

N311 Care Plan 4

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N311: Foundations of Professional Practice

Professor Scribner

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Demographics

Date of Admission 4/1/2025	Client Initials RH	Age 58	Biological Gender Male
Race/Ethnicity White	Occupation Machine Operator	Marital Status Single	Allergies Sulfa (sulfonamide antibiotics): hives
Code Status Full	Height 5' 11"	Weight 219 lb 2.2 oz	

Medical History

Past Medical History: No noted

Past Surgical History: No noted

Family History:

Father: bone cancer

Mother: heart

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

Smoking: half a pack of cigarettes daily

Smokeless tobacco: never

Alcohol: pint a day

Vaping: never

Education: High School

Living Situation: with son in apartment

Assistive devices: None

Admission Assessment

Chief Complaint: Dizziness

History of Present Illness (HPI) – OLD CARTS:

Patient's son convinced him to go to the ED due to dizziness and chest tightness. He was not feeling well all Sunday night and reports feeling weakness, fatigue, sleeping more and having a poor appetite. He reports not having any aches or chills. His last cigarette he smoked, he started experiencing shortness of breath, chest tightness, dizziness and arm tremors that lasted about 10-20 minutes resolving on their own. He noticed that his chest tightness and shortness of breath was becoming more frequent over the past months with occasional headaches. He stated feeling dizzy only after he would smoke or lift heavy weights which he said would last for about 10-20 minutes and then go away. He said that resting would help the dizziness. He has a DVT in his left calf that he noticed appeared a month ago. When he is not drinking, he has lucid dreams. He states falling 4-5 times but only when he is drunk.

Primary Diagnosis

Primary Diagnosis on Admission: Alcohol withdrawal syndrome

Secondary Diagnosis (if applicable):

Pathophysiology

Pathophysiology of the Disease, APA format:

Pathophysiology References (2) (APA):

Pathophysiology

This patient presented to the hospital for alcohol withdrawal syndrome.

Homeostasis is maintained in the central nervous system by inhibitory signals “from the GABAergic system”. These inhibitory signals are in turn “balanced by excitatory neurotransmitters such as glutamate” (Canver, 2024). Alcohol is a depressant of the central nervous system which leads to a stimulation of the GABAergic system. In patients’ who suffer from acute intoxication, they can experience a range of symptoms. This patient, more specifically suffered from a sedative effect due to the high amounts of alcohol in his system. “Chronic alcohol use results in neuroadaptive changes to the balance of GABA-glutamate by causing an upregulation of glutamate to compensate for alcohol-related increase in GABA” (Canver, 2024). When alcohol consumption is withdrawn, this causes a GABA deficit leading to an excess in glutamate which leads to excitatory symptoms seen in alcohol withdrawal (Canver, 2024).

Alcohol withdrawal, as seen in this patient, can develop if a person stops drinking altogether or if alcohol consumption is greatly reduced after heavily using alcohol for more than two weeks (Alcohol withdrawal, 2025). In this instance, the patient had gone twenty-eight days without alcohol and then two days later had started drinking again. This caused him dizziness which then led to his stay in the hospital. Alcohol has a depressing effect on the central nervous system. If alcohol is constantly consumed, the central nervous system gets used to the depressing effect, which means that the central nervous system in turn has

to work harder just for one's body to be able to function properly and overcome that depressing effect that alcohol has (Alcohol withdrawal, 2025). When alcohol consumption is stopped, the central nervous system does not know how to regulate quick enough or even respond. This leads to an over excitement of the central nervous system because no more alcohol is being consumed which is causing it to slow down (Alcohol withdrawal, 2025).

References

Alcohol withdrawal. Cleveland Clinic. (2025, February 7).

<https://my.clevelandclinic.org/health/diseases/alcohol-withdrawal>

Canver, B. R. (2024, February 14). *Alcohol withdrawal syndrome*. StatPearls

[Internet]. <https://www.ncbi.nlm.nih.gov/books/NBK441882/>

Laboratory/Diagnostic Data