

**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\*:**

- Delusions of Reference (God) BP 151/79
- Clang Associations Poor appetite
- Perseveration
- Auditory Hallucinations
- Bland or Flat Affect
- Apathy
- Lack of Interest (Morgan et al., 2024)
- Lack of Insight (poor)
- Judgment (poor)
- Affect: dysphoric
- Mood: dysthymic
- Anhedonia
- Pacing and Rocking
- Religiously preoccupied (Needs to go see God)
- Anxiety 10/10
- Suicidal Ideation (plan walking into the water to go to God)

**Lab findings/diagnostic tests\*:**

**ECCG**

- Vent Rate 103 bpm Atrial Rate: 103 bpm
- P-R Int: 158 ms QRS Dur: 112 ms
- QT Int: 348 ms P-R-T Axes: 061 100 047 degrees
- QTc Int: 455 ms
- Sinus tachycardia
- Rightward Axis

- Neut# (Auto) 8.3H
- Lymph (Auto) 15.0
- HR 105

**Risk factors\*:**

- Lack of Trust (feels that ppl are making decisions for him)
- Delusional Thinking
- Anxiety
- Suicidal Ideation
- Stabbed self in neck (5/22/24)
- Impulsivity
- Age 22 (High risk for suicide)
- Ziprasidone
- Cyclobenzaprine
- Anorexia (doesn't want to be triggered by temptation)
- Predisposing Factors (family history)



**Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:**

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

- Risk for Self-Directed Violence
- Ineffective Coping
- Social Isolation
- Disturbed Sensory Perception
- Auditory hallucinations

**Goal Statement:** Patient will not harm self by discharge

**Potential complications for the top priority:**

- Death by Suicide
  - Pt being disconnected from surroundings
  - Pt stating, he has to "get to God"
  - Pt stating that he has bad thoughts that he is in Hell
- Anxiety
  - Increased HR, muscle tension, difficulty sleeping
  - Unable to relax, feeling like ppl are making decisions for him
  - Social isolation
- Depression
  - Restlessness, withdrawal, detachment, difficulty sleeping, thoughts of confusion because pt states he does not understand why he is in hospital, loss of interest
- Anorexia
  - Pt has not been eating because he does not want to be triggered by temptation
- Insomnia
  - Due to anxiety
- Delusions
  - Pt states he believes his parents are being used by Satan
  - False beliefs that are inconsistent with the persons intelligence
- Paranoia

## Responding/Taking Actions:

### Nursing interventions for the top priority:

1. Assess patient's behavior every 15 minutes
  - a. Ensure the patient does not start to feel agitated,
2. Assess patient for future goals Q24H
  - a. Ensure that they are looking into their future and not suicidal thoughts.
3. Assess patient's readiness for restraint removal or reduction Q12 or prn
  - a. Agitation decreases
  - b. Pt no longer needs to be 1:1
4. Assess patient for contributing factors related to suicide attempts Q12H
5. Pt states "I have bad thoughts that I am in Hell"
  - a. He feels like he feels God
  - b. Stabbing himself in the neck "trying to get to God"
6. Maintain low-level of stimuli Q4H or prn (Morgan et al., 2024)
  - a. Dim the lights
  - b. Remove pt from situations of stress/loud noises

Remove all dangerous objects from patient's environment Q4H or prn

  - c. Ensure patient's safety and avoid suicide attempts
7. Interact with patient to better understand thought process, thought content, and perceptions Q4H or prn (Morgan et al., 2024)
  - a. Pay particular attention to any content that might suggest risk for violence toward self or others

Educate pt on Deep breathing/relaxation techniques Q1H or prn

To reduce pt anxiety

8.  
9.



## Reflecting/Evaluate Outcomes:

### Evaluation of the top priority:

Anxiety 10/10

HR 100

Pt had no suicidal ideation

Pt continues to have dysthymic mood

Pt continues to have poor judgement

Pt states he wasn't hungry, but would eat when I would give him food

Pt continues to take cyclobenzaprine and ziprasidone

**\*Continue with plan of care**

BP 115/75

No new ECG

Pt continues to "hear God" (Auditory Hallucinations)

Pt continues to have dysphoric affect

Pt continues to have poor lack of insight

No new Lab draws for patient

## Reference:

Morgan, K. I. (2024). Schizophrenia Spectrum and Other Psychotic Disorders. In *Pocket guide to townsend's psychiatric nursing Karyn I. Morgan* (12th ed., pp. 111–135). essay, F.A. Davis Company.