N311 Care Plan 4

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N311: Foundations of Professional Practice

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April 4, 2025

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

Lab Name	Admission Value	Today's Value	Normal Range	Reasons for Abnormal
WBC	5.30		4.00-11.0 10^3/uL	
RBC	4.52		4.10-5.70	

			10^9/uL	
HGB	**15.0**		**12.0-18.0 g/dL**	
HCT	**42.9**		**37.0-51.0%**	
MCV	**94.9**		**80.0-100.0 fL**	
MCH	**33.2**		**27.0-33.0 pg**	**red blood cells are larger than normal, containing more hemoglobin**
Calcium	**8.6**		**8.9-10.6 mg/dL**	**deficiency in Vitamin D**
Glucose	**89**		**74-100 mg/dL**	
BUN	**13**		**8-26 mg/dL**	
RDW-SD	**51.4**		**36.7-46.1 fL**	**red blood cells are bigger than normal**

Potassium	**4.1**		**3.5-5.1 mmol/L**	
Sodium	**143**		**136-145 mmol/L**	

Diagnostic Test & Purpose	Clients Signs and Symptoms	Results
ECG 12 Lead **This was done to see if there were any heart lead abnormalities in the patient's heart due to his chest tightness and SOB (U.S. National Library of Medicine, 2023).**	**chest tightness, SOB**	**normal sinus rhythm**
Chest Xray **This test was done to look at the patient's heart, lungs and bones in his chest to figure**	**chest pain**	**bilateral mild interstitial opacities**

out why he was having chest pain (professional, C.C. medical, 2025).		

Diagnostic Test Reference (1) (APA):

professional, C. C. medical. (2025, March 19). ***Chest X-ray (CXR): What you should know & when you might need one*****. Cleveland Clinic. https://my.clevelandclinic.org/health/diagnostics/10228-chest-x-ray**

U.S. National Library of Medicine. (2023, June 6). ***In brief: What is an electrocardiogram (ECG)?*****. InformedHealth.org [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK536878/#:~:text=A%2012%2Dlead%20ECG%2C%20as,the%20atria%20or%20the%20ventricles.**

Current Medications

Brand/Generic	**Eliquis Apixaban (Cleveland Clinic, 2025).**	**Flonase Sensimist OTC Fluticasone nasal spray (Cleveland Clinic, 2024).**			
Dosage, Route, Frequency given	**by mouth 2 tablets (10mg) twice daily for 7 days 1 tablet twice daily for 3**	**by nose nasal spray 1 spray in each nostril everyday**			

	months after				
Reason Client Taking	**history of DVT**	**allergies**			

Current Medications References (APA):

Cleveland Clinic. (2024, December 12). ***Fluticasone nasal spray: Brands, uses & side effects*****. Cleveland Clinic. https://my.clevelandclinic.org/health/drugs/18853-fluticasone-nasal-spray**

Cleveland Clinic. (2025, March 19). ***What to know about Eliquis® (apixaban)*****. Cleveland Clinic. https://my.clevelandclinic.org/health/drugs/19106-apixaban-tablets**

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:**	**Patient was alert and oriented x4** **Patient was laying in bed in the dark, looked sleepy**
INTEGUMENTARY: **Skin color:** **Character:**	**Patient skin color was white** **No skin discoloration** **Skin temperature was warm and dry**

Temperature: **Turgor:** **Rashes:** **Bruises:** **Wounds:** . **Braden Score:** **Drains present: Y☐ N ☐** **Type:**	**Skin turgor less than 3 seconds** **No rashes, bruises, or wounds** **Braden score was 23** **No drains present**
HEENT: **Head/Neck:**	

Head/Neck: **Ears:** **Eyes:** **Nose:** **Teeth:**	.
CARDIOVASCULAR: **Heart sounds:** **S1, S2, S3, S4, murmur etc.** **Cardiac rhythm (if applicable):** **Peripheral Pulses:** **Capillary refill:** **Neck Vein Distention: Y ☐ N ☐ Edema Y ☐ N ☐** **Location of Edema:**	.
RESPIRATORY: **Accessory muscle use: Y☐ N ☐** **Breath Sounds: Location, character**	**No noted accessory muscle use** **Breath sounds WDL in all locations**

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 ☐** **Type:**	.

GENITOURINARY: **Color:** **Character:** **Quantity of urine:** **Pain with urination: Y ☐ N ☐** **Dialysis: Y ☐ N ☐** **Inspection of genitals:** **Catheter: Y ☐ N ☐**	

Type: **Size:**	
MUSCULOSKELETAL: **Neurovascular status:** **ROM:** **Supportive devices:** **Strength:** **ADL Assistance: Y☐ N ☐** **Fall Risk: Y ☐ N☐** **Fall Score:** **Activity/Mobility Status:** **Independent (up ad lib) ☐** **Needs assistance with equipment ☐** **Needs support to stand and walk☐**	**Patient is at fall risk** **Fall score 21**
NEUROLOGICAL: **MAEW: Y ☐ N☐** **PERLA: Y ☐ N☐** **Strength Equal: Y ☐ N ☐ if no - Legs ☐ Arms ☐ Both ☐** **Orientation:** **Mental Status:** **Speech:** **Sensory:** **LOC:**	.
PSYCHOSOCIAL/CULTURAL: **Coping method(s):** **Developmental level:** **Religion & what it means to pt.:**	**Patient's coping methods consist of watching television and using his smartphone** **His developmental level is appropriate for age** **He is not religious**

Personal/Family Data (Think about home environment, family structure, and available family support):	**His support system consists of his son**

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11:40	**62 BPM**	**156/104 mmHG right arm, sitting**	**18 breaths per minute**	**98.0^{o} F oral**	**96% room air**

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
10:36	**1-10**	**N/A**	**0**	**N/A**	**N/A**

Intake and Output

Intake (in mL)	Output (in mL)
540.8 mL I.V **200 mL P.O**	**5 voids recorded** **1 bowel movement recorded**

Nursing Diagnosis
Must be NANDA approved nursing diagnosis

Nursing Diagnosis	Rationale	Interventions (2 per dx)	Outcome Goal (1 per dx)	Evaluation
• Include full nursing diagnosis with "related to" and "as evidenced by"	• Explain why the nursing diagnosis was chosen			• How did the client/family respond to the nurse's actions? • Client response, status of goals and outcomes,

components • Listed in order by priority – highest priority to lowest priority pertinent to this client				modifications to plan.
1. Risk for ineffective coping	**This nursing diagnosis was chosen because the patient struggles with alcohol abuse and smoking.**	**1. Talk to a rehab specialist about recovery and what it would look like** **2. Finding other ways to cope with his loneliness and hopelessness**	**1. Talk to the patient about how to cope in a healthier way such as going for walks, talking to his son, and going to rehab for support**	**The patient seemed willing to try other ways to cope with his loneliness and hopelessness.**
2. Ineffective breathing pattern related to smoking as evidenced by chest pain and SOB	**This nursing diagnosis was chosen because the patient was complaining of chest tightness and having SOB.**	**1. Talk about the harmful effects that smoking causes over time** **2. The patient utilizes exercises that help open his lungs, letting in more oxygen**	**1. Talk about ceasing how much the patient smokes and switching to a healthier alternative.**	**The patient did not seem willing to do this.**

Other References (APA):

Open Resources for Nursing (Open RN). (1970, January 1). ***Appendix A: Sample nanda-I diagnoses*****. Nursing Fundamentals [Internet]. https://www.ncbi.nlm.nih.gov/books/NBK591814/**