

N311 Care Plan 1

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N311: Foundations of Professional Practice

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Demographics (5 points)

Date of Admission September 17, 2024	Client Initials DP	Age 50	Gender Male
Race/Ethnicity White	Occupation Part time cashier at a restaurant	Marital Status Going through a divorce	Allergies None
Code Status Attempt CPR/ full treatment	Height 5'11"	Weight 84 kg/185 lbs. 3 oz.	

Medical History (5 Points)

Past Medical History: Patient does not have significant past medical history. He did tell me that he broken his arm as a kid and had pyloric stenosis as a baby.

Past Surgical History: Patient does not have any significant past surgical history

Family History: No family history on file. However, I was able to find out more information in regards to his family. He told me that his mom died of a stroke, and his dad died at forty-four from lymphoma.

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

Patient does drink alcohol to the point of addiction. He stated in the chart that he drinks vodka, 12 ounces daily. When asked how long he has been addicted he replied, "for a long time." I found out further on that his addiction journey began when he was sixteen. It started out as him drinking beer and then escalated to him drinking one pint of vodka a day.

Admission Assessment

Chief Complaint (2 points): Depression

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

Withdrawal of alcohol started on September 18, 2024. He has been having symptoms. He only noted that the tremors are his current symptom. His tremors are the worst tremors I have seen. He shakes very violently. He is a fall risk because of this and is bedridden. He did say the other symptom was him being bored. Regarding the relieving factors, it would be his medication. He takes 1 mg of folic acid, 400 mcg of a multivitamin with folic acid, a nicotine patch of 14 mg, 500mg of acetaminophen, 500mg of Tums, and Lorazepam. He is also put on IV fluids. Alcohol could be argued that it is an aggravating factor because he is not drinking it currently. Treatment is the same as the relieving factors. He has been educated on Anonymous Alcoholics. The plan is that he will get into counseling to help his life get back on track.

Primary Diagnosis

Primary Diagnosis on Admission (3 points): Alcohol Use Disorder

Secondary Diagnosis (if applicable): Alcohol hepatitis and acute thrombocytopenia

Vital Signs, 1 set (5 points) – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:37	123	148/84	21	98.4°F	93

Pain Assessment, 1 set (5 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:37	Number				Continue to

	scale- reported a zero				Monitor
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Pathophysiology

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

Pathophysiology References (2) (APA):

Pathophysiology

Alcohol Use Disorder

Addiction must be one of the worst pains family members, and the user, has to experience. The level of hurt, guilt, and frustration takes a toll on all. According to *Pathophysiology: Introductory Concepts and Clinical Perspectives*, “Addiction is a compulsive need for and use of habit-forming substance...and is characterized by tolerance and well-define physiological symptoms upon withdrawal” (Capriotti, 2024, 947). Alcohol is the most common drug that many find themselves addicted to. This drug depresses the central nervous system. When taken in higher dosages, they have irrational thinking, lack of judgement, and have difficulty with coordination (Capriotti, 2024).

When one is addicted to alcohol, just about every part of their body is affected. The heart can stretch or droop, beat irregularly, lead to a stroke, or cause hypertension. The most associated organ damage is the liver. Drinking too much can lead to scarring of the liver, alcoholic hepatitis, or a fatty liver. Oftentimes, the brain does not properly work. People have a hard time thinking clearly and can develop anxiety or depression. More recently, there has been noted a serious correlation between heavy drinking and cancer. The National Institute on Alcohol Abuse and Alcoholism vocalized that, “There is a strong scientific consensus that alcohol drinking can cause several types of cancer. In its Report on Carcinogens, the National Toxicology Program of the US Department of Health and Human Services lists consumption of alcoholic beverages as a known human carcinogen” (U.S. Department of Health and Human Services). Lastly, those that are addicted to alcohol have a weakened immune system. Unfortunately, once some of these effects happen, they cannot be reversed.

There are quite a few signs and symptoms of alcohol addiction. For one thing, they have trouble limiting how much alcohol they drink. They want to cut down but either do not or are unsuccessful in their attempts. They will feel constant cravings, which may cause them to avoid going to parties or even engaging in their hobbies because they need to drink. The saddest part is that most can recognize and realize that it is causing a problem, either with their family, friends, or physical health, yet they still will not stop (Mayo Clinic, 2022).

One of the most popular diagnostic tests is a CAGE screening. This acronym stands for:

- Have you ever felt you should **cut** down on your drinking?
- Have people **annoyed** you by criticizing your drinking?
- Have you ever felt bad or **guilty** about drinking?
- Have you ever had a drink first thing in the morning (**eye-opener**)?

If a yes is even just given to one of the questions, it is an indication that they are addicted. If answering yes to more than two, it shows that the problem is much more severe (Capriotti, 2024).

The last thing to note is alcohol withdrawal and what that looks like for some patients. Like my patient was experiencing, in the twelve to twenty-four hours after withdrawal, they experience tremors. The central nervous system essentially is firing off all these messages to the body. Twenty four to seventy two hours after, the patient may experience seizures. After three to five days, they go through Delirium tremens. They often experience hallucinations and a fever (Capriotti, 2024).

References

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives*. F.A. Davis Company.

Mayo Foundation for Medical Education and Research. (2022, May 18). *Alcohol use disorder*. Mayo Clinic. <https://www.mayoclinic.org/diseases-conditions/alcohol-use-disorder/symptoms-causes/syc-20369243>.

U.S. Department of Health and Human Services. (n.d.). *Alcohol's effects on the body*. National Institute on Alcohol Abuse and Alcoholism. <https://www.niaaa.nih.gov/alcohols-effects-health/alcohols-effects-body>.