

N311 Care Plan 1

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N311: Foundations of Professional Practice

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Demographics

Date of Admission 02/10/2026	Client Initials M. T. L	Age 50	Biological Gender Male
Race/Ethnicity White	Occupation Unemployed	Marital Status Divorced	Allergies No known allergies
Code Status Full code	Height 6'2 (188 cm)	Weight 171 lb (77.6 kg)	

Medical History

Past Medical History: Alcohol abuse, Pancreatitis, Alcohol withdrawal, GERD, Anxiety, Depression

Past Surgical History: No past surgical history.

Family History: Mother and father both deceased due to cancer, specific cancer was not listed.

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

Never smoked or used smokeless tobacco. Patient drinks frequently, quantity was unspecified but states he drinks on the daily and has for about 15 years.

Education: Highest education was high school graduation.

Living Situation: In a two-story home, recently living by himself.

Assistive devices: Glasses.

Admission Assessment

Chief Complaint: Alcohol withdrawal, stomach pain

History of Present Illness (HPI)– OLD CARTS: The patient came into the hospital three days ago complaining of stomach pain (mostly in his upper abdomen) and having terrible alcohol withdrawals. He states he was having the feeling of “malaise” all over his body and was

extremely nauseous. Although he had been on a drinking bender for the past week, he did not start experiencing pain until 3 days ago. He discovered that the pain became worse after he took a Xanax and continued drinking. To help soothe his pain he came into the hospital, quit drinking, and talking about his issues versus drinking them away. He was not in pain when I talked to him, but he stated that when he came into the ER his pain was around an 8/10. He plans to get back into rehab for drinking, and for substance abuse. He states that he has relapsed multiple times before, but never as severe as this past time.

Primary Diagnosis

Primary Diagnosis on Admission: Alcohol Withdrawal Syndrome

Secondary Diagnosis (if applicable): Duodenitis

Pathophysiology

Alcohol Withdrawal Syndrome (AWS) typically happens in patients who are extremely alcohol dependent who attempt to abruptly erase alcohol from their daily habits. AWS most commonly is not present until 6-24 hours after the patient's last alcoholic beverage. (Capriotti, 2024). AWS includes the characteristics of the feeling of malaise, abdominal pain, darkened urine, anxiety and depression. The brain becomes adjusted to the effect of alcohol, so it makes changes to its own chemistry to make up for the lack of alcohol. (LeWine, 2024).

It is extremely common for people with past experiences of withdrawal to get them again. The patient will have to be closely monitored on their vital signs, volume status, and their neurological function. Alcohol is the most used addictive drug and is mainly a Central Nervous System (CNS) depressant. Overuse of alcohol can lead to the user making out of character decisions/judgement and reduces the absence of motor coordination. In this patient's personal

experience, he was aware of making not like himself decisions, he discussed the Xanax he bought off the street was something he has never done.

The patient experienced the nausea, anxiety, headache and lastly the realization of what he had done. The patient described how he was intended to harm himself due to a recent breakup, implying the previous week of drinking 3 liters of alcohol daily as his own form of self-harm. Like stated before typically if a patient has had withdrawal issues, coming in only last month with the same issue, but not as severe. His last bender was only 5 days long along with only 1 liter of hard alcohol daily.

For this patient,I believe the doctor and nurses came to this diagnose due to all the obvious signs and symptoms the patient was presenting, almost exact to the definition of AWS. The patient had a sitter that was with him in his room and was being closely monitored by her. After talking to the patient, he stated how he would like to get back into rehab for substance abuse and alcohol abuse.

Pathophysiology References (2) (APA):

Alcohol withdrawal. Harvard Health. (2024, November 5).

<https://www.health.harvard.edu/diseases-and-conditions/alcohol-withdrawal-a-to-z>

Capriotti, T. (2024). *Davis Advantage for pathophysiology: Introductory concepts and clinical perspectives* (3rd ed.). F.A. Davis Company.

Vital Signs, 1 set – HIGHLIGHT ALL ABNORMAL VITAL SIGNS

Time	Pulse	B/P	Resp Rate	Temp	Oxygen SAT	Oxygen Delivery Method
11:19 AM	98 BPM	153/99	18	97.8 F	97 %	Room Air

Pain Assessment, 1 set

Time	Scale	Location	Severity	Characteristics	Interventions
11:19 AM	1-10	NA	NA	NA	NA

Patient stated he was no longer in pain at this time, and his stomach was feeling better.

