

N431 CARE PLAN #1

Tracy Donaldson

Lakeview College of Nursing

N321: Adult Health II

Dean Lawson

10/1/2024

Demographics

Date of Admission 9/29/24	Client Initials S.P.	Age 42	Biological Gender Female
Race/Ethnicity White	Occupation None	Marital Status Divorced	Allergies <ul style="list-style-type: none"> • Oyster extract • Tapes- silicones, sulindac, latex
Code Status CPR/Full Code	Height 5'10"	Weight 243 lbs.	

Medical History

Past Medical History: Alcohol Use Disorder, Anxiety, Depression, Endometriosis, Infertility-Female, Obstructive Sleep Apnea

Past Surgical History: Adenoidectomy, Hysteroscopy, Nasal Septum Surgery, Polycystic Ovary Syndrome, Sinus Surgery, Upper Gas Endoscopy, Wisdom Tooth Extraction

Family History: Mother- Ovarian Cancer, Hypertension, Pulmonary Embolism
Maternal Grandmother- Colon Cancer, Diabetes
Paternal- N/A

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

The patient does not have a history of smoking or vaping but drinks 20 standard alcoholic drinks per week, along with 20 shots of liquor for the past 3 years.

Education: Master's degree

Living Situation: The patient lives alone in an apartment.

Assistive devices: N/A

Admission History

Chief Complaint: Alcohol intoxication with concern for alcohol withdrawal

History of Present Illness (HPI)– OLD CARTS The patient stated that the "onset of the alcohol intoxication was on Sunday, 9/29/24." However, the last time she could mentally remember was Saturday, 9/28/24. The location of the pain was in her "abdomen from the excessive vomiting," which had been happening since Saturday. The characteristics described were "shortness of breath and a sharp, sore throat while vomiting." The aggravating factor, in the patient's words, was "the older I get, the harder it is to recover from withdrawal." There were no relieving factors, and her treatment is usually "Gatorade, Sprite, or Ativan" after alcohol consumption, but she did not try any of those on that day. The patient stated that her "pain was a 5 in her lower back."

Admission Diagnosis

Primary Diagnosis: Alcohol Withdrawal

Secondary Diagnosis (if applicable): N/A

Alcohol Withdrawal

Alcohol is a drug that can be both hazardous and addictive and can lead to alcohol withdrawal symptoms. The main component in drinks such as beer, wine, or vodka that gets you drunk is alcohol, which is a Central Nervous System depressant and the most used addictive drug (Capriotti, 2023). Higher dosages of alcohol cause people to exhibit illogical reasoning, poor judgment, and impaired motor coordination (Capriotti, 2023). When a person needs alcohol to operate normally, it is called a substance abuse disorder (Capriotti, 2023). The brain's dopamine reward system causes substance misuse, which can lead to alcohol addiction, and is linked to a particular allele of the D2 dopamine receptor gene (Capriotti, 2023). With this gene, a person has fewer dopamine receptors and an inclination toward addictive behaviors (Capriotti, 2023). The patient, S.P., has a history of alcohol addiction and withdrawal.

Hand tremors, which were seen in the patient, are one of the telltale signs and symptoms of alcohol withdrawal, which happens about 12 to 24 hours after the last drink (Capriotti, 2023). The hand tremors are caused by the Central Nervous System being overexcited (Capriotti, 2023). Tachycardia, which the patient had, along with anorexia, diaphoresis, sleeplessness, and seizures, are other symptoms (Capriotti, 2023). Disorientation, fever, and visual hallucinations are possible symptoms of delirium tremens, which might start three to five days after the last drink (Capriotti, 2023). Excessive alcohol consumption in the patient was seen upon arrival during the wellness check, with vodka bottles lying around and her severely impaired motor coordination, knowing that a withdrawal was imminent. While many alcoholics refuse to admit they have a problem, S.P. admits she has an addiction issue (Hinkle & Cheever, 2022).

Treatment ordered for the patient was IV fluids, complete lab work, seizure precautions, and an ECG test. Clinical information about this patient that correlates with alcohol withdrawal is consistent with her ECG, which revealed sinus tachycardia and hand tremors. The diagnosis is also supported by her blood alcohol concentration of 0.457, low potassium, raised MCHC, increased MCH, and increased lactic acid.

References

Capriotti, T. (2023). *Davis advantage for pathophysiology: Introductory concepts and clinical perspectives*. (2nd ed.). F.A. Davis Company.

Hinkle, J. L., & Cheever, K. H. (2022). *Brunner & Suddarth's textbook of medical-surgical nursing* (15th ed.). Wolters Kluwer.

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Potassium	3.3 mmol/L	3.2 mmol/L	3.5-5.1 mmol/L	The patient has low potassium due to dehydration from excessive vomiting (Pagana, 2021).
Glucose	121 mmol/L	93 mmol/L	74-100 mg/dL	The patient has slightly high glucose from the excessive alcohol or stress on the body (Pagana, 2021).
Calcium	8.8 mg/dL	8.5 mg/dL	8.9-10.6 mg/dL	The patient has decreased calcium from a Vitamin D deficiency related to alcoholism (Pagana, 2021).
Protein	8.2 g/dL	N/A	6.0-8.0 g/dL	The patient had a slight increase in protein upon admission to the hospital due to dehydration (Pagana, 2021).
Lactic Acid, Plasma	4.0 mmol/L	2.56 mmol/L	0.50-2.20 mmol/L	The patient has increased lactic acid due to the amount of ethanol in her system (Pagana, 2021).
Alcohol Serum	0.457 g/dL	N/A	0	The patient has a very high alcohol serum in her blood due to excessive alcohol consumption (Pagana, 2021).
MCH	33.2 pg	32.5 pg	26-30 pg	The MCH is increased due to the patient's alcoholism or stress on the liver (Pagana, 2021).
MCHC	35.5 g/dL	34.4 g/dL	35.5 g/dl	The MCHC is increased is increased due to the patient's alcoholism or stress on the liver (Pagana, 2021).
Absolute Neutrophils	1.45 10^3 /UL	4.41 10^3 /UL	1.60-7.70 10^3 /UL	The Absolute Neutrophils could be low due to chronic alcohol abuse (Pagana, 2021).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
ECG 12 Lead	The patient was in a state of confusion and weakness. It was necessary to check heart activity.	The patient's EKG exhibited sinus tachycardia, which is associated with excessive alcohol consumption.

Diagnostic Test Reference (1) (APA):

Pagana, K., Pagana, T., & Pagana, T. (2021). *Mosby's® diagnostic and laboratory test reference* (15th ed.). Elsevier Inc.

Active Orders

Active Orders	Rationale
Initiate hospital basic care alcohol protocol	This order is necessary to keep the patient safe due to her alcohol level.
Intake/output every shift	This is necessary to make sure the patient has fluid balance.
IV access	This order is necessary to have quick access to administer fluids for dehydration or medication if needed.
Alcohol withdrawal suction	This is set by the bedside for quick access for medical personnel to suction if needed to reduce the risk of choking due to the patient's alcohol withdrawal symptoms and excessive vomiting.
Cardiac monitoring x 24 hours	The patient has an electrolyte imbalance with potassium; therefore, she should have continuous cardiac monitoring.
Vitals Q4h	This order is required to evaluate the patient's vital signs such as blood pressure, respiration, oxygen saturation, temperature, and heart rate to monitor for any change in her condition.
Inspect for pressure injuries within 24 hours of hospital administration	This order is to make sure the patient does not have any pressure injuries that need to be addressed right away.
Increase activity as tolerated	This order is for the patient to increase her activity as tolerated.
Assess hypoxia if the patient develops a sudden change in neuro status	This order is to make sure that due to the patient's condition and its effect on the neurological system, her neuro is being assessed.
Review magnesium and phosphorous levels daily	This order is to monitor the patient's magnesium and phosphorous levels daily due

	to excessive alcohol consumption.
Basic metabolic panel	This order is necessary to monitor the patient's health condition, especially her electrolytes.
Diet consult	This order is for a diet consult to make sure the patient is receiving the proper nutrition during her stay in the hospital.
Medical history tech consult	This order is to get the patient's medical history updated.
Diet- Regular	This order is for the healthcare team to know that the patient is on a regular diet.
Continuous pulse oximetry	This order is to make sure the patient's oxygen level stays within normal range.
Alcohol withdrawal- seizure precautions	The patient is currently going through alcohol withdrawal and seizures can happen. This order is necessary for the patient's safety.
Alcohol withdrawal- aspiration precautions	The patient is currently going through alcohol withdrawal, and she has a significant risk of aspiration due to her vomiting.

Medications

Home Medications (Must List ALL)

Brand/Generic	Campral /Acamprosate	Buspar/ Bupirone	Librium/ Chlordiazepoxide	Vitamin D3/ Cholecalciferol	Lexapro/ Escitalopram	Nuva Ring/ Etonogestrel-ethinyl estradiol
Classification	Pharm: Amino acid neurotransmitter analogue Therapeutic: Alcohol deterrent (NDH, 2023)	Pharm: Azapirone Therapeutic: Anxiolytic (NDH, 2023)	Pharm: Benzodiazepine Therapeutic: Anxiolytic (NDH, 2023)	Pharm: Vitamin D analog Therapeutic: Vitamin (NDH, 2023)	Pharm: Selective serotonin reuptake inhibitor Therapeutic: Antidepressant (NDH, 2023)	Pharm: Estrogen Therapeutic: Hormone (NDH, 2023)
Reason Client Taking	The client is taking this to maintain abstinence from alcohol (NDH, 2023).	The client is taking this to manage her anxiety (NDH, 2023).	The client is taking this to manage her anxiety (NDH, 2023).	The client is taking this medication to supplement for Vitamin D (NDH, 2023)	The client is taking this for her depression (NDH, 2023).	This client has this inserted in her vagina to prevent pregnancy (NDH, 2023).
List two teaching needs for the medication pertinent to	The client should know that the medication may cause increased anxiety or	This medication may cause drowsiness or dry mouth (NDH, 2023).	This medication may cause confusion or suicidal ideation (NDH, 2023).	This medication can cause loss of appetite or vomiting (NDH, 2023).	This medication can cause dizziness, and you cannot drink alcohol while on this medication (NDH, 2023).	This ring needs to be inserted for 3 weeks and then removed for 3 weeks, and it can cause hypertension (NDH, 2023).

the client	heart palpitations (NDH, 2023).					
Key nursing assessment(s) prior to administration	The medication needs to be started right after alcohol withdrawal and the patient has achieved abstinence (NDH, 2023).	The nurse should use this medication cautiously with patients who have renal issues (NDH, 2023).	The nurse should be prepared to use cautiously with patients who have hepatic or renal impairment (NDH, 2023).	Make sure the patient is not queasy before administering this medication.	Do not give this medication to patients with bradycardia (NDH, 2023).	The nurse should closely monitor the patient's blood pressure on this medication (NDH, 2023).
Brand/Generic	Feratab/ Ferrous Sulfate	Melatonin	Nystop/ Nystatin	Zofran/ Ondansetron	Vitamin B1/ Thiamine	Multivitamin with Folic Acid
Classification	Pharm: Hematinic Therapeutic: Antianemia, nutritional supplement (NDH, 2023)	Pharm: Sedative/hypnotic Therapeutic: Hormone (NDH, 2023)	Pharm: Polyene macrolide Therapeutic: Antifungal (NDH, 2023)	Pharm: Selective serotonin receptor antagonist Therapeutic: Antiemetic (NDH, 2023)	Vitamin/nutritional supplement	Vitamin/nutritional supplement
Reason Client Taking	The patient is taking this for iron deficiency. (NDH, 2023)	The patient is taking this to help with her sleep (NDH, 2023)	The patient is prescribed this topical powder to put under her skin folds for her rash	The patient is taking this for nausea and vomiting (NDH, 2023).	The client is taking this as a supplement for vitamin B1.	The client is taking to ensure all nutritional values are met
List two teaching needs for the medication pertinent to the client	The patient should know that this medication can cause constipation or shortness of breath (NDH, 2023).	This medication can cause headaches and difficulty concentrating (NDH, 2023)	This medication should be put on clean and dry skin.	The patient needs to know that this medication can cause heart palpitations or shortness of breath (NDH, 2023).	The client should know that this should be taken daily, and it will sustain the B1 level when taken appropriately.	Take the vitamin daily and take it with food to avoid stomach upset.
Key nursing assessment(s) prior to administration	The patient's stool may be black or green while taking this medication (NDH, 2023)	Assess the patient's sleeping habits and notify the provider of any changes.	Monitor the affected area for any changes and report to the provider.	Do not give this medication if the patient has hypokalemia or hypomagnesemia (NDH, 2023).	Make sure the patient takes this supplement with food.	Make sure the patient takes this supplement with food.

Hospital Medications (Must List ALL)

Brand/Generic	Buspar/ Buspirone	Lovenox/ Enoxaparin	Lexapro/ Escitalopram	Vitamin B9/Folic Acid	Gralise/ Gabapentin	
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Classification	Pharm: Azapirone Therapeutic: Anxiolytic (NDH, 2023)	Pharm: Low-molecular-weight heparin Therapeutic: Anticoagulant (NDH, 2023)	Pharm: Selective serotonin reuptake inhibitor Therapeutic: Antidepressant (NDH, 2023)	Pharm: Folate Therapeutic: Vitamin (NDH, 2023)	Pharm: 1-amino-methyl Therapeutic: Anticonvulsant (NDH, 2023)	
Reason Client Taking	The client is taking this to manage her anxiety.	The patient is taking this to prevent DVT's while in the hospital.	The client is taking this for her depression.	The client is taking this supplement to increase her folic acid (NDH, 2023).	The patient is taking this medication, so she does not have seizures from alcohol withdrawal (NDH, 2023).	
List two teaching needs for the medication pertinent to the client	This medication may cause drowsiness or dry mouth (NDH, 2023).	Do not take other blood thinners with this medication and nausea and vomiting may occur (NDH, 2023)	Do not give this medication to patients with bradycardia (NDH, 2023).	The patient should take 1 mg per day, and it can also be found in Orange Juice (NDH, 2023).	The patient should know that this medication can cause abnormal vision or dram disturbances (NDH, 2023).	
Key nursing assessment(s) prior to administration	The nurse should use this medication cautiously with patients who have renal issues (NDH, 2023).	Do not expel the air bubble in the syringe with this medication (NDH, 2023).	Do not give this medication to patients with bradycardia (NDH, 2023).	Administer the medication orally (NDH, 2023).	Monitor the patient for suicidal thinking while on this medication (NDH, 2023).	
Brand/Generic	Lotrimin/ Miconazole 2% topical powder	Multivitamin with Folic Acid	Thiamine /(Vitamin B-1 Injection)	Thiamine /(Vitamin B1)		
Classification	Pharm: Azole Antifungal Therapeutic: Antifungal (NDH, 2023)	Vitamin/Nutritional supplement	Vitamin/Nutritional supplement	Vitamin/Nutritional supplement		
Reason Client Taking	The client is using this powder for the fungal infection under her breasts.	The client is taking to ensure all nutritional values are met.	To increase the B1 level in the client and for normal function of the heart. (NDH, 2023).	The client is taking this as a supplement for vitamin B1 for normal function of the heart (NDH, 2023).		
List two teaching needs for the medication pertinent to the client	Do not use this medication if it causes any irritation or burning (NDH, 2023).	Take the vitamin daily for optimal results and take it with food to avoid stomach upset.	Allergic reaction may happen from the shot and there may be redness at the site.	The client should know that this should be taken daily and that it will sustain the B1 level when taken appropriately.		
Key nursing assessment(s) prior to administration	Make sure the area is clean and dry before applying this powder.	Make sure the patient takes it with food.	Monitor for any allergic reaction from the shot.	Make sure the patient takes it with food.		

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Prioritize Three Hospital Medications

Medications	Why this medication was chosen	List 2 side effects. These must correlate to your client
1. Gabapentin	This medication was chosen for the patient's safety. She is at risk of seizures from alcohol withdrawal.	<ol style="list-style-type: none"> 1. This medication may increase her depression (NDH, 2023). 2. This medication may increase her abdominal pain which may make her more nauseous (NDH, 2023).
2. Escitalopram	This medication was chosen because the patient has depression and is currently taking this medication at home, and it should not be stopped abruptly.	<ol style="list-style-type: none"> 1. This medication may cause her mouth to be drier (NDH, 2023). 2. This medication can increase her nausea (NDH, 2023).
3. Enoxaparin	This medication was chosen because the patient is at risk of blood clots due to being hospitalized.	<ol style="list-style-type: none"> 1. The patient has a fungal infection, and this medication may cause pruritus (NDH, 2023). 2. This medication may increase her vomiting (NDH, 2023).

Medications Reference (1) (APA)

2023 nurse's drug handbook (22nd ed.). (2023). Jones & Bartlett Learning.

Physical Exam

HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

GENERAL: Alertness: Orientation: Distress: Overall appearance:	The patient is A/O x4 in no acute distress. Her appearance was appropriate except for a large tangle in the back of her head that needed to be brushed. She seemed a little depressed , and when questioned, she said that her mother, who lives
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<p>Infection Control precautions: N/A Client Complaints or Concerns:</p>	<p>three hours away, could not get ahold of her and was "embarrassed that 5 EMS workers barged into her apartment for a wellness check." Her primary concern was feeling queasy after eating because she had many episodes of vomiting earlier in the day. She did, however, have some vegetable soup and was feeling fine.</p>
<p>Temp: 98.8F oral Resp rate: 22 Pulse: 115 B/P: 120/75 Oxygen: 95% Delivery Method: Room air</p>	<p>All vital signs were within normal range.</p>
<p>PAIN ASSESSMENT: Time: 4 pm Scale: 0-10 Location: Right lower back Severity: 5 Characteristics: Throbbing Interventions: None</p>	<p>The patient stated that she "always has lower back pain" and has had steroid injections before, but they do not help. The patient denied any current intervention from the nurse, such as pain medication or a pillow under her back.</p>
<p>IV ASSESSMENT: Size of IV: 18 gauge Location of IV: Left upper arm Date on IV: 9/30/24 Patency of IV: Flushed without difficulty Signs of erythema, drainage, etc.: None IV dressing assessment: Transparent, clean dry and intact Fluid Type/Rate or Saline Lock: Continuous normal saline IV running at 100 mL/hours</p>	<p>The IV assessment showed no signs of erythema, drainage, or anything of concern.</p>
<p>INTEGUMENTARY: Skin color: Character: Temperature: Turgor: Rashes: Bruises: Wounds: . Braden Score: 21 Drains present: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>The patient's skin color is usual for ethnicity, with no cyanosis, ecchymosis, jaundice, or wounds. There was normal hair and distribution throughout the body. The forehead had a small melasma patch, and minor bruising was noted on the patient's ankles. The skin temperature was warm, dry, and intact, and the skin turgor was normal with no tenting. The patient had a slight rash under both of her breasts.</p>
<p>HEENT: Head/Neck: Ears: Eyes:</p>	<p>The head and neck are symmetrical. The trachea is midline, the thyroid is not palpable, and there are no obvious bumps. Palpable, 2+ bilateral</p>

<p>Nose: Teeth:</p>	<p>carotid pulses are present. No indication of lymphadenopathy was present in the head or neck.</p> <p>The patient's auricles show no visible abnormalities. Tympanic membranes are of normal color.</p> <p>There is no obvious leakage from the eyes, the bilateral conjunctiva is pink, both corneas are clear, and both scleras are white. Bilateral lids are moist and pink without abrasions or discharge seen. Both sides have PERRLA, and EOMs are intact.</p> <p>The septum is center, the nostrils are pink and wet on both sides and there are no obvious deformities. Palpation of the frontal sinuses reveals no tenderness.</p> <p>The throat is pink but slightly dry with no visible discharge.</p> <p>The dental health is normal with no obvious signs of any issues.</p>
<p>CARDIOVASCULAR: Heart sounds: S1, S2, S3, S4, murmur etc. Cardiac rhythm (if applicable): Peripheral Pulses: Capillary refill: Neck Vein Distention: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Edema Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Location of Edema: N/A</p>	<p>Rhythm and pace are normal. S1 and S2 are clear without any murmurs, gallops, or rubs. At the fifth intercostal gap at the MCL, PMI is noticeable. Peripheral pulses are palpable and capillary refill is less than 3 seconds.</p>
<p>RESPIRATORY: Accessory muscle use: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Breath Sounds: Location, character</p>	<p>No wheezes, crackles, or rhonchi were heard, and the lung sounds were clear across the anterior and posterior regions bilaterally. The respiration rate and pattern were within normal range with equal rise and fall of the chest.</p>
<p>GASTROINTESTINAL: Diet at home: Regular Current Diet: Regular</p>	<p>The abdomen is soft and non-tender, with no distention or masses during palpation. All</p>

<p>Is Client Tolerating Diet? Yes, the client had vegetable soup and was able to keep it down. Height: 5'10" Weight: 234 lbs. Auscultation Bowel sounds: Last BM: Today, 9/30/24 Palpation: Pain, Mass etc.: Inspection: Distention: Incisions: Scars: Drains: Wounds: Ostomy: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Nasogastric: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Size: Feeding tubes/PEG tube Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type:</p>	<p>four quadrants exhibit normal bowel noises. There are no scars, drains, or wounds.</p>
<p>GENITOURINARY: Color: Yellow Character: Clear Quantity of urine: Normal Pain with urination: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Dialysis: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Inspection of genitals: Catheter: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Type: Size:</p>	<p>The patient's urine is of normal quantity and is clear and yellow with no traces of blood or pain upon urinating.</p>
<p>Intake (in mLs) 1200 mL from the chart</p> <p>Output (in mLs) 800 mL from the chart</p>	
<p>MUSCULOSKELETAL: Neurovascular status: ROM: Full Supportive devices: N/A Strength: Normal ADL Assistance: Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Fall Risk: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Fall Score: 29 Activity/Mobility Status:</p>	<p>There is a full range of motion in all extremities. Normal and equal strength can be seen by the pushes and pulls on the pedals and hand grips. The patient walked to the restroom and had smooth and well-balanced walking.</p>

<p>Activity Tolerance: Normal Independent (up ad lib) Independent Needs assistance with equipment – N/A Needs support to stand and walk- N/A</p>	
<p>NEUROLOGICAL: MAEW: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> PERLA: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Strength Equal: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> if no - Legs <input type="checkbox"/> Arms <input type="checkbox"/> Both <input type="checkbox"/> Orientation: Mental Status: Speech: Sensory: LOC:</p>	<p>The patient is alert and oriented x4. Mental status was normal cognition, speech was clear, sensory normal, and level of consciousness was alert and awake, and all questions were answered appropriately. Tremors were noted in both hands.</p>
<p>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):</p>	<p>The patient stated that her usual coping method with alcohol withdrawal is "not moving off of the couch with a bucket beside her." Other methods to help her withdrawal include Pedialyte pops, Gatorade with Himalayan salt, regular Gatorade, and Sprite.</p> <p>The developmental level of the patient is appropriate for her age; she is well-spoken and in no denial of her alcohol problems. She has a master's degree from Illinois State University.</p> <p>The patient stated that her view on religion is "stereotypical of one that was raised Catholic." She said it "gives hope and someone to talk to."</p> <p>The patient's mother lives 3 hours away in Chicago, Illinois, and is 78 years old, so she does not visit but speaks to her on the phone often. The patient has a best friend who lives in the apartment below her, and they recently had a fight, which may have prompted the recent drinking binge.</p> <p>The patient couldn't specifically say why she turned to drinking alcohol other than she got divorced three years ago and her husband was a "narcissist and a cheater."</p>

Discharge Planning

Discharge location: The patient’s discharge location will be her apartment in Champaign, Illinois where she lives alone.

Home health needs: A social worker or mental health specialist should be assigned to see or contact the patient for safety. Additionally, they should check in with her to see how sober she has become and ask about her Alcoholics Anonymous meetings to keep her accountable. Since she doesn't have any family nearby, check-ins are necessary.

Equipment needs: The patient could benefit from some type of breathalyzer in the home in case of relapse, so she knows when it is unsafe to drive.

Follow-up plan: The patient currently has a mental health professional and attends an Alcoholics Anonymous meeting regularly, however, the patient stated that “neither of them is helping.” The follow-up plan for the patient should be referred to an inpatient hospitalization for alcohol substance abuse and then move on to a sober living house afterward. The patient needs to know that abstinence from alcohol is necessary for her health.

Education needs: The effects of excessive alcohol use on the body's systems should be explained to the patient. These effects include but are not limited to liver cirrhosis, cardiac troubles, digestive disorders, brain disorders, and even demise.

Nursing Process

Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis	Rationale	Outcome Goal (1 per dx)	Interventions (2 per goal)	Evaluation of interventions
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			

<ul style="list-style-type: none"> Listed in order by priority – highest priority to lowest priority pertinent to this client 				
<p>1. Risk for injury related to the amount of alcohol ingested in a short period and not remembering anything since Saturday as evidenced by the patient's alcohol serum level of 0.457 g/dL upon arrival at the Emergency Department (Phelps, 2023)</p>	<p>The patient had a very elevated alcohol serum level. The patient stated that the previous Saturday was the last memory she could recall. This indicates that she passed out and could have suffered serious harm.</p>	<p>The patient will be able to prevent injury by sustaining alcohol use starting on 9/30/24 and maintaining her treatment regimen, whether inpatient hospital or outpatient, to prevent loss of consciousness. This will be measured by consistent breathalyzer readings.</p>	<p>1. To determine the precise needs, evaluate and record any motor, mental, or sensory deficiencies (Phelps, 2023).</p> <p>2.: Question patient privately to establish confidence and foster honest conversation (Phelps, 2023).</p>	<p>The patient will verbalize a strategy to maintain safety and a plan for maintaining sobriety (Phelps, 2023).</p>
<p>2. Risk for electrolyte imbalance related to dehydration from excessive alcohol consumption as evidenced by the patient's low potassium</p>	<p>The proper balance of electrolytes in the body is vital to human health. The potassium level of the patient was low. If the level keeps dropping, harm to the</p>	<p>The patient will be able to maintain normal electrolyte balance by ensuring adequate hydration by measuring her amount of liquids daily starting on 9/30/24.</p>	<p>1. Assess the patient's hydration status because any abnormalities could suggest electrolyte imbalance (Phelps, 2023).</p> <p>2. Gather and</p>	<p>By regularly checking the patient's fluid state, I may be informed of any changes, which will alert me to the possibility of an electrolyte imbalance (Phelps, 2023).</p>

level of 3.3 mmol/L (Phelps, 2023).	central nervous system and heart arrest are only two of the numerous bodily systems that might be impacted.		assess serum electrolyte readings; report any abnormalities promptly (Phelps, 2023).	
3. Risk for acute substance withdrawal syndrome related to abruptly stopping drinking an abundance of alcohol as evidenced by the patient's hand tremors (Phelps, 2023).	Alcohol withdrawal is indicated by hand tremors, which the patient was displaying. Withdrawing from alcohol may potentially have other dangerous consequences, such as seizures.	Starting on 9/30/24, the patient will refrain from alcohol and will not have seizure activity associated with alcohol withdrawal. Consistent breathalyzer readings and adherence to her inpatient or outpatient treatment plan will be used to gauge this.	1. Perform a thorough head-to-toe assessment and document what the baseline of the patient is for future comparison (Phelps, 2023). 2 Provide nonjudgmental care and monitor for changes in the patient's behavior (Phelps, 2023).	Every four hours, the patient will undergo evaluations to ensure that her GI, neurological, cardiovascular, pulmonary, genitourinary, musculoskeletal, and integumentary systems are functioning as expected (Phelps, 2023).
4. Risk for ineffective coping related to insufficient	Three years ago, after her divorce, the patient began to drink	Starting on September 30, the patient will learn relaxing	1. To improve the patient's learning, create a respectful and	Requesting for the patient's input on strategies that would help

<p>social support as evidenced by the patient saying that her mother lives 3 hours away and she only has 1 friend who lives in the area (Phelps, 2023).</p>	<p>excessively. She said that she only has one friend and that her 78-year-old mother lives three hours away, so she doesn't visit her very often, making her lack social support now.</p>	<p>techniques to assist them with dealing with the pressures of everyday life. The patient will be asked to measure this coping strategy by recording her daily emotions in a journal.</p>	<p>trusting environment (Phelps, 2023). 2. Make time for the patient to be alone without interruptions to promote honest emotional expression (Phelps, 2023).</p>	<p>assist with her coping skills (Phelps, 2023).</p>
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Other References (APA):

Phelps, L. L. (2023). *Nursing diagnosis reference manual*. (12th ed.). Wolters Kluwer

