

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Noticing/Recognizing Cues:

Student Name _____

Date _____

Assessment findings*:

- BP- 119/58
- Pulse- 63
- RR- 16
- Temp- 97.9
- Tousled hair
- Unstabilized mood
- Paranoid thoughts
- Denial of illness
- Homicidal thoughts
- Anxiety 3/10

o Essentials of Psychiatric Mental-Health Nursing states “Anxiety is a persistent, unrealistic, and excessive worry and uneasiness, which have occurred more days than not for at least 6 months.”
(Morgan, 2023, pg, 479)

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

Lab findings/diagnostic tests*:

- Triglycerides- 59
- Cholesterol- 154
- LDL Cholesterol- 75
- HDL Cholesterol- 11
- Vitamin D- 25.5 (L)

Risk factors*:

- 22 years old
- Mood disorder
- Unspecified psychosis
- Poor support system
- Military personal in the National guard
-

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

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

- Ineffective denial
- Ineffective coping
- Risk for homicide
-

Goal Statement: Patient will display acceptance

Potential complications for the top priority:

- Anxiety
 - o Sweating
 - o Heart palpitations
 - o Nausea
- Suicidal ideations
 - o Changes in behaviors
 - o Unbearable emotions
 - o Difficulty concentrating
- Substance usage
 - o Constricted or dilated pupils
 - o Slurred speech
 - o Weight changes

Responding/Taking Actions:

Nursing interventions for the top priority:

1. Create a safe environment for the patient daily.
Rationale: Creating a safe environment for her physically and mentally will help her to open-up and realize the reality of the situation while being in a controlled environment
2. Identify situation or problem and her perception of the situation daily or PRN.
Rationale: Understanding her perception of the situation lets me know her thoughts and behaviors towards it, as well as helps monitor for possible growth or getting worse.
3. Encourage expression of feelings and thoughts and accepting her view of the situation without confrontation daily.
Rationale: This lets her express what is going on in and her side of the situation without being told she is wrong and will also help set goals for assisting her to recognize. the need to change some thinking or behaviors.
4. Geodon 20 mg Daily
Rationale: To treat her unspecified psychosis
5. Vistaril 50 mg PRN
Rationale: To help her with anxiety
6. Zyprexa 5 mg PRN
Rationale: To help treat her with acute mania
7. Desyrel 50 mg PRN
Rationale: To help treat her with depression
8. Educate patient on importance of taking her medication daily.
Rationale: To help control anxiety, depression or manic episodes.
9. Encourage therapy daily.
Rationale: To improve her emotional and psychological well-being.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

Reassessed vitals:

- BP- 121/63
- Pulse- 70
- RR-16
- Temp- 98.0
- Hair was still unkempt
 - o She refused to shower; hair was put up but not washed
- Unstabilized mood
 - o States being happy and then mad a few seconds later.
- Denial of illness
 - o Stated she is not supposed to be in, and she should be sent home
- Homicidal thoughts gone
 - o Denies she does not want to her anyone in their or at home at the base she is on in the military.

- o Modify plan of care.
- o I would modify the plan of care by recommended to the patient that medication will take make her feel better and will help her in a positive way with her emotions. I would also recommend education on the importance of hygiene and how that can contribute to make her feel a little bit better and how important it is for health reasons as well.

Reference: Morgan, K. I. (2022). *Davis Advantage for Townsend's Essentials of Psychiatric Mental-Health Nursing* (9th ed.). F. A. Davis Company. <https://fadavisreader.vitalsource.com/books/9781719647564>