

Chronic Paranoid Schizophrenia Write Up

Paranoid schizophrenia is a disease characterized primarily by hallucination, delusions, disorganized speech, disorganized or catatonic behavior, and negative symptoms. These negative symptoms often include apathy, lack of motivation, flat affect, social withdrawal, anhedonia, and more. These negative symptoms alongside hallucinations and delusions causing social problems, schizophrenic people often have trouble remaining integrated in their social circles, previously enjoyed activities, and organizations such as school, church, or work. The length of time Charlotte has been diagnosed is unknown, but her hallucinations seem cemented to her and at the age of 44 she more than likely has been diagnosed for an extended period of time. Her religious orientation also would support the possibility of her hallucinations and delusions being religiously charged, hence her delusion of a demon in her brain. My priority concerns are the safety of her and the people around her and her adherence to medication. Her anxious, fearful, occasionally aggressive, and fluctuating mood could prove to be dangerous and problematic if not worked with in an appropriate manner. Milieu therapy, therapeutic communication, and a calming nursing presence are important interventions to help maintain consistency of mood and affect. This was demonstrated as the previous nurse sat alongside Charlotte and ate nibbles of her lunch to help promote her remaining calm and eating her lunch, this resulted in Charlotte eating half her lunch and later asking for a snack. This exacerbation is highly contributed to by her cessation of meds for six days supporting the importance of medication consistency. Thorough education on importance as well as collaborating with case workers to provide any resources necessary to obtain and consistently take her medication. I would recommend a SI/HI assessment alongside assessment of the command hallucinations. This will help us determine risk of harm to self or others and pinpoint the problems that the hallucinations are producing. This is important because she states the demon threatens her but we want to know exactly what that means. I

would also assess her support system and coping mechanisms. Having deceased parents, an alcoholic brother, and a depressed sister that both don't live near her immediately takes away her close family support system. Support and coping mechanisms are an important part of getting healthy and staying healthy. To my knowledge, my anticipated meds would be an antipsychotic such as Haldol and an antihistamine such as diphenhydramine to help with the anticholinergic effects of the Haldol. It is important to properly communicate with Charlotte, we must support her while not supporting her delusions. We can tell her that we understand why she might be fearful of things but we can assure her that she doesn't need to. We can also assure her of her safety and security due to her being very paranoid. Due to her having increased fearfulness while talking about her hallucinations, it would be best to not push her to talk about them when not necessary but make sure to listen and help calm her while she is.