N323 Care Plan

Lakeview College of Nursing

Elexus Williams

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
4/11/2023	T.W.	48 y/o	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Unemployed	Single	Aspirin
Code Status	**Observation Status**	**Height**	**Weight**
Full Code	15-minute check	5'11"	185lbs

Medical History (5 Points)

Past Medical History: Hypertension, spinal stenosis, and arthritis

Significant Psychiatric History: Suicidal ideation, increased depression; ETOH dependence; Social anxiety disorder; General anxiety disorder; Bipolar disorder 2; Auditory and visual hallucinations

Family History: The patient's father committed suicide. The patient's family health history is not obtained.

Social History (tobacco/alcohol/drugs): The patient reports using alcohol in excessive amounts. The patient reports drinking a fifth of vodka every day. The patient reports smoking cigarettes for 30 years but has quit. The patient reports using marijuana occasionally.

Living Situation: The patient lives with his mother and helps care for the home.

Strengths: The patient is a handyman and conversates well with others.

Support System: The patient reports that his mother is his support system.

Admission Assessment

Chief Complaint (2 points): Detox from alcohol

Contributing Factors (10 points):

Factors that lead to admission: The patient states that he drinks all day, from when he wakes up to when he sleeps. The patient states that he drinks alcohol at work and has drunk half

a gallon of vodka. The patient drinking alcohol excessively is an ongoing cycle every day of his

life. The patient stated, "I drink not to feel anything."

History of suicide attempts: The patient denies any history of suicidal attempts.

Primary Diagnosis on Admission (2 points): Major Depressive Disorder, ETOH dependence

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: N/A **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	Denies	N/A	N/A	N/A
Sexual Abuse	Denies	N/A	N/A	N/A
Emotional Abuse	Denies	N/A	N/A	N/A
Neglect	Denies	N/A	N/A	N/A
Exploitation	Denies	N/A	N/A	N/A
Crime	2 months ago	48 years old	N/A	The patient got

				pulled over for going over the speed limit while under the influence of alcohol and had an expired driver's license as well as a DUI.
Military	Denies	N/A	N/A	N/A
Natural Disaster	Denies	N/A	N/A	N/A
Loss	8 years ago	40 years old	N/A	Patient felt guilty due to knowing that his father was depressed but went home to drink and father ended up committing suicide that night.
Other	N/A	N/A	N/A	N/A

Presenting Problems			
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Depressed or sad mood	<mark>**Yes**</mark>	**No**	The patient states that he is depressed nearly every day because of how bad he's messed up in life.
Loss of energy or interest in activities/school	<mark>**Yes**</mark>	**No**	The patient states that he has days that he doesn't want to talk to his own mother.
Deterioration in hygiene and/or grooming	<mark>**Yes**</mark>	**No**	The client states that he has days that he doesn't want to get out of bed to take a shower or brush his teeth because he is so depressed.
Social withdrawal or isolation	<mark>**Yes**</mark>	**No**	The patient states that he doesn't like to socialize with people and will stay in the house and in bed when he's depressed.
Difficulties with home, school, work, relationships, or responsibilities	<mark>**Yes**</mark>	**No**	The patient states that he has difficulties with work, relationship with family, and responsibilities due to drinking alcohol excessively and being

			depressed.
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	<mark>Yes</mark>	No	The patient states that he has sleep cycles of 4 hours a night for the last ongoing 6 months due to depression.
Difficulty falling asleep	Yes	<mark>No</mark>	Denies
Frequently awakening during night	<mark>Yes</mark>	No	The patient states that he feels that he stresses so much because of everything wrong going on in his life that he has trouble staying asleep.
Early morning awakenings	<mark>Yes</mark>	No	The patient states that he wakes up at 4am in the morning due to thinking too much and can't go back to sleep.
Nightmares/dreams	<mark>Yes</mark>	No	The patient has dreams about his conditions getting worse due to his body being in pain now.
Other	Yes	<mark>No</mark>	Denies
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	<mark>Yes</mark>	No	The patient states that he goes without eating for 2 days at a time due to drinking excessive amounts of alcohol and being depressed as well.
Binge eating and/or purging	Yes	<mark>No</mark>	Denies
Unexplained weight loss? **Amount of weight change:**	Yes	<mark>No</mark>	Denies
Use of laxatives or excessive exercise	Yes	<mark>No</mark>	Denies
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	Yes	<mark>No</mark>	Denies
Panic attacks	<mark>Yes</mark>	No	The patient states that he occasionally experiences panic

			attacks due to loud noises and/or people arguing and yelling.
Obsessive/compulsive thoughts	**Yes**	**No**	Denies
Obsessive/compulsive behaviors	**Yes**	**No**	Denies
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**	**No**	The patient states that he isolates himself because of dreading socializing with others.
Rating Scale			
How would you rate your depression on a scale of 1-10?	**1/10**		
How would you rate your anxiety on a scale of 1-10?	**5/10**		
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**	The patient has so much to do and tasks to get done at work that have deadlines.
School	**Yes**	**No**	Denies
Family	**Yes**	**No**	The patient has family that has shut him out due to drinking excessively.
Legal	**Yes**	**No**	The patient has current court dates for a DUI and expired driver's license that occurred 2 months ago.
Social	**Yes**	**No**	Denies
Financial	**Yes**	**No**	The patient has spent his last dollar on purchasing alcohol.
Other	**Yes**	**No**	Denies

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
2021	**Inpatient Outpatient Other:** **The Pavilion Foundation**	**Inpatient**	**Alcohol abuse, depressed suicidal ideation**	<mark>**No improvement**</mark> **Some improvement** **Significant improvement**
2022	**Inpatient Outpatient Other:** **The Pavilion Foundation**	**Inpatient**	**Alcohol abuse, depressed suicidal ideation**	<mark>**No improvement**</mark> **Some improvement** **Significant improvement**
N/A	**Inpatient Outpatient Other:** **N/A**	**N/A**	**N/A**	**No improvement** **Some improvement** **Significant improvement**
Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Mom	**69 y/o**	**son**	<mark>**Yes**</mark>	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
If yes to any substance use, explain: The patient's mother drinks beer occasionally.				
Children (age and gender): The patient has a son (male) who is 27 years old. **Who are children with now?** The patient states that he is not sure where his son is now				

because he "isn't a great dad" and he hasn't seen his son since he was 2 months old.	

Household dysfunction, including separation/divorce/death/incarceration: N/A

Current relationship problems: N/A

Number of marriages: N/A

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: The patient states that he was raised Jehovah witness but does not practice currently and doesn't claim a religion.

Ethnic/cultural factors/traditions/current activity: N/A

Describe: N/A

Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): The patient states that he has been to jail before in the past due to theft and getting multiple speeding tickets, which the patient did not show up to court dates and led to bench warrants for his arrest.

How can your family/support system participate in your treatment and care? The patient states that his family can participate in his treatment and care by keeping him occupied and giving him something to do so that he isn't thinking of alcohol. The patient also states that he wants his family to be patient with him and understanding.

Client raised by:

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

Significant childhood issues impacting current illness: N/A

Atmosphere of childhood home:

   Loving
   Comfortable
   Chaotic
   Abusive
   Supportive
   Other: The patient states that his parents were very active with him and his 5 siblings, they went on vacations, camping, to Disney World, etc.)

Self-Care:

==Independent==
Assisted
Total Care

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

Older brother: Bipolar

Niece: Bipolar

Younger sister: Bipolar

Father: Depression, eventually led to suicide

Paternal grandpa: Depression

Maternal grandpa: Alcoholic

History of Substance Use: The patient states that he began drinking alcohol and smoking cigarettes at the age of 17 years old.

Education History:

Grade school
High school
College
Other: The patient reports that he went back and received his GED when he was 26 years old.

Reading Skills:

==Yes==
No
Limited

Primary Language: English

Problems in school: The patient states that he had problems in school focusing and his attention span didn't seem right for his age. He also states that he was hanging around the wrong group of people which led to being peer pressured.

Discharge

Client goals for treatment: The patients' goals for treatment are to enroll in the 28 day detox program at The Pavilion, try an outpatient facility for counseling and group therapy, and go back to working on the weekends at his job.

Where will client go when discharged? The patient states that he is going to go back home

with his mother when he discharges.

Outpatient Resources (15 points)

Resource	Rationale
1. Alcoholics Anonymous	**1.** The patient would benefit from peer support and relating to others during this difficult time and is financially beneficial as well due to the program being free.
2. Prevention and Treatment Services (P.A.T.S.)	**2.** The patient would benefit from counseling and substance use prevention services and is financially beneficial to the patient due to the program taking Medicaid and several insurances.
3. Rosecrance residential rehabilitation services	**3.** The patient would benefit from residential rehabilitation because it would help him get back on his feet and get large amounts of help financially and mentally, as well as allowing time to detox like the patient wishes to.

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

Brand/Generic	Norvasc amlodipine	Celexa citalopram	Desyrel trazadone	NicoDerm-CQ nicotine	Tylenol acetaminophen
Dose	5mg	10mg	50mg	21mg/24hr	325mg
Frequency	In the morning	Every morning	At bedtime PRN	Daily PRN	Every 6 hours PRN
Route	Oral	Oral	Oral	Transdermal	Oral
Classification	**Pharmacologic:** "Calcium	**Pharmacologic:** "Selective	**Pharmacologic:** "Triazolopyridine	**Pharmacologic:** "Nicotinic	**Pharmacologic:** "Nonsalicylate,

	channel blocker" (Jones & Bartlett Learning, 2023)	serotonin reuptake inhibitor" (Jones & Bartlett Learning, 2023)	derivative" (Jones & Bartlett Learning, 2023)	agonist" (Jones & Bartlett Learning, 2023)	para-aminophenol derivative" (Jones & Bartlett Learning, 2023)
Mechanism of Action	"Decreases peripheral vascular resistance also decreases myocardial workload, oxygen demand, and possibly angina." (Jones & Bartlett Learning, 2023)	"Blocks serotonin reuptake by adrenergic nerves, which normally release this neurotransmitter from their storage sites when activated by a nerve impulse." (Jones & Bartlett Learning, 2023)	"Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect." (Jones & Bartlett Learning, 2023)	"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 than cigarettes, this drug reduces nicotine craving and withdrawal symptoms." (Jones & Bartlett Learning, 2023)	"Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system." (Jones & Bartlett Learning, 2023)
Therapeutic Uses	To control hypertension (Jones & Bartlett Learning, 2023)	To treat depression (Jones & Bartlett Learning, 2023)	To treat major depression (Jones & Bartlett Learning, 2023)	Adjunct to smoking cessation for the relief of nicotine withdrawal symptoms. (Jones & Bartlett Learning, 2023)	To relieve mild or moderate pain (Jones & Bartlett Learning, 2023)
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	Hypertension	Major depressive disorder, single episode	Insomnia	Nicotine withdrawal	Pain

Contraindications (2)	• "Cardiogenic shock" • "Severe aortic stenosis" (Jones & Bartlett Learning, 2023)	• "Significant uncontrolled high blood pressure" • "Diabetes" (Jones & Bartlett Learning, 2023)	• "SIADH" •"Hypomagnesia" (Jones & Bartlett Learning, 2023)	• "Significant uncontrolled high blood pressure" • "Diabetes" (Jones & Bartlett Learning, 2023)	• "Severe hepatic impairment" • "Severe active liver disease" (Jones & Bartlett Learning, 2023)
Side Effects/Adverse Reactions (2)	• "GI: Pancreatitis" • "CV: Arrhythmias" (Jones & Bartlett Learning, 2023)	• "CNS: CVA" • "CV: Heart failure" (Jones & Bartlett Learning, 2023)	• "RESP: Apnea" • "CNS: Suicide ideation" (Jones & Bartlett Learning, 2023)	• "RESP: bronchospasm" • "CV: Arrhythmias" (Jones & Bartlett Learning, 2023)	• "CV: hypotension" • "RESP: pulmonary edema" (Jones & Bartlett Learning, 2023)
Medication/Food Interactions	Calcium-containing products may decrease the effectiveness of calcium channel blockers	N/A	N/A	Caffeine	N/A
Nursing Considerations (2)	• "Monitor patient with impaired hepatic function closely because amlodipine is extensively metabolized by the liver." • "Monitor blood pressure while adjusting dosage, especially inn patients with heart failure or severe aortic stenosis because symptomatic hypotension may occur." (Jones & Bartlett	• "Monitor patient closely for suicidal tendencies, especially when therapy starts or dosage changes, because depression may worsen at these times." • "Expect to reduce dosage gradually when drug is no longer needed to avoid serious adverse reactions." (Jones & Bartlett Learning, 2023)	• "Use trazodone cautiously in patients with cardiac disease, because drug can cause arrythmias." • "Expect most patients who respond to trazodone to do so by the end of the second week of therapy." (Jones & Bartlett Learning, 2023)	• "Keep in mind to avoid possible burn, remove patch before patient has an MRI." • "Use caution when nicotine is given with patients with active gastric or peptic ulcers or who have esophagitis because nicotine delays healing in ulcer disease." (Jones & Bartlett Learning, 2023)	• "Monitor renal function in patient on long-term therapy. Keep in mind that blood or albumin in urine may indicate nephritis." • "Calculate total daily intake of acetaminophen including other products that may contain acetaminophen so maximum daily dosage is not exceeded." (Jones & Bartlett Learning, 2023)

Learning, 2023)					

Brand/Generic	Tums calcium carbonate	Motrin ibuprofen	N/A	Circadian melatonin	Zofran-ODT ondansetron	N/A
Dose	750mg	400mg	N/A	3mg	8mg	N/A
Frequency	Every 6hrs PRN	Every 6hrs PRN	N/A	At bedtime PRN	Every 8hrs PRN	N/A
Route	Oral	Oral	N/A	Oral	Oral	N/A
Classification	**Pharmacologic:** "Calcium salts" (Jones & Bartlett Learning, 2023)	**Pharmacologic:** "NSAID" (Jones & Bartlett Learning, 2023)	N/A	**Pharmacologic:** "Biogenic amine" (Jones & Bartlett Learning, 2023)	**Pharmacologic:** "Selective serotonin (5-HT3) receptor antagonist" (Jones & Bartlett Learning, 2023)	N/A
Mechanism of Action	"Increase levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal systems." (Jones & Bartlett Learning, 2023)	"Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, swelling, and vasodilation." (Jones & Bartlett Learning, 2023)	N/A	"Helps the secretion of growth hormone & gonadotropic hormones, which aids in promoting sleep" (Jones & Bartlett Learning, 2023)	"Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine (probable cause of chemotherapy- and radiation-induced nausea and vomiting)	N/A

					and blocking signals to the CNS. Ondansetron agonist may also bind to other serotonin receptors and to mu-opioid receptors." (Jones & Bartlett Learning, 2023)	
Therapeutic Uses	To treat hyperphosphatemia (Jones & Bartlett Learning, 2023)	To relieve osteoarthritis (Jones & Bartlett Learning, 2023)	N/A	To treat delayed sleep phase and circadian rhythm sleep disorders in the blind and provide some insomnia relief. (Jones & Bartlett Learning, 2023)	To prevent nausea and vomiting (Jones & Bartlett Learning, 2023)	N/A
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	Heartburn, indigestion	Moderate pain	N/A	Insomnia	Nausea	N/A
Contraindications (2)	• "Renal calculi" • "Concurrent use of calcium supplements" (Jones & Bartlett Learning, 2023)	• "Asthma" • "Angioedema" (Jones & Bartlett Learning, 2023)	N/A	• "Pregnancy" • "Lactation (breastfeeding)" (Jones & Bartlett Learning, 2023)	• "Concomitant use of apomorphine" • "Concomitant use of tramadol" (Jones & Bartlett Learning, 2023)	N/A
Side Effects/Adverse Reactions (2)	• "CV: hypotension" • "SKIN: diaphoresis" (Jones & Bartlett Learning, 2023)	• "GI: GI bleeding" • "RESP: Bronchospasm" (Jones & Bartlett Learning, 2023)	N/A	• "CV: hypotension" • "CNS: dizziness" (Jones & Bartlett Learning, 2023)	• "EENT: stridor" • "RESP: bronchospasm" (Jones & Bartlett Learning, 2023)	N/A
Medication/Food Interactions	N/A	N/A	N/A	N/A	N/A	N/A

Nursing Considerations (2)	• "Monitor serum calcium level in all patients, as ordered, and evaluate therapeutic response by assessing for Chvostek's & Trousseau's signs." • "Be aware that patients with kidney failure on dialysis may develop hypercalcemia when treated with calcium. Monitor patient closely." (Jones & Bartlett Learning, 2023)	• "Know the risk of heart failure increases with the use of NSAIDs such as ibuprofen." • "Be aware that NSAIDs like ibuprofen should be avoided in patients with a recent MI. because risk of reinfarction increases with NSAID therapy." (Jones & Bartlett Learning, 2023)	N/A	• "Advise female patient to notify health care professional if pregnancy is planned or suspected or if breastfeeding." • "Instruct patient to take at bedtime as directed." (Jones & Bartlett Learning, 2023)	• "Monitor patient closely for serotonin syndrome, which may include agitation, chills, confusion, diaphoresis, diarrhea, fever, hyperactive reflexes, poor coordination, restlessness, shaking, talking, or acting with uncontrolled excitement, tremor, and twitching." • "Be aware that oral disintegrating tablets may contain aspartame, which is metabolized to phenylalanine and must be avoided in patients with phenylketonuria." (Jones & Bartlett Learning, 2023)	N/A

Medications Reference (1) (APA):

Jones & Bartlett Learning, (2023). Nurse's Drug Handbook (22nd ed.). Jones & Bartlett

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	Well-groomed and clean Anxious and restless Lean build Positive attitude Coherent, clear speech Open, honest, and cooperative Labile and tearful mood Mood coincides with affect, labile
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	The patient denies any ideations, delusions, illusions, obsessions, compulsions, or phobias currently.
ORIENTATION: **Sensorium:** **Thought Content:**	The patient is alert and oriented x4 Sensorium was not assessed Realistic and logical thinking
MEMORY: **Remote:**	Short-term and long-term memory intact
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	The patient has fair judgment Calculation was not assessed Intelligence is normal for age Abstraction was not assessed The client has an average impulse control
INSIGHT:	The patient has fair and unimpaired judgment

GAIT:	Normal gait
Assistive Devices:	The patient has not assistive devices
Posture:	The patient has good posture
Muscle Tone:	The patient has good muscle tone for age
Strength:	The patient has good strength for age
Motor Movements:	The patient has adequate mobility

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
2:00p	98	158/96	18	98.6	97 (on room air)
5:00p	70	146/94	18	97.9	98 (on room air)

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11:25a	3/10	Lower back pain	Mild	Inconsistent, sharp	Med given
5:00p	3/10	Lower back pain	Mild	Inconsistent, sharp	Med given

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed:	**Oral Fluid Intake with Meals (in mL)**
Breakfast: 100%	**Breakfast:** 480mL
Lunch: 100%	**Lunch:** 240mL
Dinner: Student RN left before dinner	**Dinner:** Student RN left before dinner

Discharge Planning (4 points)

Discharge Plans (Yours for the client): My plans for the patient when he discharges are to join a detox program or a residential rehabilitation place where the patient can get help managing his money and start to build a foundation for himself. The patient should keep all negativity away from him, including those who encourage him to drink, and surround himself with people who strongly discourage him from drinking. The patient should also go to counseling and process the things he has gone through in life that anchor him down. The patient should stay compliant with his medications and keep the positive mindset that he has to want to change.

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. Ineffective coping related to drinking excessively when things are going bad as evidence by the patient stating, "I	The patient states that he drinks to not feel anything.	1. Tell the patient about group therapy and its benefits 2. Set future goals for coping with the patient	1. Check in with the patient to see if they are going to group therapy 2. Make sure that the patient is incorporating coping mechanisms	1. Provide different group therapy resources within the community to the patient 2. Provide the patient with

drink not to feel anything."		3. Figure out different coping mechanisms with the patient	3. Give the patient different activities to do to distract the mind	references for different therapists 3. Ensure that the patient reiterates their "go-to" coping mechanism
2. Imbalanced nutrition related to the patient not eating an adequate amount as evidence by stating that he's went 2 days without eating due to excessive drinking and depression.	The patient states that he goes without eating for 2 days at a time due to excessive drinking and depression.	**1.** Assess height and weight, age, body build, strength, and rest level **2.** Recommend monitoring weight weekly **3.** Make a meal plan with patient	**1.** Make sure that patient is eating six small meals a day **2.** Monitor weight weekly **3.** Keep track of patients' food intake.	**1.** Make sure the patient keeps a food diary or tracker on their phone **2.** Recommend the patient to see a dietician **3.** Assess the patient's ability to read food labels
3. Low self-esteem related to life choices perpetuating failure as evidence by self-negating verbalization, expressions, or shame/guilt.	The patient states that he isn't a great father because he hasn't seen his 27-year-old son since he was 2 months old.	1. Encourage the patient to express shame and guilt 2. Assess the patient's support system and family interactions 3. Assess the patients' self-esteem level	1. Involve the patient in group therapy 2. Use role rehearsal so the patient knows how to function as someone who doesn't drink excessively 3. Encourage the patient to cope with the past in a healthy way	1. Encourage the patient to go to counseling 2. Teach the patient on techniques to re-center when thinking about the past 3. Encourage community group therapy

Other References (APA):

Phelps, L. L. (2020). *Sparks & Taylor's Nursing Diagnosis Reference Manual*. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

The patient stated, "I wasn't a great father"
The patient stated, "I drink to not feel anything"
The patient states, "I've went 2 days without eating"

Nursing Diagnosis/Outcomes

Ineffective coping related to drinking excessively when things are going bad as evidence by the patient stating, "I drink not to feel anything."

Imbalanced nutrition related to the patient not eating an adequate amount as evidence by stating that he's went 2 days without eating due to excessive drinking and depression.

Low self-esteem related to life choices perpetuating failure as evidence by self-negating verbalization, expressions, or shame/guilt.

Objective Data

The patient's vital signs were within normal ranges besides the client's blood pressure at 2pm 158/96.
The patient went to group therapy
The patient took his medications
The patient didn't have any labs or tests obtained
The patients' mental status exam indicates that his behavior was anxious and restless, and his mood was labile and tearful.

Patient Information

Date of Admission: 04/11/2023
Patient: T.W.
Age: 48
Gender: Male
Race: Caucasian
Occupation: Unemployed
Allergies: Aspirin

Nursing Interventions

- Tell the patient about group therapy and its benefits
- Set future goals for coping with the patient
- Figure out different coping mechanisms with the patient
- Assess height and weight, age, body build, strength, and rest level
- Recommend monitoring weight weekly
- Make a meal plan with patient
- Encourage the patient to express shame and guilt
- Assess the patient's support system and family interactions
- Assess the patients' self-esteem level
- Check in with the patient to see if they are going to group therapy
- Make sure that the patient is incorporating coping mechanisms
- Give the patient different activities to do to distract the mind
- Make sure that patient is eating six small meals a day
- Monitor weight weekly
- Keep track of patients' food intake.
- Involve the patient in group therapy
- Use role rehearsal so the patient knows how to function as someone who doesn't drink excessively
- Encourage the patient to cope with the past in a healthy way