N311 Care Plan 4

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Lakeview College of Nursing

N311: Foundations of Professional Practice

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Demographics

Date of Admission	Client Initials	Age	Biological Gender
4/1/2025	MA	45-year-olds	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Employment	Divorced	Lorazepam, Citalopram, Zolpidem.
Code Status	**Height**	**Weight**	
Full	160 cm	79.4 kg	

Medical History

Past Medical History: Alcoholism.

Past Surgical History: Not in the file.

Family History: The patient is unable to answer.

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

The patient states using Tequila bottles daily, quit smoking 1 year ago, and denies drug use.

Education: The patient is unable to answer.

Living Situation: She lives at her home**.**

Assistive devices: Gait belt.

Admission Assessment

Chief Complaint: Alcohol Intoxication.

History of Present Illness (HPI) – OLD CARTS: The 45-year-old Caucasian female presented at OFS on April 1, 2025, for alcoholism. The patient's family became concerned that she failed to care for herself, so they called the police who contacted EMS. The patient feels dehydrated and describes the pain as burning in the chest and throat and rates the pain a 5/10 on a numerical scale. She states that the symptoms are worse when she stays home alone, and she tries to drink

small sips of cold water to relieve the burning in her chest and throat. She started on IV fluid electrolyte supplements for her dehydration when she was admitted.

Primary Diagnosis

Primary Diagnosis on Admission: Alcoholic ketoacidosis

Secondary Diagnosis (if applicable): N/a

Pathophysiology

Pathophysiology of the Disease, APA format:

Chronic alcohol users commonly develop alcoholic ketoacidosis as a severe metabolic disorder when poor nutritional intake combines with long-term vomiting or fasting periods. Elevated anion gap metabolic acidosis occurs in this condition because of the excessive production and accumulation of ketone bodies such as β-hydroxybutyrate and acetoacetate (Ansstas, et al., 2024).

Alcoholic ketoacidosis begins through the metabolic breakdown of ethanol. After alcohol consumption, the liver acts as the primary location where alcohol metabolism occurs. The process increases the ratio of NADH to NAD^+ which disrupts normal metabolic functions. The gluconeogenesis function of the liver gets blocked when there is an increase in NADH concentrations. This condition forces the body to use fat as its main energy source (Ansstas, et al., 2024). The liver initiates lipolysis to convert fat stores into free fatty acids which then transform into ketone bodies.

The production of high quantities of ketones leads to metabolic acidosis which defines AKA. The health problems become worse with chronic alcohol use because it leads to vomiting while causing dehydration and malnutrition in people. The body's acid-base balance becomes

unstable due to the elements that lead to volume depletion. The body's essential electrolytes potassium, magnesium and phosphorus often become depleted which leads to impaired cell function and aggravated symptoms (Ansstas, et al., 2024).

The history present illness of this patient shows characteristic signs of alcoholic ketoacidosis. The patient states that she feels dehydration and described the pain as burning in her chest and throat which she rated at 5 out of 10 on a pain scale. The pain probably stems from gastritis or esophagitis induced by alcohol which commonly develops when the gastrointestinal mucosa gets irritated by alcohol paired with frequent vomiting (Ansstas, et al., 2024). Her symptoms worsened when she stayed home alone due to a lack of control over substance use and lack of support and hydration. Drinking cold water helps her temporarily relieve her symptoms without addressing the underlying metabolic disorder.

The medical team administered intravenous fluid and electrolyte therapy to the patient upon admission to treat dehydration and metabolic abnormalities. The main treatment strategy for alcoholic ketoacidosis focuses on this approach. Rehydration restores normal circulatory volume and enables kidney functions to remove ketones while correcting acid-base imbalances. The administration of proper electrolyte supplements serves as a crucial strategy to avoid medical problems such as arrhythmias and muscle weakness while preventing seizures (Ansstas, et al., 2024).

The metabolic disorder known as alcoholic ketoacidosis emerges from long-term alcohol use which leads to nutritional shortages and reduced hydration levels. The disorder emerges as a result of altered liver metabolism together with increased ketone production and electrolyte imbalances. Healthcare professionals manage alcoholic ketoacidosis through supportive therapies that replace fluids and electrolytes while providing nutritional support and addiction

treatment (Ansstas, et al., 2024). Early recognition and appropriate management of this disorder

reduce serious health complications and improve recovery outcomes for patients.

Pathophysiology References (2) (APA):

Ansstas, G. (2024). *Alcoholic Ketoacidosis Differential Diagnoses*. Medscape.com; Medscape.

https://emedicine.medscape.com/article/116820-differential#1

Laboratory/Diagnostic Data

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
Potassium	2.9	2.8	3.5-5.1 mmol/L	Low Potassium indicate poor nutrition, vomiting, diarrhea, or alcohol-related losses (Taylor et al., 2023).
Bun	3	3	5-18 mg/dL	Low BUN indicate malnutrition, liver dysfunction, or overhydration (Taylor et al., 2023).
Creatine	0.56	0.49	0.60-1.00 mg/dL	Low creatinine indicates to decreased muscle mass, malnutrition, or liver disease (Taylor et al., 2023).
Glucose	81	132	70-99 mg/dL	High glucose indicates stress, insulin resistance,

				or glucose intolerance (Taylor et al., 2023).
Calcium	8.2	8.0	8.7-10.5 mg/dL	Low calcium indicates to malnutrition, vitamin D deficiency, or chronic alcohol use (Taylor et al., 2023).
Phosphorus	1.0	1.7	2.5-4.5 mg/dL	Low phosphorus indicates to malnutrition, refeeding syndrome, or chronic alcoholism (Taylor et al., 2023).
Total Protein	6.5	4.9	6.0-8.0 g/dL	Low total protein indicates to poor nutrition, liver dysfunction, or protein loss (Taylor et al., 2023).
SGOT(AST)	129	391	<43 U/L	High (AST) indicate to liver damage, especially from alcohol use or hepatitis (Taylor et al., 2023).
SGPT (ALT)	94	128	<56 U/L	High ALT suggests liver inflammation or damage, often linked to alcohol abuse (Taylor et al., 2023).
Alkaline Phosphatase	252	223	40-150 U/L	Elevated alkaline phosphatase indicates to liver or bone disorders,

				often due to chronic liver disease (Taylor et al., 2023).
RDW	23.0	23.3	11.8-15.5 %	High RDW indicate anemia or nutritional deficiencies such as iron, B12, or folate (Taylor et al., 2023).
MPV	7.2	8.4	9.7-12.4 FL	Low MPV indicate platelet production issues, often seen in chronic disease or bone marrow suppression (Taylor et al., 2023).

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
Rhythm strip	Electrolyte imbalance	Normal
EKG scan	Chest pain	No STEMI

Diagnostic Test Reference (1) (APA):

Taylor, C., Lynn, P., & Bartlett, J. L. (2023). *Fundamentals of nursing: The art and science of*

person-centered care (10th ed.). Wolters Kluwer.

Current Medications

Brand/Generic	Calcium Gluconate/Calcium Gluconate	Chlordiazepoxide/ Librium	Folic acid/ Folvite	Magnesium oxide	Protonix / Pantoprazole
Dosage, Route, Frequency given	1 dose Intravenous Once time	First dose Oral 3 times daily	First dose, Intravenous Daily	First dose Oral 2 times daily	First dose Oral 2 times daily
Reason Client Taking	It is used to treat low calcium levels in the blood	It is used to treat symptoms of alcohol withdrawal such as anxiety, tremors, and agitation.	It is used to stimulate the synthesis of red blood cells and cure folate deficiencies, particularly in people who suffer from alcoholism or inadequate diet.	It is used to treat low blood magnesium levels, which can be brought on by starvation and alcohol consumption.	It is used to prevent stomach ulcers by lowering stomach acid and to treat heartburn and acid reflux.

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2024). 2024 Nurse's Drug Handbook (22nd ed.). Jones &

   Bartlett Learning.

Assessment

Physical Exam – HIGHLIGHT ALL PERTINENT ABNORMAL FINDINGS

General, Psychosocial/Cultural, and TWO focused assessment specific to the client is required.

The student and instructor may complete these assessments together.

GENERAL: **Alertness:** **Orientation:** **Distress:** **Overall appearance:**	 ==**Alertness:** Patient was alert & oriented x3== **Orientation:** The patient was able to verify the time. **Distress:** The patient showed no signs of distress. ==**Overall appearance:** The patient was not well-groomed and did not have clean look.==
INTEGUMENTARY: **Skin color:** **Character:** **Temperature:** **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☒** 　**Type:**	 **Skin color:** Normal for ethnicity. **Character:** Dry and intact. **Temperature:** Warm. **Turgor:** Loose and elastic. **Rashes:** None reported. **Bruises:** None reported **Wounds:** None reported. **Braden Score:** 15
HEENT: **Head/Neck:** **Ears:** **Eyes:** **Nose:** **Teeth:**	 **Head/Neck:** Head is normocephalic and atraumatic. Trachea is midline. No jugular vein distension or carotid bruits were noted. **Ears:** Intact **Eyes:** 3mm, round, PERRLA, EOM **Nose:** Symmetry **Teeth:** Intact
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):**	 **Heart sounds:** S1S2, no murmur. **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** Normal sinus rhythm.

Peripheral Pulses: **Capillary refill:** **Neck Vein Distention:** Y ☐ N ☐ Edema Y ☐ N ☐ **Location of Edema:**	**Peripheral Pulses:** Pulses +2 bilateral upper and lower extremities. **Capillary refill:** Less than 3 seconds. **Neck Vein Distention:** Y ☐ N ☒ Edema Y ☐ N ☒ **Location of Edema:** None reported.
RESPIRATORY: **Accessory muscle use:** Y ☐ N ☒ **Breath Sounds: Location, character**	**Accessory muscle use:** Y ☐ N ☒ **Breath Sounds:** 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 ☐
	Diet at home: None reported
	
	Current Diet: Cardiac diet
	
	Height: 160 cm
	
	Weight: 79.4 kg
	
	Auscultation Bowel sounds: All quadrants
	
	Last BM: 4/2/2025
	
	Palpation: Pain, Mass etc.: None reported
	
	Inspection:
	
	  Distention: None reported
	
	  Incisions: None reported
	
	  Scars: None reported
	
	  Drains: None reported
	
	  Wounds: None reported
	
	Ostomy: Y ☐ N ☒
	
	Nasogastric: Y ☐ N ☒
	
	  Size:
	
	Feeding tubes/PEG tube Y ☐ N ☒

Type:	**Type:**

GENITOURINARY:	
Color:	<mark>**Color:** Dark</mark>
Character:	<mark>**Character:** Cloudy</mark>
Quantity of urine:	**Quantity of urine:** 240 ml
Pain with urination: Y ☐ N ☐	**Pain with urination:** Y ☐ N ☒
Dialysis: Y ☐ N ☐	**Dialysis:** Y ☐ N ☒
Inspection of genitals:	**Inspection of genitals:**
Catheter: Y ☐ N ☐	**Catheter:** Y ☐ N ☒
Type:	**Type:**
Size:	**Size:**

MUSCULOSKELETAL:	
Neurovascular status:	**Neurovascular status:** Alert
ROM:	<mark>**ROM:** Limited ROM</mark>
Supportive devices:	**Supportive devices:** Gait belt
Strength:	<mark>**Strength:** Weak</mark>
ADL Assistance: Y☐ N ☐	<mark>**ADL Assistance:** Y☒ N ☐</mark>
Fall Risk: Y ☐ N☐	<mark>**Fall Risk:** Y ☒ N☐</mark>
Fall Score:	<mark>**Fall Score:** 73</mark>
Activity/Mobility Status:	<mark>**Activity/Mobility Status: Need assistance with equipment.**</mark>
Independent (up ad lib) ☐	**Independent (up ad lib):** ☐
Needs assistance with equipment ☐	**Needs assistance with equipment** ☒
Needs support to stand and walk ☐	**Needs support to stand and walk** ☒

NEUROLOGICAL:	
MAEW: Y ☐ N ☐	MAEW: Y ☒ N ☐
PERLA: Y ☐ N ☐	PERLA: Y ☒ N ☐
Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐	Strength Equal: Y ☒ N ☐ if no - Legs ☐ Arms ☐ Both ☐
Orientation:	Orientation: Oriented x3
Mental Status:	Mental Status: Consciousness
Speech:	Speech: Clear
Sensory:	Sensory: No numbness, tingling, tenderness.
LOC:	LOC: Alert
PSYCHOSOCIAL/CULTURAL:	
Coping method(s):	Coping method(s): The patient uses techniques like deep breathing to cope with the pain and discomfort.
Developmental level:	Developmental level: The patient have normal development level appropriate for age.
Religion & what it means to pt.:	Religion & what it means to pt.: The patient identifies as Christian and expresses that her faith is a source of strength, providing her with emotional support during difficult times.
Personal/Family Data (Think about home environment, family structure, and available family support):	Personal/Family Data (Think about home environment, family structure, and available family support): The patient has her parents to support.

Vital Signs, 1 set – <mark>HIGHLIGHT ALL ABNORMAL VITAL SIGNS</mark>

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	<mark>102 bpm</mark>	<mark>113/79 mmHg</mark>	20 respirations per minute.	97.2 F Temporal	96% Room air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
1000	Numeric scale	Chest, throat	5/10	Burning	IV fluid electrolyte supplements

Intake and Output

Intake (in mL)	Output (in mL)
P.O: 240 mL Total: 240 mL	Urine voided: 500 mL Total: 500 mL

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components • Listed in order by priority – highest priority to lowest priority pertinent to this client	Rationale • Explain why the nursing diagnosis was chosen	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation • How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes, modifications to plan.
1. Deficient fluid volume related to electrolyte imbalances as evidenced by	This nursing diagnosis was chosen because the patient	1.Provide fluid replacement intravenously and orally as	1. The patient will maintain an average of 40 mL/hr of urine output and exhibit	1. The patient responded well to the nurse's actions and reported more than 40 mL/hr of

increased heart rate and altered BUN/Creatinine levels (Wagner, 2022).	presented to the emergency department with thirsty, electrolyte imbalances, heart rate of 102 bpm, BUN of 3, Creatinine of 0.56.	tolerated (Wagner, 2022). **2.**Replace electrolytes (Wagner, 2022).	BUN and creatinine levels within normal limits.	urine voided and BUN/Creatinine levels were within normal limits. The goal was met. The patient's response to the intervention was well done because electrolytes were within normal range.
2. Powerlessness related to lifestyle of helplessness as evidenced by failed to care for self and did not look well groomed (Wagner, 2022).	This nursing diagnosis was chosen because the patient shows poor hygiene and inadequate grooming.	1. Show genuine concern (Wagner, 2022). 2.Develop a contract (Wagner, 2022).	1. The patient will demonstrate improved personal hygiene and look well-groomed daily by the end of the hospitalization.	**1.** The patient demonstrated improved hygiene and grooming. The goal was met. The patient's response to the intervention was positive and no modification to the care plan were needed.

Other References (APA):

Wagner, M., (2022). *Substance Abuse: Nursing diagnosis & care plans.* NurseTogether.

https://www.nursetogether.com/substance-abuse-nursing-diagnosis-care-plan/