourishing food (Phelps et al., 2017)
   a. Make certain that client has healthy body weight for age and height.
3. Situational Low self-esteem as related to

Self-negating verbalization, expressions of shame and guilt

a. Patient should verbalize acceptance of self as is and an increased sense of self-worth.

Objective Data: of Meal Consumed:
Breakfast: 25%
Lunch: 75%
Dinner: 100%

1530	79 bpm (Right radial)	133/89 (Sitting; left upper arm)	18 breaths per minutes (unlabored)	97.8 (temporal)	99% (room air)
1700	85 bpm (Right radial)	124/72(Sitting; left upper arm)	18 breaths per minutes (unlabored)	98.6 (temporal)	98% (room air)

The patient's withdrawal score was 14 upon arrival.

Patient Information

47-year-old male that weighs 250lbs and is 70 inches. Patient is on 15-min-check. He is a full code and w

Nursing Interventions

1. Monitor patients' vital signs
2. Ensure Patient safety
3. Assist with activities of daily living if needed.
4. Provide pleasant environment
5. Consider frequent small nutrient-dense meals instead of large meals.
6. Make certain that client has healthy body weight for age and height.
7. Encourage client to brush teeth two times daily (provide good oral hygiene).
8. Encourage patient to exercise at least 3 times a week.
9. Help the patient recognize that substance use is the problem and that problems can be dealt with without the use of drugs