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8. Focused Nursing Diagnosis: Schizophrenial Schizoaffective	12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Maintain low level of stimuli	
9. Related to (r/t): Risk for self-directed or other-directed violence	Evidenced Based Practice: 1. anxiety level rises in a stimulating environment 2. observe client's behavior frequently & listen	13. Patient Teaching: 1. Alert nurse of side effects from medica susterna. 2. Alert if S.I. occur or if H.I occur. 3. Keep millies low stimuli.
10. As evidenced by (aeb): lack of trust panic level or anxiety command hallucinations delusional thinking	Evidenced Based Practice: 1. close observation is necessary so that intervention can occur if required to ensure client safety. 2. remove all dangerous objects from client's environment	14. Discharge Planning/Community Resources: 1. Recommendation for outpatient facilities 2. Adhere to medication regimen + instruction 3. Do not stop meds abruptly.
11. Desired patient outcome: recognize signs of increasing anxiety & agitation + report to staff client will not harm self or others	Evidenced Based Practice: 1. his or her state client may not use them to harm self or others	2. Alert HCP if S.I or H.I occur again.