

**N311 Care Plan 2**

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N311: Foundations of Professional Practice

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### Demographics

<b>Date of Admission</b> 02/19/2025	<b>Client Initials</b> AB	<b>Age</b> 36 years old	<b>Biological Gender</b> Male
<b>Race/Ethnicity</b> African American	<b>Occupation</b> Unemployed	<b>Marital Status</b> Engaged	<b>Allergies</b> No allergies
<b>Code Status</b> Full Code	<b>Height</b> 5.9'' (175.3 cm)	<b>Weight</b> 71.4 kg (157lb)	

### Medical History

**Past Medical History:** Alcohol abuse, chronic pancreatitis (CMS-HCC), Fatty liver, Thrombocytopenia (CMS-HCC)

**Past Surgical History:** Lumber puncture, Upper GI endoscopy.

**Family History:** N/A

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

Smoking: Everyday cigarette and smokeless tobacco use, daily vaping

Alcohol: 1 pint of vodka and one tall beer daily; 56 standard drinks per week

Drugs: Cannabis (marijuana, hashish, synthetic)

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**Education:** high school dropped out

**Living Situation:** Homeless; currently staying in a hotel with fiancé and two children

**Assistive devices:** None

### Admission Assessment

**Chief Complaint:** Syncopal episode witnessed by a daughter, lower body pain, flu-like symptoms for one week, jaundice of the eyes, chronic alcohol consumption.

**History of Present Illness (HPI) – OLD CARTS:**

- Onset: Progressive over the past few days
- Location: Abdominal pain, lower back pain, jaundice (eyes)
- Duration: Increasing severity over a few days
- Characteristics: Throbbing pain in lower back, extreme numbness, fatigue, possible upper respiratory symptoms
- Aggravating Factors: Chronic alcohol consumption
- Relieving Factors: None noted
- Treatment: Tylenol (administered twice)
- Severity: Pain rated at 7/10

AB is a 36-year-old African American male with a history of alcohol use disorder, alcoholic hepatitis, and chronic hepatitis, who presents with jaundice and worsening abdominal pain. Over the past few days, his symptoms have progressively worsened, prompting his visit to the emergency department. He reports a syncopal episode at home, witnessed by his daughter. He admits to daily alcohol consumption, including 1 pint of vodka and a tall beer, as a means to manage chronic lower back pain. Additionally, he has experienced persistent lower back numbness for about a month and has noticed yellowing of his eyes. He is uncertain about his current medications and has also been experiencing possible upper respiratory symptoms. Despite his history of alcohol withdrawal, he denies experiencing symptoms at this time.

### **Primary Diagnosis**

**Primary Diagnosis on Admission:** Alcohol Use Disorder

**Secondary Diagnosis (if applicable):** Chronic pancreatitis, fatty liver, thrombocytopenia.

### **Pathophysiology**

#### **Pathophysiology of the Disease, APA format:**

The Diagnostic and Statistical Manual of Mental Disorders defines alcohol use disorder (AUD) as an impaired ability to stop or control alcohol use despite adverse social, occupational, or interpersonal consequences (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2023). The effects of sustained alcohol intake are far-reaching and involve multiple organ systems, including the liver, the central nervous system (CNS), and the gastrointestinal (GI) system. For AB, chronic alcohol consumption has been involved in common diseases such as alcoholic hepatitis, chronic hepatitis, and cirrhosis, all of which disrupt normal physiological homeostasis.

Alcohol is metabolized mainly in the liver by enzymes, including alcohol dehydrogenase (ADH) and cytochrome P450 2E1, which oxidize ethanol to acetaldehyde, a toxic metabolite. Oxidative stress and inflammatory responses caused by acetaldehyde result in hepatocellular injury (Jin et al., 2022). Recurrent alcohol exposure induces steatosis (fatty liver), evolves into alcoholic hepatitis with hepatocyte ballooning

and neutrophilic infiltration, and may ultimately lead to cirrhosis, in which functional liver cells are replaced by fibrotic tissue. This hepatic compromise results in impaired conjugation and excretion of bilirubin, leading to patients developing jaundice, as seen in AB.

Furthermore, chronic alcohol consumption inhibits bone marrow activity, causing thrombocytopenia, a diagnosis from AB's medical history. Alcohol itself is also a neurotoxin, which may account for the patient's syncopal episodes and lower extremity numbness that may be consistent with alcohol-induced peripheral neuropathy. In addition, immune suppressive activity makes individuals more vulnerable to infections, which may clarify the flu-like symptoms reported (Patel & Mueller, 2021).

These disruptions up and down the endocrine systems and the changes in signaling neurotransmitters and metabolic homeostasis that result cumulatively lead to multisystem damage. Thus, AUD is not only a complex multisystem physiological problem but also a perennial high morbidity and mortality syndrome that needs comprehensive medical and supportive care involvement.

#### **Pathophysiology References (2) (APA):**

- o National Institute on Alcohol Abuse and Alcoholism. (2023). Alcohol use disorder: Comparison of DSM-IV and DSM-5. Source: <https://www.niaaa.nih.gov/>
- o Jin, M., Guo, J., Zhang, T., Wang, H., & Yin, J. (2022). Molecular mechanisms and treatment strategies of alcoholic hepatitis and liver injury. *Hepatitis Research Journal*, 8(2), 105-118. *The International Journal of Hematology*, 77(3), 468–476. doi: 10.1016/j.jhep.2022.02.015

- o Patel, S. & Mueller, T. (2021). Alcohol and Immune Function: Implications for Infectious Disease. Alcohol Research: Current Reviews 43(1), 1-10.

**Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:00 AM	128/min radial	134/80 upper right arm	19/min	98.1 F Oral	95% room air

**Pain Assessment, 1 set**

Time	Scale	Location	Severity	Characteristics	Interventions
8:00AM	7/10	Lower back	intense	throbbing	Tylenol (given twice)

**Intake and Output**

Intake (in mL)	Output (in mL)
360 mL (25% PO intake)	500ml voided urine+ 1 voided incontinent

**Nursing Diagnosis**

**\*Must be NANDA approved nursing diagnosis\***

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
1.Powerlessness	• Patients			-Patient

<p>related to substance addiction as evidenced by failed recovery attempts, verbalization of lack of self-control, and feelings of helplessness.</p> <p>2. Ineffective Coping related to alcohol dependency as evidenced by excessive alcohol consumption, inability to manage stress, and history of withdrawal symptoms.</p>	<p>with substance use disorders often feel they have no control over their behaviors and outcomes, leading to continued addiction cycles.</p> <p>-Chronic alcohol use indicates a maladaptive coping mechanism, which is impairing the patient's health.</p>	<ol style="list-style-type: none"> <li>1. Assess the patient's emotions, including hopelessness and depression, to target feelings of powerlessness.</li> <li>2. Encourage participation in peer support groups and therapeutic regimens.</li> </ol> <ol style="list-style-type: none"> <li>1. Assess the patient's readiness for change and educate on the effects of alcohol abuse.</li> <li>2. Provide resources for counseling and Alcoholics Anonymous meetings</li> </ol>	<p>-Patient will verbalize areas where they have control over their substance abuse and actively participate in treatment within 48 hours.</p> <p>-Patient will engage in at least one coping strategy and demonstrate a willingness to participate in recovery programs within 48 hours.</p>	<p>expressed willingness to explore control over behavior but remains hesitant to fully engage in therapy. Further support and encouragement planned.</p> <p>-Patient acknowledged concerns about alcohol use but remains hesitant to seek treatment. Follow-up planned with counseling services.</p>
<p><b>1.</b></p>		<ol style="list-style-type: none"> <li><b>1.</b></li> <li><b>2.</b></li> </ol>	<p><b>1.</b></p>	

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**Other References (APA):**

Phelps. L. (2020, Feb 4). (*Sparks and Taylor's Nursing Diagnosis Reference manual: Eleventh Edition*, pp. 568–570) Wolters Kluwer.

Mayo Clinic. (2023). Alcohol Use Disorder. Retrieved from [<https://www.mayoclinic.org>]



