# Firelands Regional Medical Center School of Nursing
## Nursing Care Map

**Student Name** _____ **Date** _____

**Noticing/Recognizing Cues:**

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

### Assessment findings*:

Blood pressure 146/75
Pulse 98
Respiratory rate 18
Temperature 97.8
O2 98
Dysthymic mood
Slow and disorganized thought process
Delusional thoughts
Poor insight
Poor judgement

### Lab findings/diagnostic tests*:

Cholesterol 227 (high)
LDL 159 (High)
Valproic acid 46.6 (low)

### Risk factors*:

History of anxiety
History of family mental health disorder
History of depression
History of psychosis
Lives at home with parents

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

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

Risk for Suicide
The patient will form a safety plan and identify triggers, coping skills, and emergency contacts.

Risk for self directed violence
Patient will demonstrate self control as evidenced by relaxed posture and nonviolent behavior.

Hopelessness
Patient will identify and use coping mechanisms to counteract feelings of hopelessness.

Ineffective coping
Patient will identify ineffective coping behaviors and consequences.

Ineffective health self-management
Patient will verbalize acceptance of need and desire to change actions to achieve agreed-on health goals.

### Potential complications for the top priority:

Easy access to weapons
- Job containing weapons
- Home containing guns
- Friend or family with access to weapons

Apathy; Self negligence
- Lack of motivation
- Lack of interest
- Difficulty completing task

Low self-esteem
- Negative self talk
- Fear of failure
- Blaming oneself

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**Responding/Taking Actions:**

**Nursing interventions for the top priority:**

Create a safe environment for the patient on admission (Morgan & Townsend, 2021) : Doing this on admission ensures that there are no objects that could be potentially harmful brought in like traps, belts, and any glass object.

Assess patient intent and plan for suiduce on admission: There is a greater risk of suicide if the patient has a plan and a way to execute it.

Observe patient history on admission: Want to find out any pertinent information on the patient's chart that can help with his stay on the unit.

Observe patients behavior and check up on patient every 15 minutes: This can help keep an eye on the patient and determine if the patient is feeling less or more suicidal.

Establish rapport and a therapeutic relationship with the patient on admission: Having a therapeutic relationship can help the nurse better understand how the patient is feeling, and find the proper way to care for him.

Administer Iloperidone 2mg PO TID: Administer for antipsychotic effects.

Administer Lorazepam 1mg PO daily: Administer for anxiety.

Administer Sertraline 25mg PO daily: Administer for depression.

Administer Divalproex sodium 750mg PO at 2200: Administer for anticonvulsant effects

Administer acetaminophen 500mg PO PRN: Administer for fever.

Administer Benztropine 1mg IM q6h PRN: Administer Dystonia.

Administer Cyclobenzaprine 10mg PO q8h PRN: Administer for headache.

Administer Hydroxyzine pamoate 50mg PO q12h PRN: Administer for anxiety

Administer Ibuprofen 400mg PO q6h PRN: Administer for pain.

Administer Maalox 30mL PO q6h PRN: Administer for indigestion.

Administer Milk of Magnesia 30mL PO q6h PRN: Administer for constipation.

Administer Olanzapine 5mg IM q6h PRN: Administer for agitation

Administer PRomethazine 25mg PO TID PRN: Administer for migraines

Administer Trazodone 50mg PO every hour PRN: Administer for insomnia.

Encourage patient to express their feelings open and honestly when needed: This can help the patient establish a trusting relationship and understand where the patient's head is at.

**Reflecting/Evaluate Outcomes:**

**Evaluation of the top priority:**

Dysthymic mood

Slow and disorganized thought process

Delusional thoughts

Poor insight

Poor judgement

Cholesterol 227 (high)

LDL 159 (High)

Valproic acid 46.6 (low)

Continue plan of care.

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