N431 Care Plan #1

Lakeview College of Nursing

Riley Black

Demographics (3 points)

Date of Admission	**Client Initials**	**Age**	**Gender**
01/26/2022	CO	35 yo (04/19/1986)	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Construction	Single	quetiapine
Code Status	**Height**	**Weight**	
Full	183 cm	187.2 kg	

Medical History (5 Points)

Past Medical History: anxiety, bipolar 1, depression, alcohol abuse, complicated alcohol withdrawal, alcoholic gastritis, opioid abuse, hypertensive cardiovascular disease, hypertriglyceridemia, morbid obesity, previous nicotine dependence, obstructive sleep apnea, erectile dysfunction, hypertension

Past Surgical History: esophagogastroduodenoscopy biopsy (05/07/2021), appendectomy (no data available)

Family History: Mother – drug abuse/drug addiction

Father – drug abuse/drug addiction

Social History (tobacco/alcohol/drugs including frequency, quantity and duration of use):

Tobacco – 1 pack per day for 15 years

Alcohol – 15 beers a day for 15 years with 1 fifth to one handle of vodka a day for the last five years

Marijuana – smokes or eats edibles daily for last year

Assistive Devices: None

Living Situation: Alone in a house

Education Level: High school

Admission Assessment

Chief Complaint (2 points): Chest pain with alcohol withdrawal symptoms

History of Present Illness – OLD CARTS (10 points):

The 35-year-old Caucasian male patient arrived at the emergency department on 01/26/2022 with complaints of chest pain. The patient also claimed he was experiencing symptoms of alcohol withdrawal. He stated that he "ran out of alcohol" two days prior to his arrival and says these symptoms are similar to previous experience with alcohol withdrawal. His symptoms began on 01/26/2022 and include chest pain, anxiety, tremors, cold sweats, headaches, insomnia, diaphoresis, and bloody stools. The patient denied experiencing hallucinations and has had no other symptoms. His symptoms were constant from the onset and persistent without relief. Once in the hospital, the patient has received some relief from receiving Ativan IV.

Primary Diagnosis

Primary Diagnosis on Admission (2 points): Chest pain

Secondary Diagnosis (if applicable): Alcohol withdrawal

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

Alcohol withdrawal is a serious of symptoms that one can experience after drinking excessive amounts of alcohol for an extended period of time. Alcohol is a depressant that is absorbed rapidly into the bloodstream, which means it can have serious effects on the central nervous system (Videbeck, 2020). In controlled amounts, this drug is not significantly harmful to the body. Initial effects of consuming alcohol include relaxation and loss of inhibitions, which progresses to more dangerous and harmful effects after intoxication occurs. These effects include a loss of coordination and balance, impaired judgement and concentration, and a decreased attention span. Later effects of intoxication can be severe, like aggression and inappropriate

sexual behaviors. Eventually, alcohol overdose can occur and cause vomiting, a loss of consciousness, and potentially respiratory depression (Videbeck, 2020). Consuming too much of this drug over time can create a dependence, which means the body will begin to experience physical stress in the absence of the drug. This distress is called withdrawal, and the symptoms can be very serious for the one affected.

The symptoms of alcohol withdrawal typically take 4-12 hours to present once the cessation of drinking has occurred, and the symptoms may last for about 3 to 14 days, typically peaking on the second day (Videbeck, 2020). There are differing levels of severity for these symptoms. Some can be mild like hand tremors, diaphoresis, elevated pulse and blood pressure, insomnia, and anxiety (Videbeck, 2020). Some of the severe symptoms can be more life-threatening. These include transient hallucinations, seizures, or delirium (Videbeck, 2020). Because of the potentially fatal outcomes of alcohol withdrawal, this should be monitored under medical supervision.

Someone experiencing alcohol withdrawal has likely consumed enough alcohol over time to develop some level of liver damage. Expected findings in a patient with alcohol withdrawal can be elevated liver enzymes with hypertriglyceridemia, hypercholesterolemia, and hyperbilirubinemia (Capriotti, 2020). With a more damaged liver, other findings may be present. With ultrasound, a fatty liver may be observable and likely paired with highly elevated AST and ALT values (Capriotti, 2020). The longer the addiction, the more progressed the disease will be. These findings indicate alcoholic liver disease that can lead to liver failure (Capriotti, 2020).

Alcohol withdrawal itself is not necessarily a diagnosable disease. However, the effects of long-term alcohol use can be evaluated. The liver function testing discussed above is one of the main diagnostic procedures done to evaluate a patient recovering from alcohol withdrawal.

Other procedures include computed tomography of the abdomen, complete blood counts, and ultrasound (Videbeck, 2020).

Treatment of alcohol withdrawal is focused on managing symptoms. The symptoms are typically treated with benzodiazepines like lorazepam, chlordiazepoxide, or diazepam (Videbeck, 2020). My patient has been receiving lorazepam and chlordiazepoxide to manage his symptoms, and they have both been effective. The dosage and administration are determined by completing a CIWA. Once the symptoms have been controlled, the drug is tapered down to prevent any reactions from an abrupt cessation (Videbeck, 2020).

Clinical data from my patient's chart that are relevant to his diagnosis include his elevated liver function labs. His AST was 139 on admission, his ALT was 93, and his alkaline phosphatase was 231. Moreover, the more pressing finding was found on his abdominal CT. His liver was found to have fatty infiltration, which is an indication of liver damage and likely cirrhosis (Capriotti, 2020).

Pathophysiology References (2) (APA):

Capriotti, T. (2020). *Davis advantage for pathophysiology* (2nd ed.). F. A. Davis.

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	4.41	N/A	

Hgb	13.0-17.0	12.9	N/A	Patient was experiencing blood loss caused by hemorrhoids, which could have led to a drop in hemoglobin (Pagana et al., 2019).
Hct	38.1-48.9	38.2	N/A	
Platelets	149-393	407	N/A	Platelet counts can increase with inflammatory responses, and this patient has been experiencing abdominal pain related to diagnosed diverticulosis (Pagana et al., 2019).
WBC	4.0-11.7	9.0	N/A	
Neutrophils	45.3-79.0	58.7	N/A	
Lymphocytes	11.8-45.9	30.7	N/A	
Monocytes	4.4-12.0	9.1	N/A	
Eosinophils	0.0-6.3	1.0	N/A	
Bands	0.0-10.0	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	139	139	
K+	3.5-5.1	3.4	4.1	This patient likely had an electrolyte imbalance due to increased diuresis on arrival to the hospital as he was recovering from alcohol intoxication (Pagana et al., 2019).
Cl-	98-107	94	103	Chloride levels are likely low in relation to the metabolic alkalosis the patient was experiencing on arrival to the hospital as evidenced by his venous blood gases (Pagana et al., 2019).
CO2	21-31	29	32	The elevated CO2 could be caused by decreased respirations since the patient is taking so many drugs that can cause respiratory depression. It could also be related to metabolic alkalosis (Pagana et al., 2019).

Glucose	74-109	133	106	Glucose could have been elevated for a variety of reasons. He could have recently consumed a meal before arrival to the hospital, or he could be experiencing an elevation because of stress (Pagana et al., 2019).
BUN	7-25	5	19	Patient arrived after severe alcohol intoxication, which can cause acute renal dysfunction and lead to a decreased BUN (Pagana et al., 2019).
Creatinine	0.70-1.30	0.80	0.72	
Albumin	3.5-5.2	3.8	N/A	
Calcium	8.6-10.3	9.0	8.7	
Mag	1.6-2.4	1.4	N/A	Alcoholism is a common cause of decreased magnesium (Pagana et al., 2019).
Phosphate	3.0-4.5	N/A	N/A	
Bilirubin	0.3-1.0	0.5	N/A	
Alk Phos	34-104	231	N/A	Liver damage will cause elevated levels, and this patient does have liver damage as evidenced by his CT scan (Pagana et al., 2019).
AST	13-39	139	N/A	This patient has sustained liver damage as evidenced by his CT, which causes elevated levels (Pagana et al., 2019).
ALT	7-52	93	N/A	This patient has sustained liver damage as evidenced by his CT, which causes elevated levels (Pagana et al., 2019).
Amylase	29-103	N/A	N/A	
Lipase	11-32	15	N/A	
Lactic Acid	5-20	N/A	N/A	

Troponin	0.000-0.030	0.024-0.028	N/A	
CK-MB	0.60-6.30	N/A	N/A	
Total CK	30-223	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	0.86-1.14	0.98 (01/27/22)	N/A	
PT	11.9-15.0	13.4 (01/27/22)	N/A	
PTT	22.6-35.3	24.4 (01/27/22)	N/A	
D-Dimer	0.00-0.62	N/A	N/A	
BNP	0-100	36	N/A	
HDL	23-92	N/A	N/A	
LDL	≤100	N/A	N/A	
Cholesterol	≤199	N/A	N/A	
Triglycerides	0-149	N/A	N/A	
Hgb A1c	≤6.4	N/A	N/A	
TSH	0.45-5.33	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	Light yellow/clear	N/A	N/A	
pH	5.0-8.0	N/A	N/A	

Specific Gravity	1.008-1.034	N/A	N/A	
Glucose	Low negative	N/A	N/A	
Protein	Low negative	N/A	N/A	
Ketones	Low negative	N/A	N/A	
WBC	≤5	N/A	N/A	
RBC	0-3	N/A	N/A	
Leukoesterase	Low negative	N/A	N/A	

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

Test VENOUS	Normal Range	Value on Admission	Today's Value	Explanation of Findings
pH	7.31-7.41	7.60	N/A	This patient had hypokalemia and hypochloremia upon arrival, which will lead to metabolic acidosis. This results in an elevated pH. (Pagana et al., 2019).
PaO2	40.0-50.0	73.5	N/A	An elevated venous PO2 indicates there is a lot of oxygen being retained in the venous system, implying there is not an ideal amount of oxygen being delivered to peripheral tissues (Pagana et al., 2019).
PaCO2	40.0-50.0	52.3	N/A	In metabolic alkalosis, the body will retain CO2 to try to compensate for the elevated pH, as CO2 is acidic (Pagana et al., 2019).
HCO3	22.0-26.0	33.4	N/A	HCO3 is likely elevated because

				the patient lost many electrolytes due to the effects of his alcohol intoxication (Pagana et al., 2019).
SaO2	60.0-75.0	97.3	N/A	This indicates the oxygen delivery needs are being met (Pagana et al., 2019).

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	N/A	N/A	
Blood Culture	Negative	N/A	N/A	
Sputum Culture	Negative	N/A	N/A	
Stool Culture	Negative	N/A	N/A	

Lab Correlations Reference (1) (APA):

Pagana, K. D., Pagana T. J., & Pagana T. N. (2019). *Mosby's diagnostic & laboratory test reference* (14th ed.) Elsevier.

Diagnostic Imaging

All Other Diagnostic Tests (5 points):

Colonoscopy (01/28/2022)
- Initiated for rectal bleeding
- Findings include internal hemorrhoids and mild diverticulosis

CT Abdomen and Pelvis (01/26/2022)
- Indicated for abdominal pain and rectal bleeding
- Findings include severe fatty infiltration of the liver and non-obstructive right renal pelvis stones

CT Angiogram Chest Pulmonary with IV Contrast (01/26/2022)
- Indicated for chest pain and tachycardia
- No abnormalities were observed

Chest X-Ray
- Indicated for SOB
- No acute cardiopulmonary processes observed

Electrocardiogram (01/26/2022)
- Indicated for chest pain and tachycardia
- Sinus tachycardia was the only finding

Diagnostic Test Correlation (5 points):

- The colonoscopy was done to search for a cause of the patient's abdominal pain and rectal bleeding. This procedure allows physicians to visualize the inside of the length of the colon to spot any abnormalities (Pagana et al., 2019).

- The CT of the abdomen and pelvis was completed on admission to assess the appearance of major organs in the abdomen, like the liver and kidneys. This procedure provides very accurate images that show physicians where any physical abnormalities are present to see if there is an underlying condition causing symptoms the patient is feel, or it can be done to assess for suspected organ damage (Pagana et al., 2019). This patient was likely assessed for possible organ damage related to alcohol abuse.

- The CT of the chest was utilized to find a source of chest pain for the patient. This procedure also provides physicians with very detailed images that provide locations for abnormalities (Pagana et al., 2019). Because chest pain can be caused by a variety of things, they included angiography to rule out cardiopulmonary pathologies.

- The chest x-ray was also utilized to find a source of the chest pain. The x-ray can show details of the cardiac and pulmonary systems, and it is effective in finding abnormalities in the lungs, like pneumothorax and pneumonia (Pagana et al., 2019).

- An electrocardiogram was completed to assess for abnormalities in the electrical activity of the heart to see if this was related to the chest pain. These scans assess electrical impulses in several different directions to pinpoint specific locations of abnormalities (Pagana et al., 2019).

Diagnostic Test Reference (1) (APA):

Pagana, K. D., Pagana T. J., & Pagana T. N. (2019). *Mosby's diagnostic & laboratory test reference* (14th ed.) Elsevier.

Current Medications (10 points, 1 point per completed med)
10 <u>different</u> medications must be completed

Home Medications (5 required)

Brand/Generic	Vistaril hydroxyzine	Effexor XR venlafaxine	Coreg carvedilol	Remeron mirtazapine	Lipitor atorvastatin
Dose	50 mg	150 mg	6.25 mg	15 mg	10 mg
Frequency	BID (PRN anxiety)	Daily	BID	HS	Daily
Route	PO	PO	PO	PO	PO
Classification	Piperazine derivative / anxiolytic	Selective serotonin and norepinephrine reuptake inhibitor / antidepressant	Non-selective beta blocker and alpha-1 blocker / antihypertensive	Tetracyclic antidepressant / antidepressant	HMG-CoA reductase inhibitor / antihyperlipidemic
Mechanism of Action	Competes with histamine for histamine receptor sites on	Inhibits neuronal uptake of norepineph	Reduces cardiac output and	May inhibit neuronal uptake of norepineph	Reduces plasma cholesterol and

	surfaces of effector cells to suppress histaminic activity. Sedative actions occur at subcortical level on CNS and are dose related.	rine and serotonin to raise respective levels to elevate mood and reduce depression	tachycardia, causes vasodilative, and decreases peripheral vascular resistance to reduce blood pressure and cardiac workload	rine to increase the action of the neurotransmitters in nerve cells to elevate mood	lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis, increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown
Reason Client Taking	To reduce anxiety and associating symptoms	To treat symptoms of depression	To lower blood pressure	To treat symptoms of depression	To manage hypertriglyceridemia
Contraindications (2)	Hypersensitivity / prolonged QT interval	Hypersensitivity / use of an MAOI within 14 days	Bronchial asthma / severe hepatic impairment	Hypersensitivity / use within 14 days of an MAOI	Active hepatic disease / hypersensitivity
Side Effects/Adverse Reactions (2)	Torsades de pointes / seizures	Congestive heart failure / ventricular fibrillation or tachycardia	Heart failure / AV block	Seizures / PVCs	Hepatic failure / arrythmias
Nursing Considerations (2)	Do not give subcutaneous or IV because it can cause necrosis / Observe for oversedation if patient is taking another CNS depressant	Assess electrolyte levels as ordered because imbalances can lead to cardiovascular complications / watch	Use cautiously in patients with peripheral vascular disease because it can aggravate	Administer before bedtime / watch for infections that may be due to a low white blood cell count	Use cautiously in patients that consume substantial quantities of alcohol or have a history of liver

		patient for suicidal tendencies	symptoms of arterial insufficiency / be aware that carvedilol is not routinely withheld prior to major surgery because the benefits outweigh the risks		disease because it increases the risk of liver dysfunction / expect to perform liver function tests prior to therapy starts
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Assess electrical activity for a prolonged QT interval or any bradyarrhythmia	Assess electrolytes, pulse rate, and electrical activity of heart for a prolonged QT interval	Assess blood pressure and heart rate prior to administration	Assess for infection, monitor blood pressure, and assess dizziness or light-headedness	Assess liver function tests
Client Teaching Needs (2)	Urge patient to avoid alcohol / caution patient about drowsiness	Avoid alcohol / do not stop taking abruptly	Warn of dizziness, light-headedness, and orthostatic hypotension / encourage patient to tell provider of all over-the-counter meds being	Avoid alcohol / change position slowly	Emphasize it is an adjunct to – not a replacement for – a low cholesterol diet / take the drug at the same time each day

			taken		

Hospital Medications (5 required)

Brand/Generic	Librium chlordiazepoxide	Cozaar losartan	Zoloft sertraline	Ativan lorazepam	Apresoline hydralazine
Dose	50 mg	50 mg	50 mg	1 – 3 mg	10 mg
Frequency	BID	BID	Daily	PRN every hour (based on CIWA)	Q6H PRN
Route	PO	PO	PO	IV Push	IV Push
Classification	Benzodiazepine / anxiolytic	Angiotensin II receptor blocker / antihypertensive	Selective serotonin reuptake inhibitor / antianxiety, antidepressant	Benzodiazepine / anxiolytic	Vasodilator / antihypertensive
Mechanism of Action	May potentiate the effects of GABA and other neurotransmitters to block cortical and limbic arousal to help control emotional behavior and relieve symptoms of alcohol withdrawal	Blocks the binding of angiotensin II to receptor sites in many tissues to reduce vasoconstriction and blood pressure	Inhibits the reuptake of serotonin to increase the amount available to elevate mood and reduce depression	Potentiate effects of GABA to inhibit excitatory stimulation, resulting in control of emotional behavior and limits the risk of seizures	Exerts vasodilating effects on vascular smooth muscle, interferes with calcium movement, dilate arteries to minimize orthostatic hypotension and increase cardiac output and

	by causing CNS depression				cerebral bloodflow, cause reflex autonomic response to increase cardiac output, heart rate, and ejection fraction, and has positive inotropic effect on the heart
Reason Client Taking	To treat symptoms of alcohol withdrawal	To control hypertension	To treat anxiety and depression	To control symptoms of alcohol withdrawal	To manage hypertension when not managed by daily medications
Contraindications (2)	Hypersensitivity ONLY	Concurrent aliskiren therapy / hypersensitivity	Concurrent use of disulfiram / use within 14 days of an MAOI	Severe respiratory insufficiency / sleep apnea syndrome	Coronary artery disease / mitral valvular rheumatic heart disease
Side Effects/Adverse Reactions (2)	Suicidal ideation / hepatic dysfunction	Thrombocytopenia / angioedema	Hepatic failure / acute renal failure	Suicidal ideations / respiratory depression	Dyspnea / angina
Nursing Considerations (2)	Use cautiously in patients with hepatic or renal impairment / understand that prolonged use can lead to dependence	In some patients it may be more effective to give BID / be aware that patients who have renal artery stenosis or severe heart failure may experience acute renal failure	Monitor liver enzymes, BUN, and serum creatinine levels / monitor closely for serotonin syndrome	Make sure patient with depression is also taking an antidepressant to prevent increased suicide risk / use cautiously in patients with a history of	Give with food to increase bioavailability / be aware it may change in color when exposed to a metal filter

				drug or alcohol abuse because of an increased risk for dependence	
Key Nursing Assessment(s)/Lab(s) Prior to Administration	Monitor liver enzymes / watch for suicidal tendencies	Monitor potassium, blood pressure, and renal studies / monitor for muscle pain	Monitor liver enzymes, BUN, and creatinine / watch for suicidal tendencies / watch for GI bleeding	Monitor respirations to prevent respiratory depression	Monitor blood pressure and pulse rate, do daily weights / check blood pressure in lying and sitting and standing positions / monitor ANA titer, CBC, and lupus erythematosus cell preparation before therapy and periodically as ordered
Client Teaching Needs (2)	Warn drug may cause drowsiness / avoid other CNS depressants	Avoid potassium-containing salt substitutes for risk of hyperkalemia / avoid excessive alcohol	Do not stop taking abruptly / avoid hazardous activities until CNS effects are known	Take exactly as prescribed / report excessive drowsiness or nausea	Change position slowly, report numbness and tingling in limbs or fever, joint pain, muscle aches, and sore throat

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021). *Nurse's drug handbook* (20th ed.). Jones & Bartlett Learning.

Assessment

Physical Exam (18 points) – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	Patient alert and responsive. Patient oriented to person, place, time, and situation. Patient was experiencing pain and alcohol withdrawal symptoms, so distress was noticeable. Patient appeared well groomed and attending to ADLs.
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** **Type:**	 Skin is usual for ethnicity. Skin is dry but not flaky or cracked. Occasional diaphoresis. Skin is warm to touch. Skin is elastic. No rashes present. One bruise in right upper extremity from IV site. No wounds present. Braden score = 22
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 Head and neck are symmetrical. Trachea midline and thyroid palpable. Excess cerumen visible in ears without drainage. No hearing or vision impairments. Eyes PERRLA. Oral mucosa pink and moist. Teeth intact with discoloration. No dental caries. Nares patent and dry nasal mucosa.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:**	 S1 and S2 heard. Radial pulses 3+ bilaterally. Capillary refill less than three seconds in bilateral upper extremities. No edema visible.

Neck Vein Distention: Y ☐ N ☒ **Edema Y ☐ N ☒** **Location of Edema:**	
RESPIRATORY: **Accessory muscle use: Y☐ N ☒** **Breath Sounds: Location, character**	Respirations unlabored with regular rate and rhythm. Occasional grunting noted. Breath sounds clear in all lobes when auscultated anteriorly. Aeration equal bilaterally.
GASTROINTESTINAL: **Diet at home:** **Current Diet** **Height:** **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:**	 No dietary restrictions in hospital or at home. 183 cm 187.2 kg Bowel sounds active in all four quadrants. Last BM 1300 No pain with palpation. Abdomen appeared round and taught. No distention. No incisions. No scars. No drains. No wounds.
GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☒** **Dialysis: Y ☐ N ☒** **Inspection of genitals:** **Catheter: Y ☐ N ☒** **Type:** **Size:**	*Voids unobserved – subjective data* Dark yellow color Cloudy Unmeasured Genitals appeared appropriate for age and ethnicity
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☒** **Fall Risk: Y ☐ N☒** **Fall Score:**	 Nail beds pink with warm extremities. Patient has full active ROM. No supportive devices used. 5 – active motion against full resistance Morse score = 20

Activity/Mobility Status: **Independent (up ad lib)** ☒ **Needs assistance with equipment** ☐ **Needs support to stand and walk** ☐	
NEUROLOGICAL: **MAEW: Y** ☒ **N** ☐ **PERLA: Y** ☐ **N** ☐ **Strength Equal: Y** ☒ **N** ☐ **if no -** **Legs** ☐ **Arms** ☐ **Both** ☐ **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	Oriented to person, place, time, and situation. Normal cognition apparent. Speech is clear and slightly garbled. Patient speaks in short sentences. Patient is alert but drowsy.
PSYCHOSOCIAL/CULTURAL: **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 uses alcohol to cope. Patient does claim to have close relationships with his parents and his sister. Patient's developmental level is appropriate for his age. Patient lives at home alone but his family lives nearby.

Vital Signs, 2 sets (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0840	90 bpm	136/88 mmHg	18 rpm	36.4 C Oral	93% room air
1445	104 bpm	117/72 mmHg	18 rpm	36.9 C Oral	94% room air

Vital Sign Trends: Stable, blood pressure improved after administering daily anithypertensive

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

0940	Numeric	abdomen	5/10	burning	Norco 5 mg/325 mg
1150	Numeric	head	6/10	aching	Tylenol 650 mg

IV Assessment (2 Points)

IV Assessment	**Fluid Type/Rate or Saline Lock**
Size of IV: 20 gauge **Location of IV:** Right antecubital **Date on IV:** 01/31/2022 **Patency of IV:** Flushes easily **Signs of erythema, drainage, etc.:** N/A **IV dressing assessment:** Clear, dry, intact	Saline lock

Intake and Output (2 points)

Intake (in mL)	**Output (in mL)**
240 mL coffee 480 mL water x 3 240 mL apple juice 100% breakfast 100% lunch	4 unobserved voids 1 unobserved bowel movement

Nursing Care

Summary of Care (2 points)

Overview of care: Patient was given pain meds as needed for abdominal pain and headache. He also had an IV inserted. Patient was given all daily medications and received a flu shot. The patient underwent a CIWA screening every hour and was given Ativan as needed based on his score.

Procedures/testing done: None

Complaints/Issues: Patient complained of abdominal pain and headache. He also was experiencing varying degrees of alcohol withdrawal symptoms throughout the day.

Vital signs (stable/unstable): Vital signs were stable throughout the day.

Tolerating diet, activity, etc.: Patient tolerated activity and diet without complications.

Physician notifications: There were no changes in status that required notifying a physician.

Future plans for client: Patient is waiting for an open bed in a rehab facility.

Discharge Planning (2 points)

Discharge location: Patient is awaiting placement at a Gateway substance abuse rehabilitation.

Home health needs (if applicable): None needed.

Equipment needs (if applicable): None needed.

Follow up plan: Patient will be discharged to a rehab facility to start his attempt at living a sober life. This will likely require a lot of support from family and friends. Attending AA meetings or participating in other support groups will have a benefit on his recovery as well.

Education needs: Patient will need help finding support groups and who to contact when feeling like he is about to relapse. Relapse prevention education is the priority.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	**Rationale**	**Interventions (2 per dx)**	**Outcome Goal (1 per dx)**	**Evaluation**
• Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority –	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and

highest priority to lowest priority pertinent to this client				outcomes, modifications to plan.
1. Acute substance withdrawal syndrome related to alcohol cessation as evidenced by chest pain, anxiety, tremors, cold sweats, headaches, insomnia, and diaphoresis.	The patient is currently being treated for symptoms of alcohol withdrawal.	**1**. Complete a CIWA every hour to assess withdrawal symptoms. 2.Administer benzodiazepines PRN to minimize the symptoms.	**1.** The patient's symptoms are controlled enough to keep his CIWA score below an 8.	The patient and his mother appreciated our efforts of controlling his symptoms. The patient's symptoms were controlled and his plan was adjusted as needed.
2. Ineffective health management related to alcohol and nicotine addiction as evidenced by repeated placements in rehab facilities and his current admission is for alcohol withdrawal.	This patient has a long history of smoking cigarettes (15 pack years) and is pending placement in a rehab program for alcoholism. The patient also did not seem to have a personal interest in his recovery.	**1.** Evaluate the patient's readiness to make a change in his lifestyle. **2.**Provide the patient with resources that can help them reach their goals.	**1.** The patient sets achievable goals in order to stop drinking and smoking.	The patient would make statement's that indicate a readiness to learn and make changes. The patient has mat their goals of cessation from substances.
3. Deficient knowledge related to alcohol consumption as evidenced	The patient shared that he drinks 15 beers a day and a fifth to a handle of	**1.**Educate the patient on the harmful effects that amount of alcohol has had on his body and	**1.** The patient repeats back his understanding of the effects of consuming	The patient would express that he learned the effects of that much alcohol.

by the quantity of alcohol consumed on a daily basis.	vodka every day.	how much worse it could get. **2**.Help the client develop self-motivation so he can begin to make changes on his own.	large amounts of alcohol on his body.	The patient completes his rehab program and meets his goals of cessation.
4. Obesity related to lifestyle choices as evidenced by a BMI of 55.9.	The patient has a morbidly high BMI but does not have any plans to change his lifestyle or diet.	**1.**Evaluate the patient's knowledge on the health risks of being morbidly obese. **2.** Provide the patient with education on ways to make positive and possible changes that he can commit to that will promote his health.	**1.** The patient can list achievable goals to begin to reduce his BMI by making knowledgeable choices.	The patient shares his understanding of the potential health complications associated with his weight. The patient successfully sticks to his new diet that he set for himself.

Other References (APA):

Concept Map (20 Points)

Subjective Data

- The rated his abdominal pain at a 5 and his headache at a 6 during the day
- Patient responded well to medication use and his pain was well controlled once receiving the medication
- Pt expressed a desire to get to rehab for his alcohol abuse

Nursing Diagnosis/Outcomes

Acute substance withdrawal syndrome related to alcohol cessation as evidenced by chest , anxiety, tremors, cold sweats, headaches, insomnia, and diaphoresis
- The patient's symptoms are controlled enough to keep his CIWA score below an 8.
Ineffective health management related to alcohol and nicotine addiction as evidenced by repeated placements in rehab facilities and his current admission is for alcohol withdrawal.
- The patient sets achievable goals in order to stop drinking and smoking.
Deficient knowledge related to alcohol consumption as evidenced by the quantity of alcohol consumed on a daily basis.
- The patient repeats back his understanding of the effects of consuming large amounts of alcohol on his body.
Obesity related to lifestyle choices as evidenced by a BMI of 55.9.
- The patient can list achievable goals to begin to reduce his BMI by making knowledgeable choices.

Objective Data

- Vital signs were stable
- Morning BP was slightly elevated 136/88 mmHg / afternoon pulse elevated at 104 bpm
- Patient still appeared to be experiencing alcohol withdrawal symptoms, receiving moderate CIWA scores

Client Information

5-year-old Caucasian male
- Hx of anxiety, bipolar 1, depression, alcohol abuse, complicated alcohol withdrawal, alcoholic gastritis, opioid abuse, hypertensive cardiovascular disease, hypertriglyceridemia, morbid obesity, previous nicotine dependence, obstructive sleep apnea, erectile dysfunction, hypertension
- admitted for chest pain and alcohol withdrawal
- quetiapine allergy

Nursing Interventions

1. Complete a CIWA every hour to assess withdrawal symptoms.

2.Administer benzodiazepines PRN to minimize the symptoms.

1. Evaluate the patient's readiness to make a change in his lifestyle.

Provide the patient with resources that can help them reach their goals.

Educate the patient on the harmful effects that amount of alcohol has had n his body and how much worse it could get.

2.Help the client develop self-motivation so he can begin to make changes on his own.

1.Evaluate the patient's knowledge on the health risks of being morbidly obese.

2. Provide the patient with education on ways to make positive and possible hanges that he can commit to that will promote his health.