

Part I:

A 39-year-old man with a history of total hip arthroplasty presented for first-time visit with complaints of hip pain. About one year ago he had a displaced right femoral neck fracture requiring total hip arthroplasty with subsequent chronic hip pain. His pain was managed by his orthopedist, originally with oxycodone and more recently with ibuprofen. Recent extensive reevaluation of his hip pain was negative. He requested that his orthopedist prescribe something stronger like “oxycodone” for his pain, as the ibuprofen was ineffective. He was told to discuss his pain management with his primary care physician. He’s been on disability since his hip surgery and lives with his wife and two children. He denies current alcohol, tobacco, or drug use.

Risk assessment revealed no history of opioid treatment or prescription drug abuse. However, he had a history of alcohol abuse, inpatient treatment for depression after losing his job, and incarceration for spousal abuse. He has also been abused as a child by his father. His wife mentioned privately to the doctor that she has found he has been taking oxycodone during the past month which he has received from his friend who was prescribed some in the past from chronic back pain.

After beginning oxycodone treatment, the patient regularly requested higher oxycodone doses, citing difficulty sleeping, inability to function, and marital conflicts. He also mentioned he feels “different and disconnected” from his family and work. His wife has mentioned to the provider that her husband has begun increasingly showing signs of depression. The nurse administered the Hamilton Depression Scale and Patient Health Questionnaire-9 to determine how severe the patient’s depression was.

A.) Objective data:

- History of alcohol abuse
- Inpatient admission for depression
- Marital issues
- Stressful life events
- Trauma occurring early in life (abuse by father when he was a child)

B.) Subjective data:

- Difficulty sleeping
- Pt showing signs of anhedonia indicating depression stating things like, “I don’t want to go out to game nights with the guys anymore, I don’t enjoy it anymore.”
- Pt exhibits slowed speech and delayed response
- Pt feels “disconnected” from family and work

*Pathophysiology:*

Depression signifies decreased metabolic activity in the neocortex of the brain and increased activity in the limbic system. Area of the prefrontal cortex with abnormally diminished activity in patients with depression compared with nondepressed individuals. This region has widespread connections with areas that regulate dopamine, norepinephrine, and serotonin.

Addiction is a compulsive need for and use of a habit-forming substance characterized by tolerance and by well-defined physiologic symptoms upon withdrawal. A dopamine reward system in the brain is hypothesized as a reason for substance abuse. The addiction gene is associated with alcoholism, drug abuse, smoking, obesity, compulsive gambling, and several personality traits.

*Defense mechanisms:*

1. **Denial:** Pt denies current alcohol, tobacco, or drug use.
2. **Reaction formation:** Pt takes out his personal and work stress on family. He has become increasingly aggressive to wife and kids.

*ABCT assessment:*

Appearance:

- Pt is a 39-year-old man who is dressed appropriate for the weather. However it seems he has not showered in a few days with body odor and uncombed hair. He is slumped over and does not have much energy.

Behavior:

- Pt is alert. He replies with short responses, shows some agitation and annoyance. He has flat affect.

Cognition:

- Pt is oriented to time and place. His concentration does not seem to be very good.

Thought Processes:

- Pt seems to have slowed speech and thinking. He responds slowly and seems very negative. Pt states, "I do not enjoy going hunting anymore like I used to."

Part II: Develop the Plan of Care ---

Medications most commonly utilized for the disorder include antidepressants for example NDIR's such as Bupropion and SSRI's such as Citalopram. I will be sure to teach the client to recognize relapse and factors that contribute to relapse. I will also assist the client to develop communication skills to communicate with coworkers and family members while sober. A major safety issue is overdosing on opioids which could lead to severe respiratory depression or death. Continuing assessment of this patient will include therapy (group or self) along with another checkup in a few weeks.

1. Nursing Diagnosis: Ineffective Individual Coping

	Immediate	During Hospitalization	Community
Goal 1.1: Identify ineffective coping behaviors/consequences	1 Determine understanding of current situation, previous, and other methods of coping with life's problems	Educate on healthy coping mechanisms vs maladaptive coping	Encourage client to utilize other forms of coping such as exercise or acquiring a new hobby
	2. Set limits and confront efforts on continuing drug use	Patient has learned manipulative behavior throughout life and needs to learn a new way of getting needs met. Following through on consequences of failure to maintain limits can help the patient to change ineffective behaviors	Engage in peer-support through Narcotics anonymous group or alternative community support group
	3 Assess what client is thinking	Patient is more responsive to acceptance of need for treatment at this time	Have client keep a journal of thoughts and feelings through therapy
Goal 1.2: Use effective coping skills/problem solving	1. Use crisis intervention techniques to	Discuss alternative solutions helps patient persevere in process	Brainstorming ideas with therapy group to identify possibilities

	initiate behavior change	change	and provide sense of control helps creatively identify possibilities and provides sense of control
	2. Assist client in selecting alternatives to drug use	Support decision and implementation of selected alternatives	Explore support in peer group on ways that substance has influenced life
	3. Provide reinforcement for positive actions and encourage client to accept input	Patient will provide verbalization of individual situation	Encourage sharing about drug cravings, situations that increase the desire to indulge with group
Goal 1.3: Initiate necessary lifestyle changes	1. Involve patient in group therapy	Understanding these concepts can help the patient to begin to deal with past problems or losses and prevent repeating ineffective coping behaviors and self-fulfilling prophecies	Provide information regarding understanding of human behavior and interactions with others on addiction
	2. Assist client to learn ways to enhance health and structure healthy diversion from drug use	Initiate self-esteem practice to allow client to feel empowered to fight addictive behaviors	Provide handout on maintaining a balanced diet, getting adequate rest, exercise [walking, slow or long distance running
	3. Ask the patient to list and review past accomplishments and positive happenings	Discuss with patient in a therapeutic manner how drug has interfered with life	Educate client on alternative ways to relax such as acupuncture, biofeedback, deep meditative techniques

2. Nursing Diagnosis: Risk for self-directed violence

	Immediate	During Hospitalization	Community
Goal 2.1: Identify level of suicide precautions needed	1. Conduct a suicide assessment to identify level of suicide risk	Have patient complete depression questionnaire (HAM-D)	Reach out to close friends and family members on warning signs for suicide
	2. patient will seek help when experiencing self-destructive	Provide constant supervision and safe environment for client	Provide patient with resources for safety and support in the

	impulses		community
	3 Administer antidepressants as indicated	Monitor client for adverse effects of medications	Continue on medication and have client follow-up in 4 weeks to assess how medication is working
Goal 2.2: Determine cause of aggression	1. Refrain from harming family with aggression	Provide client education on identifying what causes aggression	Patient will have satisfaction with social circumstances and life goals
	2. Assess the reactions to a threatening situation	Educate client on inability to control situations outside of personal response	Patient will identify support groups along with contact information
	3. Assess current coping mechanisms and response when agitated	Provide education on alternative forms of coping	Assess client for other underlying issues and possibly refer to specialists
Goal 2.3: Patient will not inflict any harm to self or others	1. Assess physical reaction when patient thinks about suicide	Determine alternative ways to cope with reactions	Seek medical treatment as needed
	2. Determine internal control of behavior	Patient will start working on constructive plans for the future	Provide network of resources to help diminish personal feelings of helplessness, worthlessness, and isolation
	3. Discuss feelings related to lack of control	Express hope to the patient with realistic comments about the patient's strengths and resources	Have patient identify at least two-three people he/she can seek out for support and emotional guidance when he/she is feeling self-destructive

References:

American Psychiatric Association (2017, January). What is Addiction? Retrieved from: <https://www.psychiatry.org/patients-families/addiction/what-is-addiction>

American Psychological Association. (2020). *Substance Use Disorders*. Retrieved from: <https://www.apa.org/advocacy/substance-use/>

Flynn, P. M., & Brown, B. S. (2008). Co-occurring disorders in substance abuse treatment: issues and prospects. *Journal of substance abuse treatment*, 34(1), 36–47. <https://doi.org/10.1016/j.jsat.2006.11.013>

Kim, S., Brathwaite, R., & Kim, O. (2017). Evidence-Based Practice Standard Care for Acute Pain Management in Adults With Sickle Cell Disease in an Urgent Care Center. *Quality management in health care*, 26(2), 108–115. <https://doi.org/10.1097/QMH.000000000000135>

Part III -----

Question #1: A nurse is caring for a client who was recently diagnosed with depression. Which of the following characteristics are seen in a person who has depression? Select all that apply.

- A.) **Anhedonia**
- B.) Flight of ideas
- C.) **Decreased ability to concentrate**
- D.) Compulsiveness
- E.) Excessive exercise
- F.) **Sleep disturbances**

Rationale: Anhedonia, decreased ability to concentrate and sleep disturbances are all manifestations of depression. Flight of ideas and compulsiveness is typically seen in bipolar disorder. Excessive exercise is seen in patients who have a distortion in body image (anorexia) or when an individual is experiencing mania.

Reference:

HelpGuide. (2019, October). *Depression Symptoms and Warning Signs*. Retrieved from: <https://www.helpguide.org/articles/depression/depression-symptoms-and-warning-signs.htm>

Question #2:

A patient is inquiring about pain relief options with the nurse. What medications are examples of second-line opioid agonists/antagonists prescribed for treatment of moderate to severe pain for the patient's chronic hip pain? Select all that apply.

- A.) Carbamazepine
- B.) Naltrexone
- C.) **Butorphanol**
- D.) **Nalbuphine**
- E.) **Pentazocine**

Rationale: Pentazocine, butorphanol, and nalbuphine are used for moderate to severe pain. Naltrexone is an opioid antagonist prescribed to reverse opioid-induced respiratory depression. Carbamazepine is a benzodiazepine and indicated for acute alcohol withdrawal.

Reference: Fudin, J. (2018, January 6). *Opioid Agonists, Partial Agonists, Antagonists, Oh My!* Pharmacy Times. Retrieved from <https://www.pharmacytimes.com/contributor/jeffrey-fudin/2018/01/opioid-agonists-partial-agonists-antagonists-oh-my>

Question #3:

The client has been admitted to the emergency room after overdosing on oxycontin from an unknown source. Which is the nurse's responsibility to prioritize?

- A.) Ineffective airway clearance
- B.) Impaired gas exchange**
- C.) Impaired swallowing
- D.) Ineffective role performance

Rationale:

The client's suppressed respiratory rate that accompanies opioid overdoses causes impaired gas exchange. This is a priority over considerations such as swallowing and role performance. The airway is not occluded, so ineffective airway clearance is not a priority.

Reference:

World Health Organization. (2018 August). *Management of Substance Abuse*. Retrieved from [http://www9.who.int/substance\\_abuse/information-sheet/en/](http://www9.who.int/substance_abuse/information-sheet/en/)