Anti-Infective Pharmacotherapy

Amantadine
-Anticholinergic Profile: Causes smooth muscle relaxation
-High risk comorbidity: **Patients with Benign Prostatic Hyperplasia (BPH)** are at extreme risk for acute urinary retention due to bladder/detrusor muscle relaxation.

Acyclovir (Zovirax):
- Nephrotoxicity: Antivirals can precipitate in the renal tubes
Highest Priority: **Increase fluid intake of 2,500 to 3,000 ML daily** to maintain renal perfusion and clear the drug safely

Side Effects of Cholinergic: Salivation, Lacrimation, Urination, Diarrhea, Hydrochloric Acid Increase, Bronchospasm & Bradycardia

2. **Antibiotic Principles, Resistance, & Complications**
- Course Completion: Teach patients to complete the entire course of therapy even if clinical symptoms (like a cough or yellow sputum) resolve early. Discontinuing early breeds bacterial resistance
- Dosing Intervals: Space doses accross 24-hour window
- Formulation Compliance: Chewable Tablets (Like Amoxil Chewables) **Must be crushed or chewed**

Complications of Broad Spectrum Therapy
- **Pseudo membranous Colitis (superinfection): greater than 4-6 a day**
- ***Nursing Priority:*** **Collect stool specimen for a cytotoxin assay to confirm C. difficile**
- Contraindication: **NEVER** give antiperistaltic or antidiarrheal agents (e.g., dicyclomine, kaolin/pectin) in severe toxic diarrhea
- Acid Base Balance: Monitor for **Metabolic Acidosis**

Evaluating Effectiveness
Respiratory infections like Pneumonia - ***normalization of oxygen saturation (pulse oximetry)*** and improved breath sounds

Advanced Cardiovascular Pharmacotherapy
1. **Autonomic and Electrolyte Imbalance**
    - **Penicillin-Induced Electrolyte Imbalances:**
    - S/SX of **Hypokalemia**: Muscle Weakness, numbness/tingling, nausea, weak peripheral pulse, irregular heart rate, and decreased bowel sounds
    - **Beta-Blockers (e.g.,Nadolol)**
    - Orthostatic Hypotension- reduced cardiac output and central circulating volume

- Patient Education: **Instruct patients to change positions slowly (sitting to standing)** to avoid dizziness and syncopal episodes. This effects typically diminishes after 2 weeks

2. **High-Alert Cardiovascular Medications**
    - **Calcium Channel Blockers (e.g., Diltiazem/Cardizem):**
    - The grapefruit Interaction: inhibits CYP3A4 enzyme system in gut, halting the metabolism of calcium channel blockers
    - Toxicity Manifestations: Severe Bradycardia, advanced heart blocks, worsening heart failure, and profound hypotension
    - **Nursing Priority: Assess for ABCs if possible. Assess dietary intake and fluids consumed; identifying and removing the cause of toxicity takes precedence**
    - **Digoxin (Lanoxin) Therapy**
    - The Digoxin Potassium Relationship: Potassium competes with digoxin for binding sites on the NA+/K+ ATPase pump. **Hypokalemia(<3.5 mEq/L) dangerously intensifies digoxin binding,**
    - **Low serum potassium - Increase Digoxin Binding - High risk for toxicity**
    - **Digitalis Toxicity:** Nausea, Anorexia, Vomiting, Diarrhea, Visual Disturbances
3. **Nitroglycerin (NTG) Administration Protocols**
    - **Sublingual NTG (Acute Angina)**
    - **Nawala thru rest - Stable Angina**
    - **Onset of chest pain - stop all activity and sit down**
    - **Place 1 tablet under the tongue, A distinct stinging or tingling sensation**
    - Storage: Keep the medication on your person at all times, not isolated in night stand
    - **Transdermal NTG patches (Prophylaxis)**
    - Rotation: **Apply daily to clean, hairless areas.** Always rotate sites to prevent skin breakdown.
    - **Nitrate Tolerance:** Patches must maintain **10 to 12 hr "nitrate free" interval** (typically removed at bedtime)

Pediatric Dosage

- **Administration Safety:** Always use a calibrated oral syringe or medication cup to measure. Never utilize household teaspoons for pediatric administration

Cardiovascular Medications & Advanced Dysrhythmia Management

A. **Calcium Channel Blockers (CCBs)**
    - **Verapamil**

Gastrointestinal Impact: **Constipation** is frequent
Nursing Intervention: **Increase dietary fiber and fluid intake**
Adverse Effect Profiles: **Monitor for hypotension** (due to vasodilation) and pruritus/skin rashes.

B. **Positive Inotropes**
    - **Digoxin (Lanoxin)**

- **Mechanism of Action:** Exhibits positive inotropic action (increases myocardial contractility) and negative chronotropic action (decreases heart rate).
- **Clinical Application in Acute Heart Failure** - The primary defect in CHF is decreased myocardial contractility. Digoxin remains a classic drug of choice to improve cardiac output.

Differential Nursing Assessment (vs. Other Cardiac Agents):

- **Atropine Sulfate:** Used to treat sinus bradycardia;
- **Propranolol (Inderal):** A non-selective beta-blocker used for hypotension/angina.
- **Verapamil (Calan):** A negative inotrope; excessive doses can actively precipitate or worsen heart failure.

C. Class IB Antidysrhythmics

- **Lidocaine (Xylocaine)**
- **Dual Clinical Profiles:** Local Anesthetic
- **Cardiac Mechanism of Action:**
  Regulates electrical activity in heart
  Reduces the **automaticity** of cardiac tissue
  Raises the electrical threshold of cardiac cells, reducing overall irritability
  - **Target:** Primarily treats dysrhythmias originating in the ventricles (e.g., PVCs,V-Track). It decreases stability of the heart

Emergency Nursing Management: Lidocaine Toxicity Protocol

Prioritization of Toxicity Manifestations (Highest to Lowest Priority)

- **Central Nervous System (CNS) Complications (Priority 1):** Early signs include **slurred speech**, dizziness, confusion, and paresthesias.
- Electrodiogram (ECG) Alterations (Prio 2): Look for a **prolonged PR interval**
- Respiratory Depression 16-20
- Mild Bradycardia 64 beats/min

D. Class III Antidysrhythmics:

- **Amiodarone (Cordarone)**
- **Indication:** Life-threatening ventricular dysrhythmias and superventricular tachycardias.
- **Pharmacokinetics & Patient Safety Education**
- Dermatologic Safety: **Photosensitivity.**

Gastrointestinal Medications & Emergency Toxicology

A. Emergency Management of Pediatric Salicylate Ingestion

- **Clinical Scenario:** Ingestion of toxic volume of children's aspirin by a toddler
- **Priority Nursing Intervention: Administer Activated Charcoal**
- Note on Coordination: While calling the Poison Control Center. Avoid giving milk or soda, which are reserved for specific neutralizing contexts.

B. Prokinetic Agents: Focus on Metoclopramide (Regian)

- **Mechanism of Action:** Dopamine receptor antagonist,

- **Application in Gastroesophageal Reflux Disease (GERD)** - by shortening gastric emptying time, it reduces the duration that the esophagus is exposed to corrosive gastric contents.
- **Side Effect Profile Education: Diarrhea**

H.pylori - Antibiotic (Metronidazole)

C. Anticholinergics/Antipasmodics
- **Dicyclomine (Antispas)**
- **Mechanism of Action:** Relieves smooth muscle spasm along the gastrointestinal tract via anticholinergic effects.
- **Application in Irritable Bowel Syndrome (IBS):** targets *hypermotility* and cramping.

Evaluating Therapeutic Effectiveness: IBS
- **normal nutritional intake and stable fluid status.**
- Note: Hypoactive/minimal bowel sounds or mucus in the stool indicate active disease process or over-medication, not therapeutic process.

D. Antidiarrheal Therapy & Contraindications
- **Salicylate Sensitivity Link: Bismuth subsalicylate (Pepto-Bismol)**- It is strictly **contraindicated**

Patient Education Errors (Diarrhea Management):
- **Contraindicated Medications:** Bulk forming laxatives like **psyllium hydrophilic (Metamucil)** should not be initiated during acute diarrhea.
- **Dietary and Reporting Rules: longer than 2 days**

Clinical/Nursing Delegation Framework:
- **For an elderly client with acute diarrhea for UAP is to place a commode to bedside**

E. Gastrointestinal Mucosal Protectants:
- **Misoprostol (Cytotec)**
- **Mechanism of Action:** A synthetic prostaglandin E1 analog; inhibits gastric acid secretion and protects gastric mucosa
- **Indication:** Prevention of NSAID-induced ulcers and management of open-cratered gastric ulcers.
- **Priority: Airway, Assessment, and Comfort**

Priority Actions for Semicomatose Patient:
- **Maintain head of head (HOB) at 35 degrees**
- **Monitor and report restlessness**
- **Place a bed protector beneath the client**
- **Log bowel patterns and monitor for vaginal spotting**
-

Psychosocial & Educational Care for Active Ulcers:
- **sit with the client to allow expression of feelings**
- Once stabilized, follow up by explaining the physiological risks of leaving an open gastric crater untreated and teach her
  (**Ranitidine(Zantac)**

- **The Risk of Laxative Dependency: Risk of drug dependence/addiction**

Respiratory System Medications & Oxygen Delivery

A. **Beta2-Adrenegic Agonists:**
   - **Albuterol & Bitolterol**
   - **Mechanism of Action:** Selectively stimulates beta2-adregenic receptors

Management of Acute Asthma Attacks

Bitolterol (Tornalate) - ultra rapid onset **3-5mins**

Evaluating Clinical Outcomes:
- **Complete relief of Wheezing**

B. **Non-Selective Adrenergic Agonists:**
   - **Epinephrine**
   - **Mechanism of Action:** stimulate alpha1, beta1, and beta2-adrenergic receptors
   - **Absolute Contraindications:**
   - **Coronary Artery Disease (CAD)**

Clinical Utility Adjustments: because it increases blood pressure and heart rate.

C. **Xanthine Derivative:**
   - **Theophylline**
   - **Mechanism of Action:** Infuses systemic bronchodilation by relaxing smooth muscle of the medullary

D. **Inhaled Corticosteriloids**
   - **Beclomethasone Dipropionate (Beclovent)**
   - **Adverse Effect Profile (Inhaled Routed):**
   - **Oral Fungal Infections (Candidiasis/Thrush):** Local immunosuppression
   - **Systemic Absorption Manifestations: delayed wound healing, and fluid retention with weight gain**

E. **Leukotriene Receptor Antagonists:**
   - **Zafirlukast (Accolate)**
   -

Patient Education Guardrails:
- **Prophylaxis Only: NEVER user Zafirlukast as a rescue inhaler during**

F. **Second-Generation Antihistamines:**
   - **Loratadine (Claritin)**
   - **Key Administration Guidelines: empty stomach** to ensure optimal GI absorption.

G. **Topical & Intravenous Decongestants:**
   - **Phenylephrine (Neo-Synephrine)**
   - **Safety threshold for Discontinuation: systemic hypertension or severe tachycardia**

H. **Expectorants**
   - **Guaifenesin (Robitussin)**
   - **Essential Patient Instructions: Full glass of water**

- Safety Warnings - inhibit platelet aggregation prone to thrombocytopenia

I. **Advanced Oxygen Delivery Mechanics: The Non-Rebreather Mask**
   - **Design & Mechanics:** Equipped with one way valve
   - **Normal Physiological Finding: WALA KANG GAGAWIN**

Practice Questions (Psychiatric Nursing)

1. A nurse is educating the patient regarding antipsychotic medication adherence and safety. Which statement is incorrect and represents a misconception..
2. A nurse observes a client with schizo who is actively gesturing and yelling at an empty corner of the dayroom, clearly responding to auditory hallucinations, which response is most appropriate?
3. A client develops extraparamydial symptoms secondary to first generation antipsychotic therapy. Which medication should the nurse expect to administer to treat these neurological side effects?
4. a client is receiving chlorpromazine to manage psychotic symptoms. Which collection of physical findings indicates that the current client is developing pseudoparkinsonism?
5. Which educational directive must a nurse prioritize when teaching a client with schizophrenia who is starting a prescription for clozapine?
6. Which nursing action is vital when planning therapeutic care for an individual diagnosed with dissociative identity disorder (DID)?
7. A nurse notes in the chart that a client with dissociative identity disorder is utilizing an unconscious defense mechanism to keep traumatic memories out of conscious awareness. Which mechanism is the nurse identifying?
8. which represent the primary clinical distinction between dissociative amnesia
9. A client experiences distinct gaps in memory and describes recurring episodes where they feel as though an entirely different entity has taken over their behavior. This presentation aligns with which condition?
10. When reviewing a client's background, which historical factor is most heavily associated with the development of a dissociative disorder?
11. According to Harry Stack Sullivan Interpersonal theory, the phenomenon of dissociation is best defined
12. While assessing a patient suspected of experiencing a dissociative disorder, the nurse understands that these conditions are fundamentally characterized by which of the following?
13. Which response is most therapeutic when dealing with a client who presents with persistent repetitive somatic complaints of physical pain despite unremarkable medical evaluations?
14. A client exhibits a pattern of denying obvious personal difficulties, voicing deep feelings of guilt or shame, expressing a belief that they cannot handle life challenges and regularly blaming others for their issues. Which nursing diagnosis fits this clinical profile?

15. Shortly after admission for bipolar mania, a client starts shouting verbally aggressive remarks during a structured group session. Which statement by the nurse represents a therapeutic intervention?
16. An individual in an acute manic state frequently uses condescending language toward other patients and insists on immediate personal favors from the clinical staff. Which approach is best for the nurse to implement?
17. The family members of a client with bipolar disorder are worried that their loved one is slipping into a manic episode. The nurse explains that which core clinical features typically identify this phase?
18. A client undergoing a manic phase arrives at the unit common dining area wearing heavy, theatrical make up and highly revealing, uncharacteristic clothing. How should the nurse constructively manage this presentation?
19. The nurse is designing a discharge educational plan for a patient who will continue taking lithium at home. Which statement should the nurse omit from the instructions, as it constitutes unsafe clinical guidance?
20. A nurse reviewing the lab reports for a client maintained on standard lithium therapy. Which serum range signifies a safe, therapeutic maintenance concentration?
21. During the initialization of lithium carbonate treatment for maniac clients, which cluster of adverse effects should tje nurse closely track as potential indicators of drug toxicity?
22. A patient diagnosed with bipolar disorder is managed with lithium therapy the nurse evaluates the client's lab results and recognizes that the serum drug concentration has reached
23. An individual experiencing an acute manic episode due to bipolar disorder is admitted to an inpatient psych unit. Which combination of medications should the nurse expect the healthcare provider to describe?
24. While completing an assessment, a nurse listens to a client with bulimia nervosa describe eating large quantities of raw cake mix and tubs of whipped cream during binding episodes, the nurse experiences an internal wave of disgust and want to tell the client
25. A nurse notices that a newly assigned client exhibits a demanding, overbearing demeanor that strongly mirrors the personality of the nurse’s own mother; the nurse schedules a session with a peer clinical supervisor to discuss reactions this behavior demonstrates.
26. Negotiating and establishing the explicit boundaries of medical confidentiality occurs during which distinct phase of the nurse client interaction?
27. Which core psychological element serves as the essential bedrock that must be established during the initial stage of any therapeutic nurse client relationship?
28. When a nurse actively assists a client in exploring and verbalizing internal feelings while facilitating adaptive behavioral changes the alliance is operating in which specific phase?
29. During the orientation phase of a therapeutic nurse-client alliance, the nurse carries out several key interventions. Which activity is the exception and does not belong in this phase?

30. A professional nurse is asked to summarize the defining characteristics of a therapeutic nurse patient relationship. Which combination of statements is correct?
31. Self awareness is crucial to prevent clinicians from inadvertently imposing personal values on a patient. The operational concept of the “therapeutic use of self” within the nurse patient dynamic was originally detailed by:
32. The johari window is a diagnostic model used to evaluate self awareness. Personal attributes, behaviors and motivations that are recognized exclusively by the individual but remain hidden from others are located in which quadrant?
33. Which nursing theorist established the foundational model for the therapeutic nurse patient relationship, offering the first structured theoretical framework for modern psychiatric nursing practice?
34. A parent brought an adolescent to the emergency department because of bizarre behavior lasting for the past three hours. The nurse notes hypervigilance, grandiosity, irritability, elevated bp, tachycardia, and occasional cardiac arrhythmias, the nurse recognized that the kidding most likely ingested:
35. A client is admitted to the detoxification unit experiencing acute alcohol withdrawal. Which nursing diagnosis must be given the highest clinical priority?
36. Which statement best reflects a family systems theory explanation for the development and maintenance of substance abuse disorders?
37. According to the principles of the ecological theoretical perspective, clinical professionals view violent behavior as being:
38. A nurse is formulating a plan of care for a vulnerable older adult client who has been confirmed as a victim of physical abuse. The priority nursing focus must be directed towards:
39. To provide effective and therapeutic advocacy for a female victim of intimate partner violence, the nurse must first execute which action?
40. When initiating an assessment of a family unit experiencing domestic violence, Which factor must the mental health nurse investigate first?
41. A female client present to the emergency department reporting a recent sexual assault. The client is crying hysterically and states that she cannot believe it happened because the perpetrator is her closest friend. After addressing her acute distress, how should the nurse respond?
42. Five month followinf a sexual assault, a client present with a persistent inabiliyy ti concentrate, poor appetite, chronic insomia, and intemse self blmae, the nurse identifies these symptoms
43. What constitutues the primary objective for a nurse providing crisis intervention to a cliene who has survived a sexual assault?
44. A client prescribed a haloperidol (haldol) exhibits a sudden spiking temp severe generalized muscle rigidity, elevated bp and acute changes in mental status. The nurse suspects which adverse condition?
45. Under which assessment finding should the nurse withhold a regularly scheduled dose of haloperidol (haldol)?

46. A pt with a history of schizo is admitted following an episode of suicidal ideation. The patient tells the nurse " sinasabi sa akin ng diyos na patayin ko na nag sarili ko". Which response by the nurse is most therapeutic?
47. A nurse is assigned to care for a client with schizophrenia who is experiencing sensory perceptions that have absolutely no root in objective reality. This clinical finding answer: hallucinations
48. An admitted patient reported seeing live snakes crawling on the walls of the medical unit and exhibits severe distress. The nurse recognized this symptom as an

PSYCHIATRIC NURSING (ENHANCEMENT)

Mood Disorders-Bipolar Disorder Management

A. Clinical Manifestations of the Manic Phase

- **Core Assessment Signs: euphoric, expansive, or irritable moods lasting at least 1 week.**

Key Indicators Include:

- ***Flight of ideas (rapid shifting of thoughts)***
- ***Inflated self-esteem or grandiosity***
- ***Decreased need for sleep and physical restlessness.***
- ***Increased talkativeness, extreme distractibility, and high-risk behaviors.***

Inappropriate Attire/Behavior - (e.g., bright make up, revealing clothes), deviating from their baseline.

Nursing Action: ***Gently direct the client to their room and help them change into customary clothing.***

B. **Behavioral Interventions & Milieu Management**

- **Demanding and Belittling Behaviors:** Manic clients frequently demand special favor and belittle others.
- **Nursing Action: Set clear limits with consequences**
- **Verbal Aggression:** If a client becomes verbally aggressive
- **Therapeutic Response:** "You're disturbing the other clients. I'll walk with you around the patio to help you release some of your energy"

C. Psychopharmacology: Mood Stabilizers

- **First Line Agents**
- **Lithium Carbonate and Valproic Acid** - are the primary drugs for manic episodes
- Note: Antidepressants like Bupropion (Wellbutrin) are not used for active mania, and antipsychotics are classified separately

Lithium Monitoring & Labs

- **Therapeutic Range**: 0.6 to 1.2 mEq/L
- **Toxicity threshold:** 1.5 to 2.0 mEq/L or greater are considered toxic
- Frequency: Check levels every 2-3 days

Lithium Toxicity Signs to Monitor: Early Alert

- **diarrhea**

- **anorexia**
- **fine hand tremors**
- **a metallic taste in the mouth**
- **fatigue**
- **lethargy**

Patient Discharge Teaching

Administration: Take with meals to minimize nausea

Hydration: Drink 10 to 12 glasses of water daily to reduce thirst and maintain fluid balance

Sodium Balance: Maintain a ***consistent*** dietary sodium intake. High salt increases lithium elimination

Missed Dosing: if a dose missed, **never double the amount**

Anxiety, Coping, and Dissociative Disorders

A. Chronic Low Self-Esteem vs. Somatic Pain

- **Chronic Low Self-Esteem:** characterized by a long-standing negative self-evaluating
- **Addressing Somatic Pain Complaints:** when a patient has repeated physical complaints with negative clinical test results, focus on the nurse-patient relationship.
- **Therapeutic Response**: "I know the feeling is real, but tests revealed negative results.

B. Mechanics of Dissociative Disorders

- **Etiology:** Dissociative Disorder **produced by extreme anxiety**
- **Primary Factor: Child Abuse**
- **Defense Mechanism: Repression** is the primary defense mechanism used, explaining the sudden loss of conscious awareness.

C. Major Dissociative Profiles

- **Dissociative Identity Disorder (DID)** - possess two or more distinct identities.
- **Dissociative Fugue** - prolonged wandering (palaboy), has no memory of the time spent in the fugue state.
- **Depersonalization** - feeling of living in a dream or movie or watching oneself from a vantage point.

Nursing Care for DID:

- **Maintain absolute consistency**
- **Do not confront**
- **Do not isolate**

Antipsychotic Pharmacotherapy & Schizophrenia Care

A. High-Risk Antipsychotic Medications

- **Clozapine**
- **Critical Adverse Effect: Agrabulocytosis**
- **Priority Action: sore throat or fever**
- **Lab Requirements: Weekly WBC counts** are mandatory throughout treatment and for 4 weeks of stopping.

- **Side Effects:** Orthostatic Hypotension (dizziness upon standing).

Thioridazine(Mellaril)

- **Black Box Warning:** Can cause a prolonged QT interval, predisposing the client

B. Managing Extrapyramidal Symptoms (EPS)

- **Pseudoparkinsonism -** Appears 1-5 days after initiation
- **Akathisia:** occur within weeks;
- **Dystonia & Oculogyric Crisis:** Occurs within minutes to hours. **This is a medical emergency.**
- **Antidote Therapy: Biperiden (Akineton), Dipenhydramine(Benadryl), Benztropine (Cogentin)**

C. Clinical Communication & Patient Education

- **Managing Auditory Hallucinations**
- **Intervention:** Acknowledge their reality but present ground truth "I know you hear voices, but I do not hear them"
- **Safety Warning: Never touch a hallucinating patient without warning.**

General Antipsychotic Teaching Rules:

- **Dry Mouth:** Manage this common anticholinergic effect with sugar free-candy
- **Missed Doses:** Take the dose if it is less than 3-4 hours late. **More than 4 hours overdue,** omit dose entirely to prevent accidental toxicity.

Schizophrenia Spectrum & Psychotic Alterations

A. Core Alterations in Reality Testing
   - Hallucinations: **no basis reality**
   - Delusions: Fixed, false beliefs that persist despite conflicting, rational evidence.
   - Psychosis: A broad mental state in which an individual's contact with reality is severely impaired
   - Delirium: A rapid, acute change in consciousness and cognition.

B. Disturbed Speech Patterns in Schizophrenia

   - **Perseveration:** Persistent adherence to a single idea or topic.
   - **Neologisms:** Invented or newly coined words by the client that have a symbolic meaning known only to them.

C. Therapeutic Communication for Active Hallucinations
   - Priority Action: **Acknowledge feelings, present reality, and ensure immediate safety.**
   - **Therapeutic Response:** "I understand the voices are realt to you,

Antipsychotic Psychopharmacology & Complications

A. Haloperidol (Haldol) Nursing Considerations
   - Classifications: First Generation (typical) antipsychotic

B. **Neuroleptic Malignant Syndrome (NMS**)
   - Definition: **potentially fatal**

Clinical Presentation:

- **Hyperpyrexia (**Very High Fever)

Priority Nursing Action:

- **Withhold the schedule dose**

Crisis Intervention, Trauma, & Family Violence

Crisis Intervention

- **Primary Intervention: pre-crisis level of functioning**

Sexual Assault and Crisis Intervention

- **PTSD - Last for more than 1 month**
- Contrast: **Adjustment Disorder. Somatoform Disorder** involves physical complaints without any underlying organic cause.

Acquaintance/Date Rape Dynamics:

- Sexual assault is frequently perpetrated by someone known and trusted by the victim.

Nursing Communication: Confront denial directly but gently with objective facts: “Rape is not limited to strangers and is frequently perptrated by someone know to the victime”.

B. **Domestic Violence and Abuse Assessment**

- **Initial Family Assessment Focus: coping style of each individual family member**
- **Priority for Elder/Physical Abuse: Patient safety is always first.**

Substance Use & Family Systems

A. Theoretical Perspectives on Addiction

- Family Systems Theory: **addiction shifts the family focus**

B. Alcohol Withdrawal Priority Nursing Care

- **Prior nursing dx: Risk for Injury**
- **Rationale: Delirium Tremens, seizure precautions**