George Russell, age 58, fell at home and broke his arm. His wife took him to the ER and an open reduction internal fixation (ORIF) of his right wrist was performed under general anesthetic in the operating room. He was admitted to the postoperative unit for observation following surgery because he required large amounts of anesthesia during the procedure.

Mr. Russell has a ruddy complexion and looks older than his stated age. He discloses that he was laid off from his factory job 2 years ago and has been working odd jobs until last week when he was hired by a local assembly plant. His father was a recovering alcoholic and his 30-year-old son has been treated for alcohol abuse in the past. Mr. Russell states that he knows alcoholism runs in the family, but he feels that he has his drinking under control. However, he cannot remember the events that led up to his fall and how he might have broken his arm.

**ASSESSMENT**

During the nursing assessment, Mr. Russell is hesitant to provide information and refuses to make eye contact. Prior to his operation, a BAL was drawn because the ER nurse detected alcohol on his breath. His BAL was 0.40% which is five times the legal limit for intoxication in many states. His vital signs are within the upper limits of normal, but he is confused and disoriented with slurred speech and a slight tremor of the hands. He is 6 feet tall and weighs 140 pounds. His total albumin is 2.9 mg and he has elevated liver enzymes. His wife states that he rarely eats the meals she prepares because he is usually drinking and has no appetite for food.

**DIAGNOSES**

- **Ineffective Individual Coping** related to possible hereditary factor and personal vulnerability
- **Risk for Injury** related to aggressive behavior, unsteady gait, and impaired motor responses
- **Ineffective Denial** related to inability to recognize maladaptive behaviors caused by substance use
- **Imbalanced Nutrition: Less than Body Requirements** related to anorexia manifested by decreased weight and low serum protein levels

**EXPECTED OUTCOMES**

- Client will express his true feelings associated with using alcohol as a method of coping with stressful situations.
- Client will identify three adaptive coping mechanisms he can use as alternatives to alcohol in response to stress.
- Client will verbalize the negative effects of alcohol and agree to seek professional help with his drinking.
- Client will be free of injury as evidenced by steady gait and absence of subsequent falls.
- Client will gain 1 lb (0.45 kg) per week without evidence of increased fluid retention. Serum albumin levels will return to normal range.

**PLANNING AND IMPLEMENTATION**

- **Establish trusting relationship with client and spend time with him discussing his feelings, fears, and anxieties.**
- **Consult with a physician regarding a schedule for medications during detoxification and observe for signs of withdrawal syndrome.**
- **Explain the effects of alcohol abuse on the body and emphasize that prognosis is closely associated with abstinence.**
- **Teach a relaxation technique that the client feels is useful.**
- **Provide community resource information about self-help groups and, if client is receptive, a list of meeting times and phone numbers.**
- **Consult with a dietitian to determine number of calories needed to provide adequate nutrition and realistic weight gain.**
- **Document intake, output, and calorie count.**
- **Consult with physician to begin vitamin B₁ (thiamine) and dietary supplements.**

**EVALUATION**

Mr. Russell was discharged from the postoperative unit without complications. He successfully underwent detoxification and contacted the Employee Assistance Program at his new place of employment. He was on medical leave while his arm completely healed and now attends Alcoholics Anonymous meetings 5 days a week. He reports that he enjoys taking long walks with his wife in the warm weather and that his appetite has returned. He has gained 10 pounds in the past 6 weeks and feels physically better than he has in many years.

**CRITICAL THINKING IN THE NURSING PROCESS**

1. Explain why it would be important to include questions about Mr. Russell’s medication history and his use of other medications during the initial nursing assessment.
2. Mr. Russell asks you to explain the risks of taking disulfiram (Antabuse). What should you tell him?
3. Develop a care plan for Mr. Russell for the nursing diagnosis of Imbalanced Nutrition: Less than Body Requirements. Why is this necessary?

See Evaluating Your Response in Appendix C.

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**Imbalanced Nutrition: Less than Body Requirements**

- **Administer vitamins and dietary supplements as ordered by physician. Vitamin B₁ is necessary to prevent complications from chronic alcoholism such as Wernicke’s syndrome.**
- **Monitor lab work (e.g., total albumin, complete blood count, urinalysis, electrolytes, and liver enzymes) and report significant changes to physician. Objective laboratory tests provide necessary information to determine the extent of malnourishment.**
- **Collaborate with dietitian to determine number of calories needed to provide adequate nutrition and realistic weight gain. Document intake, output, and calorie count. Weigh daily if condition warrants. Weight loss or gain is important assessment information so that an appropriate plan of care can be developed.**
- **Teach the importance of adequate nutrition by explaining the Food Guide Pyramid (see Chapter 2) and relating the physical effects of malnutrition on body systems. Client may have inadequate knowledge of proper nutritional habits.**