

Firelands Regional Medical Center School of Nursing
Nursing Care Map

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Noticing/Recognizing Cues:

Highlight all related/relevant data from the Noticing boxes that support the top priority problem

Assessment findings*:

- Anxiety 10/10
- Depression 8/10
- Easily agitated
- Visual Hallucinations
- Fidgeting
- Avoidant of others
- Trouble sleeping
- Impatient
- Pacing through halls
- Clenched fists

Lab findings/diagnostic tests*:

- RDW: 15.7 (H)
- Mono #: 1.6 (H)
- Carbon Dioxide: 17.4 (L)
- Anion Gap: 17.8 (H)
- Alkaline Phosphate: 121 (H)
- Temperature: 97.5 (L)

Risk factors*:

- Hx of Schizoaffective disorder
- Hx of depression & anxiety
- Hx of bipolar disorder
- Hx substance abuse
- Smoker 1 PPD
- Non-compliant with medications
- Anger management issues
- Hx of Suicidal behavior
- Family history of mental illness
- Loss of 2 children
- Alcohol, cannabis, and methamphetamine use
- Hallucinations
- Rage reactions
- Negative body language

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities* : ***Highlight the top nursing priority problem***

- Risk for Self Directed Violence
- Disturbed Sleep Pattern
- Disturbed Thought Process
- Impaired Mood Regulation
- Ineffective Coping

Goal Statement: The patient's agitation will be maintained at manageable level. Within 5 days, the patient will recognize signs of increasing anxiety and agitation and report to staff for assistance with interventions.

Potential complications for the top priority:

- Depression
 - Loss of interest in usual activities
 - Delusions & hallucinations
 - Loss of appetite
- Anxiety
 - Restlessness
 - Insomnia
 - Increased heart rate and blood pressure
- Disturbed thought process
 - Substance misuse
 - Disorientation
 - Impaired judgement

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Maintain low level of stimuli in the patient's environment AAT. Rationale: anxiety and agitation rise in a stimulating environment
2. Observe the patient's behavior frequently Q15MIN. Rationale: close observation is required so intervention can occur if needed to ensure the patient's safety
3. Remove all dangerous objects from the patient's environment AAT. Rationale: When pt is in an agitated state, they cannot attempt to hurt self or others
4. Try to redirect agitated behavior with physical outlets as needed. Rationale: physical exercise is a safe and effective way to relieve pent-up tension
5. Intervene at first sign of increased anxiety, agitation, or verbal/behavioral aggression. Offer empathetic response to the patient's feelings. Rationale: Validation of the patient's feelings conveys a caring attitude and offering assistance reinforces trust.
6. As the patient's anxiety increases, offer some alternatives such as; physical activity, talking about the situation or antianxiety medications. Rationale: offering alternatives demonstrates a patient centered approach and offers the patient control over the situation.
7. Administer Haloperidol 5mg PO BID as ordered by physician. Rationale: to treat schizophrenia and manic states
8. Administer clordiazepoxide 10mg PO TID as ordered by physician. Rationale: to treat anxiety
9. Administer mirtazapine 7.5 mg PO @HS as ordered by physician. Rationale: to treat major depressive disorder
10. Administer hydroxyzine 50 mg PO Q6HR PRN as ordered by physician. Rationale: to treat anxiety
11. Administer olanzapine 5mg PO/IM Q6HR PRN as ordered by physician. Rationale: to manage a manic episode and treat acute agitation
12. According to skyscape, "Giving client as much control as possible within constraints of individual situation enhances self-esteem and promotes confidence in ability to change behavior." (Doenges, Risk for self-directed violence)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Pt states he is a little better on 6/12
- Pt denies current visual or auditory hallucinations
- Pt denies suicidal thoughts
- Pt reports feeling agitated
- Pt pacing halls and experiences restless legs while sitting
- Pt reports anxiety 8/10
- Pt reports depression 8/10
- Continue Plan of Care

Reference: Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurse's pocket guide: Diagnoses, prioritized interventions, and rationales*. F.A. Davis Company.

Morgan, K. I. (2024b). *Pocket guide to Townsend's Psychiatric Nursing Karyn I. Morgan*. F.A. Davis Company.