

Patient Care Plan

Student Name: Jennifer Javelet Unit: ED Date: 11/02/23 Clinical Wk# 6 Patient Initials: MA

Age: 41 Allergies: NKA

Form Hypotheses

- Recognize Cues: What cues am I recognizing about the person, their condition, treatment and human response to illness?
- Analyze Cues: Which cues “go” together; which cues link to each other? What additional information do I need? What do I think this patient is experiencing?

<u>Medical Diagnosis for Admission to the Hospital</u>	<u>Pathophysiology /Etiology/Cause for Medical Diagnosis</u>
<p>Primary Dx: Alcohol Withdrawal</p> <p>Admission: ALCOHOL WITHDRAWAL VITAMIN B12 DEFICIENCY UNHEALTHY DRINKING BEHAVIOR SEIZURE</p>	<p>Alcohol withdrawal happens when someone dependent on alcohol suddenly reduces or stops their alcohol intake. This process's pathophysiology is intricate, involving changes in the brain's neurotransmitter systems. The primary neurotransmitter affected during alcohol withdrawal is gamma-aminobutyric acid (GABA).</p> <p>Chronic alcohol consumption increases GABA activity, suppressing the central nervous system (CNS) and producing sedative effects. Discontinuing alcohol consumption suddenly leaves this increased GABA activity unbalanced, causing the CNS's hyperexcitability.</p> <p>Glutamate is another neurotransmitter involved in alcohol withdrawal. Chronic alcohol consumption decreases glutamate activity, which is counterbalanced by an increase in N-methyl-D-aspartate (NMDA) receptors. An abrupt halt in alcohol consumption triggers an excess of glutamate activity due to the compensatory increase in NMDA receptors. This overactivity leads to excitotoxicity and neurotoxicity.</p> <p>Other neurotransmitters like dopamine and serotonin also play a role in alcohol withdrawal. Chronic alcohol consumption alters the brain's reward pathways, leading to increased dopamine release. When alcohol consumption stops, the sudden drop-in dopamine activity can cause depression and anxiety.</p> <p>The pathophysiology of alcohol withdrawal can lead to symptoms such as tremors, seizures, hallucinations, anxiety, and depression. Benzodiazepines, which enhance GABA activity and reduce the CNS's hyperexcitability, are typically used</p>

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for treatment. In severe instances, hospitalization may be necessary to manage seizures or other complications.

Alcohol withdrawal can affect all body systems, leading to a multitude of symptoms and potential complications.

Central Nervous System: Alcohol withdrawal can cause hyperexcitability of the nervous system, leading to symptoms like tremors, seizures, and hallucinations.

Cardiovascular System: Alcohol withdrawal affects the heart, potentially causing altered systemic vascular resistance due to alcohol-induced vasodilation, leading to decreased blood pressure and inadequate tissue perfusion. Electrical alterations in heart rate, rhythm, and conduction may occur due to electrolyte imbalances, commonly seen in people with chronic alcohol consumption.

Digestive System: Alcohol withdrawal can cause nausea and vomiting. Chronic alcohol use can lead to liver disease, and sudden withdrawal can exacerbate these conditions.

Endocrine and Metabolic Systems: Alcohol withdrawal can cause fluctuations in blood sugar levels, which may lead to symptoms of fatigue, weakness, and even seizures if not properly managed.

Musculoskeletal System: Alcohol withdrawal can cause muscle pain and stiffness. In severe cases, it can lead to muscle breakdown (rhabdomyolysis).

Respiratory System: While the respiratory system isn't directly affected by alcohol withdrawal, complications such as aspiration during seizures or vomit can negatively impact this system.

Immune System: Chronic alcohol use can weaken the immune system, and withdrawal can temporarily exacerbate this, making individuals more susceptible to infections.

Psychological: Alcohol withdrawal can lead to severe anxiety, depression, and mood swings. In

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	some cases, it can also cause delirium and hallucinations.
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Pertinent familial, social, community factors influencing health

Former Smoker: Quit 6 years ago.
Alcohol Use: Binge drinking behavior.
Sexually Active: Yes; female partners
Occupation: Mechanic in Oregon
Currently homeless. Limited familial support system. On government assistance, self-admitted poor diet.

The individual previously had a smoking habit, but successfully quit six years ago. They are now a former smoker, which has significantly improved their health. The person has a tendency towards binge drinking, a behavior that can be harmful and may need to be addressed for overall well-being. They are sexually active, with their partners being females. This information is important for understanding their sexual health needs and risks. Their occupation is a mechanic, and they are currently residing in the state of Oregon. This kind of work can be physically demanding and could potentially expose them to certain hazards. Unfortunately, they are currently without a permanent place to live, which makes them homeless at the moment. This can have a substantial impact on their physical and mental health. They have a limited support system from their family, which could potentially add to their stress and make it difficult for them to cope with their current situation. They are on government assistance, indicating that they are in a financially challenging situation. They have also admitted to having a poor diet, which could be due to their financial constraints or lack of access to healthy food options.

Findings to be reported to HCP HCP Orders

Call if seizures begin due to alcohol withdrawal Call for delirium tremors. Call for hallucinations, Call for anxiety unrelieved by medication. Call for depression with reported thoughts of suicide. Call if chest pain begins or shortness of breath. Report a temp > 101.3 (38.5 C) or Temp< 95 (35 C) Report HR > 130 or HR < 50. Report Systolic > 180 or Systolic < 90. Report RR > 26 or RR < 8. Report O2 if O2 sat falls below 90 on RA. (look at orders for O2 administration.)	Implement aspiration precautions oral care: tooth brushing supervised or assisted two times a day, feeding, and drinking. Keep patient's bed elevated above 30 degrees. EKG monitoring 12 or more leads; Initiate cardiac monitoring. Measure Vital Signs Routine: Report a temp > 101.3 (38.5 C) or Temp< 95 (35 C) Report HR > 130 or HR < 50. Report Systolic > 180 or Systolic < 90. Report RR > 26 or RR < 8. Initiate mobility protocol Keep head elevated more than 30 degrees. Out of bed for meals- position upright for feeding; upright in chair Administer O2 therapy if O2 sats fall below 90%
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Report falls as the patient has an altered level of consciousness putting him at risk for falls.

Report mental status and confusion and baseline status deteriorates.

Report bradycardic episodes.

Report any abnormal sinus rhythms.

Report for signs and symptoms of infection or hospital acquired illness:

- Chills
- Fever
- Sweating
- Fatigue
- Muscle aches
- Cough
- Shortness of breath
- Sore throat
- Runny or stuffy nose
- Headache
- Nausea or vomiting
- Diarrhea

Call for increased level of pain uncontrolled by medication

Consolidate care at night. To encourage patients sleeping at night, during the day keep shades open and light on, encourage a routine and maximal mobility. At night, allow uninterrupted sleep and minimize noise and light. Continue with required assessments, medications, and turning.

Initiate incentive spirometry 10 breaths every 2 hours while awake.

Obtain daily labs: CHEM 7, CBC + Diff,

Initiate Magnesium replacement protocol IV

Perform intravenous line care; place peripheral IV.

LDAs:

Peripheral IV 20 G Right Antecubital

Assessment and Plan:

Patient Active Hospital Problem List:

ALCOHOL WITHDRAWAL

- Pending urine toxicology screen

- Continuous telemonitoring

- Clonidine/Gabapentin ordered per protocol. Ativan as needed based on CIWA.

- Start IV D5 1/2 NS

- Start daily folic acid, multivitamin, and thiamine

- IV lorazepam for seizures

Recommendations:

HOVERMAT: YES, please have inflation pump at bedside.

RISKS/SPECIAL NEEDS: None

FALL RISK: Weakness and Alcohol withdrawal (CIWA score >8)

Not on a Mental Health hold or with a sitter or security guard for Mental Health reasons.

SKIN BREAKDOWN: No

ALCOHOL WITHDRAWAL:

Reports seizure prior to admit, though stable.

Cont. thiamine, folic acid and mvt.

Cont. to monitor CIWA, improving. Cont. clonidine + gabapentin, Ativan prn.

Formal MSW c/s -- EtOH resources given elevated

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Blood Alcohol Level +cocaine on UDS as well.
+cessation counseling of above.

Reason for Telemetry: Risk for arrhythmia from
overdose, medications (e.g., Haldol) or severe
electrolyte abnormalities

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Collaborative Care:

Lab Data	Xrays / Procedures (Results)
<p>Cl > 106 While alcohol consumption can initially lead to an increase in serum chloride levels, it is common for levels to decrease during alcohol withdrawal due to an increase in urine production and subsequent loss of electrolytes. This can cause symptoms such as dehydration and electrolyte imbalances.</p> <p>Anion Gap < 19 An elevated anion gap can occur during alcohol withdrawal due to an increase in lactic acid production in the body. This occurs because of changes in the body's metabolism during alcohol withdrawal. The accumulation of lactic acid can lead to metabolic acidosis, which can be detected through an elevated anion gap in blood tests.</p> <p>Platelets < 535 Platelets can become elevated during alcohol withdrawal due to the release of stress hormones, such as epinephrine and norepinephrine, which can stimulate the production of platelets. Additionally, alcohol withdrawal can lead to dehydration, which can cause an increase in platelet count. Elevated platelet levels during alcohol withdrawal can increase the risk of blood clots and other cardiovascular complications.</p>	<p>11/01 Head CT: Impression No acute intracranial hemorrhage.</p>

Interprofessional team recommendations	Discharge plan and considerations
<p>Physical Therapy (PT):</p> <ul style="list-style-type: none">• Evaluate the patient's physical functioning, mobility, and balance.• Develop an individualized exercise program to improve strength, coordination, and gait.• Address any musculoskeletal issues or physical impairments related to the patient's seizure episode or alcohol use.• Educate the patient on proper body mechanics and techniques to prevent future injuries.• Collaborate with the patient to set goals for functional recovery and independence. <p>Occupational Therapy (OT):</p> <ul style="list-style-type: none">• Assess the patient's activities of daily living	<p>Medical Stabilization: Ensure the patient's vital signs and overall medical condition are stable before discharge. Monitor their blood pressure, heart rate, temperature, respiratory rate, and oxygen saturation. Address any immediate medical concerns, such as potential head injury during the seizure and blood-tinged vomiting.</p> <p>Alcohol Withdrawal Management: Develop an alcohol withdrawal management plan to prevent potential seizures and complications. This may involve medications, such as benzodiazepines, to manage withdrawal symptoms and reduce the risk of seizures.</p> <p>Substance Abuse Treatment Referral: Provide information and resources for substance abuse treatment programs, including counseling, therapy,</p>

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<p>(ADLs), including self-care tasks, such as bathing, dressing, and toileting.</p> <ul style="list-style-type: none">• Identify any difficulties or limitations in performing ADLs and develop strategies to improve independence.• Provide adaptive equipment or assistive devices, if necessary, to support the patient's functional abilities. <p>Speech Therapy (ST):</p> <ul style="list-style-type: none">• Evaluate the patient's speech, language, and swallowing abilities post seizures.• Assess the patient's swallowing function to ensure safe and efficient swallowing.	<p>and support groups. Collaborate with social workers or addiction specialists to ensure the patient has access to appropriate follow-up care.</p> <p>Psychosocial Support: Assess the patient's psychosocial needs, including grief counseling for the recent loss of their father and support for their emotional well-being. Coordinate with social services to help address any underlying mental health issues and provide necessary support.</p> <p>Education and Follow-up: Educate the patient about the risks and consequences of continued alcohol and drug use. Emphasize the importance of follow-up appointments, medication adherence, and lifestyle changes to support their recovery. Provide written materials and resources for further reference.</p> <p>Family Involvement: Involve a supportive family member in the discharge planning process. Ensure they are aware of the patient's condition, the discharge plan, and the necessary support their loved one will require after leaving the hospital.</p>
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Nursing Assessment Findings

<u>Textbook (Source)</u>	<u>Patient Specific</u>
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Alcohol Withdrawal: Symptoms and Treatment

Alcohol withdrawal occurs when an individual who has been consuming excessive amounts of alcohol suddenly stops or reduces their alcohol intake. The symptoms of alcohol withdrawal can be severe and even life-threatening. Therefore, it is crucial to know the signs and seek professional help immediately. (Harding, 2020)

Symptoms of Alcohol Withdrawal

1. Tremors and Shaking
2. Sweating
3. Nausea and Vomiting
4. Anxiety
5. Agitation
6. Confusion
7. Seizures
8. Delirium Tremens (DTs)

Treatment for Alcohol Withdrawal

Alcohol withdrawal is a serious medical condition that requires immediate treatment. The following are some of the treatment options available:

1. Medication-Assisted Treatment (MAT)
2. Inpatient Treatment
3. Outpatient Treatment
4. Detoxification
5. Support Groups

Risk Factors for Developing an Alcohol Problem

Alcohol consumption is a common practice in many societies, and it can have both positive and negative effects. While moderate alcohol use can have some health benefits, excessive alcohol consumption can lead to serious health problems, addiction, and other negative outcomes. Individuals who are more susceptible to developing an alcohol problem may have certain risk factors. Some of the risk factors that can increase the likelihood of developing an alcohol problem include:

Initial ED Physical Exam 11/01
Subjective: Seizures

HPI: MA, a 41-year-old male with a medical history of alcohol use, withdrawal, and withdrawal seizures, presented to the emergency department following a seizure. He reported two weeks of binge drinking since his father's death, despite having been sober for several months prior. His daily alcohol intake included a pint of hard liquor, a bottle of wine, and 20 beers. He attempted to reduce his alcohol consumption independently but experienced a seizure witnessed by a friend. During the seizure, he soiled himself and could not recall if he hit his head. He also admitted to cocaine use two days prior. His past medical history includes withdrawal seizures that necessitated hospitalization. Upon arrival, the patient was noticeably shaky but conscious and able to provide his history. He denied experiencing chest pain or shortness of breath. In the past few days, he vomited blood-tinged fluid and noticed scant blood in his stool occasionally. He denied any localized abdominal pain.

Ethanol %, blood 0.28%
UDS: +Cocaine, +THC

Vital signs: BP 102/65 | Pulse 99 | Temp 99.7 °F | Resp 20 | Wt. 155 lb | SpO2 98%

Review of Systems
Constitutional: Negative.
HENT: Negative.
Cardiovascular: Negative.
Respiratory: Negative.
Gastrointestinal: Positive for nausea, vomiting, abdominal pain, diarrhea, and blood in stool.
Genitourinary: Negative.
Neurological: Positive for seizures.

Physical Exam
Vitals and nursing note reviewed.
Constitutional:
Appearance: Normal appearance. He is well-

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1. Family history: Individuals who have a family member with an alcohol problem are more likely to develop an alcohol problem themselves.
2. Mental health disorders: Mental health conditions such as depression, anxiety, bipolar disorder, and schizophrenia can increase the risk of alcohol addiction.
3. Age: People who start drinking at a young age are more likely to develop alcohol addiction later in life.
4. Social environment: People who live in environments where alcohol is readily available and heavily promoted, such as college campuses, are more likely to develop alcohol addiction.
5. Trauma: People who have experienced a traumatic event, such as physical or sexual abuse, are more likely to turn to alcohol as a coping mechanism.
6. Genetics: Studies have shown that genetics can play a role in the development of alcohol addiction. Individuals with certain genetic markers are more susceptible to developing an alcohol problem.
7. Gender: Men are more likely than women to develop alcohol addiction.

Risk for Alcohol Withdrawal

Alcohol abuse is a major health problem worldwide. People who consume large amounts of alcohol regularly are at high risk of developing alcohol withdrawal symptoms. Alcohol withdrawal is a serious medical condition that can cause seizures, delirium, and even death if not treated properly. The risk for alcohol withdrawal is higher in people who have been drinking heavily for a long time. Symptoms of alcohol withdrawal usually start within a few hours after the last drink and can last for several days. Common symptoms include tremors, sweating, anxiety, nausea, vomiting, and insomnia. People who are at high risk for alcohol withdrawal should seek medical help immediately. Treatment for alcohol withdrawal usually involves medication and supportive care to prevent complications. It is important to note that alcohol withdrawal can be

developed and normal weight.

HENT:

Head: Normocephalic and atraumatic.

Eyes:

Conjunctiva/sclera: Conjunctivae normal.

Pupils: Pupils are equal, round, and reactive to light.

Cardiovascular:

Rate and Rhythm: Regular rhythm. Tachycardia present.

Pulses: Normal pulses.

Heart sounds: Normal heart sounds.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Breath sounds: Normal breath sounds. No wheezing or rales.

Abdominal:

General: Abdomen is flat. Bowel sounds are normal. There is no distension.

Palpations: Abdomen is soft. There is no mass.

Tenderness: There is no abdominal tenderness.

Hernia: No hernia is present.

Musculoskeletal:

General: Normal range of motion.

Cervical back: Normal range of motion.

Skin:

General: Skin is warm and dry.

Capillary Refill: Capillary refill takes > 2 seconds.

Neurological:

General: No focal deficit present.

Mental Status: He is alert and oriented to person, place, and time. Mental status is at baseline.

Psychiatric:

Comments: Tremulous, shaky; Consult needed

ED Course:

On arrival to the emergency department patient is afebrile and vital signs are stable. On arrival patient is awake and oriented however appears very tremulous and shaky. Reports feelings of withdrawal.

Patient placed on seizure precautions upon arrival.

CIWA protocol also ordered along with IV fluids.

Patient CIWA score greater than 20. Started on gabapentin and clonidine taper however also

requiring Ativan.

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prevented by seeking help for alcohol addiction before it becomes severe. There are many resources available for people who want to quit drinking, including support groups, counseling, and medication-assisted treatment. (Harding, 2020)

EKG showed normal sinus rhythm. CT head was performed which was negative for any acute intracranial bleed.

Lab work showed stable hemoglobin without acute anemia. Patient had reported some scant blood in vomit which is likely from Mallory-Weiss tears. Not on any blood thinners. Electrolytes and creatinine stable apart from mild anion gap likely from dehydration/alcohol use. Liver enzymes and lipase within normal limits.

Blood alcohol returned elevated at 0.27.

Acetaminophen and salicylate level negative.

Given patient's history of withdrawal seizures and current withdrawal seizures along with continued CIWA protocol greater than 20 despite medication we will admit patient to HBS for further medical treatment for withdrawal.

11/02 Exam

Subjective:

Patient up in bed, resting comfortably. Doing better this am -- reports less shakes. No breakthrough seizure. Denies cp/palp/sob/cough/diaphoresis. +tolerate diet, no n/v/abdominal pain. No foley. Currently no family at bedside.

Physical Exam:

General appearance - +chronically ill appearing in and, alert, oriented x 3, good spirits, talkative.

Chest - clear to auscultation, no wheezes, rales, or rhonchi

Heart - regular rate and rhythm, S1 and S2 normal

Abdomen - soft, nontender, nondistended, no masses or organomegaly, +bs.

Extremities - no pedal edema bilaterally.

Neuro – Cranial Nerves ii-xii grossly intact.

Str: 4+/5 UE, LE bilaterally.

Refine Hypotheses (part 1)

- What are the priority hypotheses and why?
- Based on your hypotheses develop three priority nursing diagnoses for this shift.

Three Priority Nursing Diagnoses for this patient:

Please provide evidence-based rationales so we can understand why you chose these three nursing diagnoses given the primary problems and comorbidities you included in your patient-specific pathophysiology concept map.

Nursing diagnoses are in one of the three following formats:

- Problem focused diagnosis: _____ related to (Related Factors) _____ as evidenced by (defining characteristics) _____.
- Risk for _____ as evidenced by (Risk Factors) _____.
- Health promotion diagnosis: Readiness for enhanced self-care r/t _____ as evidenced by expressed desire to enhance self-care.

1. *First Nursing Diagnosis with rationale*

Risk for decreased cardiac output and cardiac tissue perfusion related to the direct effect of alcohol on the heart muscle, altered systemic vascular resistance, and electrical alterations in rate, rhythm, and conduction due to electrolyte imbalances.

The risk for decreased cardiac output and tissue perfusion is based on alcohol's direct impact on the heart muscle, causing it to weaken and potentially fail. Altered systemic vascular resistance can occur due to alcohol-induced vasodilation, leading to decreased blood pressure and inadequate tissue perfusion. Electrical alterations in heart rate, rhythm, and conduction may arise due to electrolyte imbalances, commonly seen in people with chronic alcohol consumption. These imbalances can trigger arrhythmias, further compromising cardiac output and tissue perfusion. (Harding, 2020)

2. *Second Nursing Diagnosis with rationale*

Risk for Injury related to cessation of alcohol intake with varied autonomic nervous system responses to the system's suddenly altered state, including seizures or falls.

Patients with alcohol withdrawal are at risk for injury due to a variety of factors, including sudden cessation of alcohol, which can lead to severe physiological symptoms, such as seizures. Reduced hand and eye coordination, balancing difficulties, and confusion can also increase the risk of falls and other accidents, which can lead to serious injury. Additionally, some patients may engage in risky or impulsive behaviors as

a result of their altered state of mind, further increasing the risk of injury. (Harding, 2020)

3. Third Nursing Diagnosis with rationale

Ineffective Coping and increased anxiety related to the recent loss of father, alcohol use, and emotional distress.

The patient's history of binge drinking following the loss of their father, as well as their reported emotional distress and cocaine use, suggests ineffective coping mechanisms. These factors can contribute to impaired emotional well-being and hinder the patient's ability to manage stressors effectively. Patients with alcohol withdrawal are also at risk for anxiety and fear related to the cessation of alcohol intake and physiological withdrawal symptoms. Hospitalization and the threat to self-concept can further exacerbate these feelings, as patients may feel a loss of control over their own lives and worry about the impact of their condition on their relationships and daily activities. (Harding, 2020)

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Refine Hypotheses (part 2)

- Establish SMART (Specific, Measurable, Attainable, Relevant, Time-based) Goals for each nursing diagnosis (start of shift)
- Generate Solutions: Create a list of feasible solutions (interventions) to actual problems experience by the patient. Collect any additional data to rule in or rule out a hypothesis. Include rational (and references as appropriate)
- Take Action: implement the identified solutions to achieve the goal

Evaluation

- Evaluate Outcomes

Nursing Diagnosis 1:

<p style="text-align: center;"><u>Short Term Goal</u></p> <p>Patient maintains adequate cardiac output, as evidenced by strong peripheral pulses, systolic blood pressure within 20 mmHG of baseline, HR 60-100 bpm with regular rhythm, urinary output 30 mL or greater, warm, and dry skin, and normal level of consciousness during my shift. The patient demonstrates an increase in activity tolerance during my shift.</p>	<p style="text-align: center;"><u>Met, Partial Met, Not Met and Analysis</u></p> <p>Patient maintained adequate cardiac output, as evidenced by strong peripheral pulses, systolic blood pressure within 20 mmHG of baseline, HR 60-100 bpm with regular rhythm, urinary output 30 mL or greater, warm, and dry skin, and normal level of consciousness during my shift. The patient will also demonstrate an increase in activity tolerance during my shift.</p>
<p><u>Assessment Interventions</u></p> <p>Monitor vital signs frequently during acute withdrawal. Hypertension frequently occurs in the acute withdrawal phase. Extreme hyperexcitability, accompanied by catecholamine release and increased peripheral vascular resistance, raises BP and heart rate; however, BP may become labile and progress to hypotension.</p> <p>Monitor cardiac rate and rhythm. Document irregularities and dysrhythmias. Long-term alcohol abuse may result in cardiomyopathy or HF. Tachycardia is common because of the sympathetic response to increased circulating catecholamines. Irregularities and dysrhythmias may develop with electrolyte shifts and imbalance. All of these may have an adverse effect on cardiac function and output.</p> <p>Monitor body temperature. Elevation may occur because of sympathetic stimulation, dehydration, and infections, causing vasodilation and compromising venous return and cardiac output.</p> <p>Monitor I&O. Note 24-hr fluid balance. Preexisting dehydration, vomiting, fever, and diaphoresis may result in decreased circulating volume that can compromise cardiovascular function. Note: Hydration is difficult to assess in the alcoholic patient because the usual indicators are not reliable, and overhydration is a risk in the presence of compromised cardiac function.</p> <p>Monitor laboratory studies: serum electrolyte levels. Electrolyte imbalance: potassium, and magnesium, potentiate the risk of cardiac dysrhythmias and CNS excitability.</p>	

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<p><u>Nursing Interventions: (Specific to Patient)</u> Intervention with rationale</p>	<p><u>Evaluation of Interventions (Patient's Response)</u> Evaluations are patient oriented, not nurse oriented. For pre-clinical: How will you evaluate the effectiveness of your intervention. For post-clinical: There should be a patient response to the intervention performed.</p>
<p>Intervention 1: Be prepared and assist in cardiopulmonary resuscitation. (Harding, 2020)</p> <p><i>Causes of death during acute withdrawal stages include cardiac dysrhythmias, respiratory depression, and arrest, oversedation, excessive psychomotor activity, severe dehydration, or overhydration, and massive infections. Mortality for unrecognized and untreated delirium tremens (DTs) may be as high as 25%.</i></p>	<p>During my clinical I was prepared at all times, to assist in cardiopulmonary resuscitation if necessary, and all the emergency equipment needed was already in the room.</p>
<p>Intervention 2: Administer fluids and electrolytes, as indicated, and prescribed by the physician. (Gulanick, 2021)</p> <p><i>Severe alcohol withdrawal causes the patient to be susceptible to fluid losses (associated with fever, diaphoresis, and vomiting) and electrolyte imbalances, especially potassium, magnesium, and glucose.</i></p>	<p>The patient agreed to all fluid and electrolyte replacements as prescribed by the physician, which improved the effectiveness of cardiac output of the patient.</p>
<p>Intervention 3: Administer medications as indicated: Clonidine (Catapres), atenolol (Tenormin); Potassium. (Harding, 2020)</p> <p><i>Although the use of benzodiazepines is often sufficient to control hypertension during initial withdrawal from alcohol, some patients may require more specific therapy. Note: Atenolol and other b-adrenergic blockers may speed up the withdrawal process and eliminate tremors, as well as lower the heart rate, blood pressure, and body temperature. Corrects deficits that can result in life-threatening dysrhythmias.</i></p>	<p>The patient accepted and took all prescribed medications as indicated: Clonidine (Catapres), atenolol (Tenormin); Potassium.</p>

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Nursing Diagnosis 2:

<p><u>Short Term Goal</u></p> <p>The patient demonstrates the absence of untoward effects of withdrawal and will experience no physical injury during my shift.</p>	<p><u>Met, Partial Met, Not Met and Analysis</u></p> <p>The patient will demonstrate the absence of untoward effects of withdrawal and will experience no physical injury during my shift.</p>
<p><u>Assessment Interventions</u></p> <p>Identify the stage of AWS (alcohol withdrawal syndrome); i.e., stage I is associated with signs and symptoms of hyperactivity (tremors, sleeplessness, nausea and vomiting, diaphoresis, tachycardia, hypertension. Stage II is manifested by increased hyperactivity plus hallucinations and seizure activity. Stage III symptoms include DTs and extreme autonomic hyperactivity with profound confusion, anxiety, insomnia, and fever.</p> <p>Prompt recognition and intervention may halt the progression of symptoms and enhance recovery or improve prognosis. In addition, the recurrence or progression of symptoms indicates the need for changes in drug therapy and more intense treatment to prevent death.</p> <p>Monitor and document seizure activity. Maintain patent airway. Provide environmental safety (padded side rails, bed in low position).</p> <p>Grand mal seizures are most common and may be related to decreased magnesium levels, hypoglycemia, elevated blood alcohol, or a history of head trauma and preexisting seizure disorder. Note: In absence of history and other pathology causing seizures, they usually stop spontaneously, requiring only symptomatic treatment. Antiepileptic drugs are not indicated for alcohol withdrawal seizures.</p> <p>Check deep-tendon reflexes. Assess gait, if possible.</p> <p>Reflexes may be depressed, absent, or hyperactive. Peripheral neuropathies are common, especially in malnourished patients. Ataxia (gait disturbance) is associated with Wernicke’s syndrome (thiamine deficiency) and cerebellar degeneration.</p>	
<p><u>Nursing Interventions: (Specific to Patient)</u></p> <p><i>Intervention with rationale</i></p>	<p><u>Evaluation of Interventions (Patient’s Response)</u></p> <p><i>Evaluations are patient oriented, not nurse oriented. For pre-clinical: How will you evaluate the effectiveness of your intervention. For post-clinical: There should be a patient response to the intervention performed.</i></p>
<p>Intervention 1: Administer medications as indicated such as: Benzodiazepines, Thiamine, and Magnesium Sulfate. (Harding, 2020)</p> <p><i>Benzodiazepines are commonly used to control neuronal hyperactivity because of their minimal respiratory and cardiac depression and anticonvulsant properties. Studies have also shown that these drugs can prevent progression to more severe states of withdrawal. IV and PO administration is the preferred route because IM absorption is unpredictable. Muscle-relaxant qualities are particularly helpful to patients in controlling “the shakes,” trembling, and ataxic quality of movements. Patients may initially require</i></p>	<p>I administered medications as indicated such as: Benzodiazepines, Thiamine, and Magnesium Sulfate after my patient agreed to take them.</p>

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<p><i>large doses to achieve the desired effect, and then drugs may be tapered and discontinued, usually within 96 hr. Thiamine: Thiamine deficiency (common in alcohol abuse) may lead to neuritis, Wernicke's syndrome, and Korsakoff's psychosis. Magnesium sulfate: Reduces tremors and seizure activity by decreasing neuromuscular excitability.</i></p>	
<p>Intervention 2: Assist with ambulation and self-care activities as needed. (Harding, 2020)</p> <p><i>Prevents falls with resultant injury.</i></p>	<p>I assisted my patient with ambulation and self-care activities to prevent falls and resultant injuries.</p>
<p>Intervention 3: Provide pads for the bed due to seizures and screen the area for environmental safety when indicated. (Gulanick, 2021)</p> <p><i>May be required when equilibrium, hand, and eye coordination problems exist.</i></p>	<p>I provided a safe environment for my patient, making sure the bed was in a low position, padding the side rails, the patient had the call light in reach, and the room was free of any potential hazards.</p>

Nursing Diagnosis 3:

<p><u>Short Term Goal</u></p> <p>The patient will verbalize the reduction of fear and anxiety to an acceptable and manageable level, as well as express a sense of regaining some control over his life during my shift.</p>	<p><u>Met, Partial Met, Not Met and Analysis</u></p> <p>The patient will verbalize a reduction of fear and anxiety to an acceptable and manageable level, as well as will express a sense of regaining a sense of control over his life during my shift.</p>
<p><u>Assessment Interventions</u></p> <p>Determine the cause of anxiety, involving the patient in the process. Explain that alcohol withdrawal increases anxiety and uneasiness. Reassess the level of anxiety on an ongoing basis.</p> <p>A person in the acute phase of withdrawal may be unable to identify and accept what is happening. Anxiety may be physiologically or environmentally caused. Continued alcohol toxicity will be manifested by increased anxiety and agitation as the effects of the medication wear off.</p> <p>Monitor the patient for signs of depression.</p> <p>Assess the patient's psychological well-being and emotional state. Evaluate the patient's coping strategies and support system. Assess the patient's history of alcohol and substance use. Identify triggers and stressors that contribute to ineffective coping.</p>	
<p><u>Nursing Interventions: (Specific to Patient)</u></p> <p>Intervention with rationale</p>	<p><u>Evaluation of Interventions (Patient's Response)</u></p> <p>Evaluations are patient oriented, not nurse oriented. For pre-clinical: How will you evaluate the effectiveness of your intervention. For post-clinical: There should be a patient response to the intervention performed.</p>

Patient Care Plan

Student Name: Jennifer Javelet Unit: ED Date: 11/02/23 Clinical Wk# 6 Patient Initials: MA

Age: 41 Allergies: NKA

<p>Intervention 1: Develop a trusting relationship through frequent contact being honest and nonjudgmental. Project an accepting, non-judgmental attitude towards the patient.</p> <p><i>Provides patient with a sense of humanness, helping to decrease paranoia and distrust. Patients will be able to detect the biased or condescending attitudes of caregivers. (Harding, 2020)</i></p>	<p>I developed a trusting relationship through frequent contact, being honest, and being nonjudgmental. I made sure to project an accepting attitude about alcoholism.</p>
<p>Intervention 2: Inform the patient about what I plan to do and why. Include patients in the planning process and provide choices when possible. Explain medications that are being given and reasons for certain medical interventions. (Harding, 2020)</p> <p><i>Enhances a sense of trust, and explanation may increase cooperation and reduce anxiety. Provides a sense of control over self in circumstances where the loss of control is a significant factor. Note: Feelings of self-worth are intensified when one is treated as a worthwhile person. Benzodiazepines like Ativan, which are antianxiety agents, are given during acute withdrawal to help the patient relax.</i></p>	<p>I informed the patient about what I plan to do and why. I included the patient in the planning process and provided choices when possible. I explained medications that were being given and the reasons for certain medical interventions.</p>
<p>Intervention 3: Provide consultation for referral to detoxification and crisis center for ongoing treatment programs as soon as medically stable and oriented to reality.</p> <p><i>The patient is more likely to contract treatment while still hurting and experiencing fear and anxiety from the last drinking episode. Motivation decreases as well-being increases and the person again feel able to control the problem. Direct contact with available treatment resources provides a realistic picture of help. Decreases time for patients to “think about it,” change minds or restructure and strengthen denial systems.</i></p>	<p>I consulted with MSW for a referral for detoxification centers and ongoing treatment programs.</p>

Patient Education and Health Maintenance:

Teaching

Referral

Patient Care Plan

Student Name: Jennifer Javelet Unit: ED Date: 11/02/23 Clinical Wk# 6 Patient Initials: MA

Age: 41 Allergies: NKA

Reducing alcohol use education	Psych Consult Referral for emotional support/anxiety/depression due to loss of his father recently
Diet Education: Malnutrition and vitamin deficiency	Formal MSW elevated Blood Alcohol Level +cocaine on UDS as well. +cessation counseling of above
Education on alcohol withdrawal symptoms/ Treatment	MSW referral for homelessness and lack of health insurance
New Medication education	Nutritional Consult for Less Than Body Requirements related to alcohol use disorder, poor dietary intake, and vomiting with blood

Key Take-aways:

1. **Clinical Takeaway:** It is essential to develop a comprehensive discharge plan for patients with a history of alcohol use, alcohol withdrawal, and alcohol withdrawal seizures. This plan should include medical stabilization, alcohol withdrawal management, substance abuse treatment referral, psychosocial support, education, and caregiver involvement to ensure a holistic approach to patient care.
2. **Ethical Takeaway:** Healthcare professionals must provide a non-judgmental and supportive environment for patients with substance abuse issues. It is crucial to approach these patients with empathy, understanding, and a focus on their overall well-being, while also addressing the potential risks and consequences of continued alcohol and drug use.
3. **Social Takeaway:** The patient's social support system plays a crucial role in their recovery journey. Involving caregivers and supportive family members in the discharge planning process can help ensure continuity of care and provide the patient with the necessary support after leaving the hospital. Collaboration with social services and addiction specialists can further enhance the patient's access to resources and ongoing support.
4. **Clinical Assessment Takeaway:** Effective clinical assessment is vital in identifying and addressing the patient's needs. Assessments related to the risk of injury, ineffective coping, impaired nutrition, and other relevant nursing diagnoses help guide interventions and provide a holistic approach to patient care.
5. **Interdisciplinary Collaboration Takeaway:** Providing comprehensive care for patients with complex needs requires collaboration among a multidisciplinary team. In this case, collaboration among physicians, nurses, social workers, therapists, and addiction specialists is crucial to ensure that the patient receives the necessary medical, psychosocial, and rehabilitative support.

These takeaways highlight the importance of a patient-centered approach, interdisciplinary collaboration, and addressing the multiple dimensions of care when managing patients with alcohol use disorder and related complications.

Patient Care Plan

Student Name: Jennifer Javelet Unit: ED Date: 11/02/23 Clinical Wk# 6 Patient Initials: MA
Age: 41 Allergies: NKA

Clinical Prep Sheet

Student Name: _____ **Unit:** _____ **Date:** _____ **Clinical Wk#** _____ **Patient Initials:** _____ **Age:** _____

Allergies: _____

Medication Sheet

Note: Complete all 7 columns for all active medications scheduled and any PRNs given in the last 24 hours and during care.

Medication	Medication Class/ Pharmacokinetics	Why is YOUR patient taking this medication?	Nursing Implications	Adverse Effects	Evaluation of Effectiveness and Timing of Assessment	Patient Education
Give generic and trade names, dosage and route	Include: onset, peak, duration, organ of metabolism and elimination	What is the rationale for administering?	What will you assess PRIOR to giving this medication? When would you HOLD (lab values, allergies, vital signs/values, etc.)?	List three possible adverse effects of this medication	When and what will you assess to determine the medication is working effectively?	What will you tell your patient when you administer this medication? List three patient teaching points.
Acetaminophen (Tylenol) 650 mg; Oral every 4 hours	Class: Analgesic, Nonopioid Onset < 1 hour Peak 30 min- 2 hours Duration 4-6 hours Metabolized by liver. Eliminated by liver.	Management of mild to moderate pain	Assess pain prior to administration. Patients with asthma, aspirin-induced allergy, and nasal polyps are at increased risk for developing hypersensitivity reactions. Check DDI for toxicity; Hold for hepatic impairment or severe active liver disease.	Tinnitus, hyperkalemia, anemia, headache	Reassess pain level and make sure the severity has decreased.	1. Risk for GI bleeding with concurrent alcohol use 2. Take medication with a full glass of water and remain in an upright position for 15-20 min post administration 3. May cause dizziness or drowsiness
Chlorohexidine Gluconate Oral Solution 15 mL	Class: Antimicrobials	Achieves plaque inhibition due to an immediate	Assess need for antimicrobial mouthwash. Hold	Mouth irritation, staining of teeth, change in taste	Reassess for signs of improved gum disease or	1. Rise mouth daily after brushing

Clinical Prep Sheet

Student Name: _____ **Unit:** _____ **Date:** _____ **Clinical Wk#** _____ **Patient Initials:** _____ **Age:** _____

Allergies: _____

Medication	Medication Class/ Pharmacokinetics	Why is YOUR patient taking this medication?	Nursing Implications	Adverse Effects	Evaluation of Effectiveness and Timing of Assessment	Patient Education
(Peridex); Oral every 12 hours	Onset Rapid Peak 30 minutes Duration 12 hours Metabolized by N/A Eliminated by Feces	bactericidal action during the time of application. Also aids in prevention of acquiring pneumonia	in children under 18 years old, pregnant women, and for hypersensitivity. Do not apply on open wounds.		gingivitis.	teeth/flossing 2.Wait at least thirty minutes before eating or drinking 3. Do not give two doses at once
Clonidine 0.1 mg/24 hr. 1 patch (CATAPRES-TTS 1), 1 patch transdermal, every 7 days	Class: Antihypertensives Onset 2-3 days Peak unknown Duration 7 days Metabolized and eliminated by liver.	Used to treat severe alcohol withdrawal symptoms	Monitor BP and pulse prior to starting, frequently during initial dose adjustment and dose increases and periodically throughout therapy. Monitor patient for signs and symptoms of substance withdrawal (tachycardia, fever, diarrhea, sweating, nausea, vomiting, irritability, stomach cramps)Hold for Hypersensitivity; <i>Epidural</i> – injection site infection,	dry mouth, constipation, nausea, vomiting, low blood pressure	Reassess for decreased symptoms of a cute alcohol withdrawal	1. May cause drowsiness, which usually diminishes with continued use. 2. Advise patient to avoid driving or other activities requiring alertness until response to medication is known. 3. Avoid sudden changes in position to decrease orthostatic hypotension. 4. Use of alcohol, standing for long periods,

Clinical Prep Sheet

Student Name: _____ **Unit:** _____ **Date:** _____ **Clinical Wk#** _____ **Patient Initials:** _____ **Age:** _____

Allergies: _____

Medication	Medication Class/ Pharmacokinetics	Why is YOUR patient taking this medication?	Nursing Implications	Adverse Effects	Evaluation of Effectiveness and Timing of Assessment	Patient Education
			anticoagulant therapy, or bleeding problems. Use Cautiously in Serious cardiac or cerebrovascular disease; Renal insufficiency.			exercising, and hot weather may increase orthostatic hypotension.
Folic Acid Tab 1 mg, Oral Daily	Class: Antiemetics Onset 4 days Peak 7-10 days Duration 2-4 months Metabolized & Eliminated: mostly recycled; small daily losses occurring via desquamation, sweat, urine, and bile	Given to restore iron levels in patient's iron deficiency anemia	Assess patient's iron levels and determine if supplementation is needed. Hold for hypersensitivity to iron products, hemochromatosis, and hemosiderosis. Use cautiously in patients with peptic ulcer disease.	Nausea, headache, syncope	Reassess iron levels and determine if they have increased. An increased in hemoglobin should also be observed and an improvement in patient's anemia	1. Stools may become dark green or black 2. A high iron diet should be supplemental to medication 3. Do not double doses. Take misses dose as soon as remembered within 12 hours
Gabapentin Cap 300mg (Neurontin); Oral every 8 hours	Class: Anticonvulsant Onset rapid Peak 2-4 hours Duration 8 hours	Used to treat neuropathic pain	Assess patient for neuropathic pain and monitor closely for notable changes in behavior. Assess location,	Hypertension, weight gain, anorexia	Assess for decreased intensity of neuropathic pain.	1. Take medication as instructed and patients taking three times/daily should not exceed 12 hours between

Clinical Prep Sheet

Student Name: _____ **Unit:** _____ **Date:** _____ **Clinical Wk#** _____ **Patient Initials:** _____ **Age:** _____

Allergies: _____

Medication	Medication Class/ Pharmacokinetics	Why is YOUR patient taking this medication?	Nursing Implications	Adverse Effects	Evaluation of Effectiveness and Timing of Assessment	Patient Education
	Metabolized N/A Eliminated by kidneys		characteristics, and intensity of pain periodically during therapy. Monitor for respiratory depression and sedation when given concurrently with opioids. Hold for hypersensitivity.			doses 2. May cause dizziness or drowsiness 3. Do not take within two hours of antacids
Lorazepam Injection 2 mg (Ativan), IV as needed for anxiety	Class: benzodiazepines Onset 15-30 min Peak 15-20 min Duration 8-12 hours Metabolized and eliminated by liver	Treatment of anxiety and alcohol withdrawal seizures.	Assess for degree and manifestations of anxiety and mental status. Assess for risk for addictions, abuse, or misuse prior to administration. Hold for hypersensitivity, comatose patients with preexisting CNS depression, uncontrolled severe pain, angle-closure glaucoma, severe hypotension, and sleep apnea.	Bradycardia, nausea, diarrhea	Reassess the patient for an increase in sense of well-being. Observe for a decrease in subjective feelings of anxiety without excessive sedation. The patient will also have no, or a decrease in the number of seizures.	1. May cause drowsiness or dizziness. Avoid driving or other activities requiring alertness until response to medication is known. 2. This medication is usually prescribed for short-term use and does not treat the underlying problem 3. This

Clinical Prep Sheet

Student Name: _____ **Unit:** _____ **Date:** _____ **Clinical Wk#** _____ **Patient Initials:** _____ **Age:** _____

Allergies: _____

Medication	Medication Class/ Pharmacokinetics	Why is YOUR patient taking this medication?	Nursing Implications	Adverse Effects	Evaluation of Effectiveness and Timing of Assessment	Patient Education
						medication has the potential for abuse. Protect it from theft and out of reach of children
Magnesium Sulfate in D5W IV Premix, 100 mL/hr., IV continuous	Class: Mineral/electrolyte replacement Onset rapid Peak end of infusion Duration unknown Metabolized and eliminated by kidneys.	Used to replace water and electrolyte loss in patients, specifically Mg.	Assess fluid balance for fluid overload or hypernatremia or hyponatremia. Monitor: Sodium, Potassium, Chloride, and Acid-Base Balance.	Heart Failure, Pulmonary Edema, Hypernatremia, Hypervolemia	Reassess patients IV for patency, electrolyte levels, and for signs of rehydration, and assess Mg levels.	1.The purpose of this is to reestablish and maintain a healthy fluid balance. 2Feelings of Headache, Tachycardia, or Muscle Cramping should be promptly reported. 3.Hypertension and rapid weight gain are problematic as well.
Metoclopramide Tab 5 mg (REGLAN); Injection every 6 hours as needed	Class: antiemetics Onset 30-60 min Peak unknown	Prevention of nausea and vomiting and gastroesophageal reflux	Assess for nausea, vomiting, abdominal distention, and	Arrhythmias, hypertension, gynecomastia	Reassess for relief from nausea, vomiting and decreased	1. May cause drowsiness. Avoid driving or other activities

Clinical Prep Sheet

Student Name: _____ **Unit:** _____ **Date:** _____ **Clinical Wk#** _____ **Patient Initials:** _____ **Age:** _____

Allergies: _____

Medication	Medication Class/ Pharmacokinetics	Why is YOUR patient taking this medication?	Nursing Implications	Adverse Effects	Evaluation of Effectiveness and Timing of Assessment	Patient Education
	Duration 1-2 hours Metabolized by liver. Eliminated in urine.		bowel sounds before and after administration. Hold for hypersensitivity, GI obstruction, seizure disorders, hypertension, Parkin’s disease, concurrent use with MAO inhibitors, and renal/hepatic impairment.		symptoms of esophageal reflux.	that require mental alertness. 2. Avoid concurrent use with alcohol and other CNS depressants 3. Inform physician if trying to become pregnant, pregnant, or breastfeeding
Melatonin Tab 3 mg (Melatain); Oral every 24 hours	Class: Sedative/hypnotics Onset unknown Peak unknown Duration unknown Metabolized and Elimination unknown.	Aiding in regulating sleep disorders to improve sleep pattern	Assess sleep patterns before and periodically throughout therapy. Hold for hypersensitivity, pregnancy, and lactation.	Hypotension, drowsiness, nausea	Reassess for relief of insomnia and improved sleep pattern.	1.No alcohol or alcohol containing medications 2. Take at bedtime as directed 3. Avoid driving and other activities requiring alertness until response to medication is known

Clinical Prep Sheet

Student Name: _____ **Unit:** _____ **Date:** _____ **Clinical Wk#** _____ **Patient Initials:** _____ **Age:** _____

Allergies: _____

Medication	Medication Class/ Pharmacokinetics	Why is YOUR patient taking this medication?	Nursing Implications	Adverse Effects	Evaluation of Effectiveness and Timing of Assessment	Patient Education
Ondansetron (PF) Injection 4 mg (Zofran), IV every 6 hours as needed	Class: 5HT3 antagonists antiemetics Onset rapid Peak 40 min Duration unknown Metabolized by liver Eliminated by kidney.	Treatment and prevention of nausea and vomiting	Assess patient for nausea, vomiting, abdominal distention, and bowel sounds prior to and following administration. Hold for hypersensitivity, long QT syndrome, and concurrent use of apomorphine.	QT interval prolongation, dry mouth, headache	Reassess for decreased nausea and vomiting.	1. Take medication as directed 2. Notify physician if symptoms of irregular heartbeat, serotonin syndrome, or involuntary movement of eyes, face, or limbs. 3. Notify physician if breastfeeding, pregnancy, or planning to become pregnant
Sodium Chloride 0.9% Injection Syringe 3 mL (Normal Saline Flush)	Class: Mineral/electrolyte replacement Onset rapid Peak end of infusion Duration unknown Metabolized and	To flush medicine in patients IV for patency and to keep sterile	Assess fluid balance for fluid overload or hyponatremia or hypernatremia. Monitor: Sodium, Potassium, Chloride, and Acid-Base Balance.	Heart Failure, Pulmonary Edema, Hypernatremia, Hypervolemia	Reassess patients IV for patency.	1. The purpose of this is to reestablish and maintain a healthy fluid balance. 2. Feelings of Headache, Tachycardia, or Muscle

Clinical Prep Sheet

Student Name: _____ **Unit:** _____ **Date:** _____ **Clinical Wk#** _____ **Patient Initials:** _____ **Age:** _____

Allergies: _____

Medication	Medication Class/ Pharmacokinetics	Why is YOUR patient taking this medication?	Nursing Implications	Adverse Effects	Evaluation of Effectiveness and Timing of Assessment	Patient Education
	eliminated by kidneys.					Cramping should be promptly reported. 3.Hypertension and rapid weight gain are problematic as well.
Therems Multivitamin 1 tablet (Multivitamin with folic acid) Oral daily	Class: Vitamins Onset unknown Peak unknown Duration unknown Metabolized by liver Eliminated by kidneys.	Treatment and prevention of vitamin deficiencies.	Assess patient for signs of nutritional deficiency before and throughout therapy. Patients at risk include geriatric patients and those who are debilitated, burned, or unable to take oral nutrition and those with malabsorption syndromes or chronic alcoholism.	Urine discoloration, allergic reactions to preservatives, additives, or colorants	Reassess for prevention or decrease in the symptoms of vitamin deficiency.	1.Encourage patient to comply with recommendations of health care professional. 2.Explain that the best source of vitamins is a well-balanced diet with foods from the 4 basic food groups. 3.Advise parents not to refer to chewable multivitamins for children as candy
Thiamine	Class: Vitamins	Treatment and	Assess patient for	Urine	Reassess for	1.Encourage

Clinical Prep Sheet

Student Name: _____ **Unit:** _____ **Date:** _____ **Clinical Wk#** _____ **Patient Initials:** _____ **Age:** _____

Allergies: _____

Medication	Medication Class/ Pharmacokinetics	Why is YOUR patient taking this medication?	Nursing Implications	Adverse Effects	Evaluation of Effectiveness and Timing of Assessment	Patient Education
Mononitrate Tablet 100mg (Vitamin B- 1) Oral daily	Onset unknown Peak unknown Duration unknown Metabolized by liver Eliminated by kidneys.	prevention of vitamin B deficiencies.	signs of nutritional deficiency before and throughout therapy. Patients at risk include geriatric patients and those who are debilitated, burned, or unable to take oral nutrition and those with malabsorption syndromes or chronic alcoholism.	discoloration, allergic reactions to preservatives, additives, or colorants	prevention or decrease in the symptoms of vitamin B deficiency.	patient to comply with recommendations of health care professional. 2.Explain that the best source of vitamins is a well-balanced diet with foods from the 4 basic food groups. 3.Advise parents not to refer to chewable multivitamins for children as candy