Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name __Colleen Camp _____ Date ___6/19/2025_____

Noticing/Recognizing Cues:

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

Assessment findings*:

- Hyperverbal/ rapid speech
- Paranoid- thinks a woman named Hannah is trying to kill him
- Racing thoughts
- Obsessive thoughts
- Disrupted sleep
- Liable affect
- BP 154/98
- Glasses
- Religiously preoccupied – thinks he's the pope.
- Anxiety 7/10

Lab findings/diagnostic tests*:

- AST- 42 H
- ALT 81 H
- Vitamin D 21.4 L
- Positive Urine test for marijuana

Risk factors*:

- Everyday nicotine smoker
- History of mental abuse
- History of physical abuse
- History of sexual abuse
- History of anxiety
- Auditory hallucinations
- Visual hallucinations
- History of substance abuse
- History of PTSD
- History of hypertension

Interpreting/Analyzing Cues/ Prioritizing Hypotheses/ Generating Solutions:

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

- Disturbed thought process
- Risk for injury
- Impaired impulse control
- Ineffective coping
- Impaired mood regulation
- Liable emotional control
- Post trauma syndrome
- Risk for loneliness
- Ineffective self-health management
- Impaired social interaction

Goal Statement: Patient will be have improved cognitive functioning and decreased delusions by discharge.

Potential complications for the top priority:

- **Risk for self-injury: hopelessness, isolated behavior, cuts or self-harm marks, inability to maintain a relationship.**
- **Depression: extreme fatigue, weight loss or gain, loss of interest in activity's, isolated behavior, flat affect.**
- **Impaired communication: poor concentration, inability to hold a conversation, disorganized speech, racing thoughts, withdrawal from conversations.**

Responding/Taking Actions:

Nursing interventions for the top priority:

1. **Therapeutically communicate with the patient during every interaction and daily; This is to establish and maintain trust and rapport with the patient.**
2. **Assess attention span and ability to make decisions or problem solve daily; This is to determine how well the patient will be able to participate in the plan of care.**
3. **Assess level of anxiety daily; this helps to determine the need for pharmacological or nonpharmacological intervention to prevent an anxiety attack from occurring.**
4. **Preform neurological and behavioral assessments Q6hr; This helps to compare with baseline and note changes in cognition, and to promote early recognition of symptoms to decrease behavioral outbursts.**
5. **Administer Paliperidone 24hr ER 6mg PO daily; This is to maintain treatment of schizoaffective disorder.**
6. **Administer Hydroxyzine pamoate 50mg PO Q6hr and PRN; This medication is to help with anxiety and decrease incidences of panic attacks.**
7. **Administer Trazadone 50mg P0 QHS PRN; This helps with insomnia and depression.**
8. **Administer Benztropine 1mg PO Q6HR PRN; to prevent extrapyramidal side effects of antipsychotic medications.**
9. **Administer Ziprasidone 20mg PO Q6hr PRN; to reduce symptoms of mania related to bipolar disorder.**
10. **Educate on support groups and counseling services before discharge; This is to help the patient continue with their plan of care outside the hospital and let them know that there are people out there who are willing to listen and hear their story if they want to talk to someone.**

(Morgan & Townsend, 2021)

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- **Anxiety 2/10- decreased**
- **Sleep remains the same**
- **Speech is slowed and calm**
- **Religious preoccupation remains the same**
- **Racing thought have decreased**
- **Paranoia is decreased**
- **Obsessive thought remains the same**

Will continue plan of care.

Reference: Morgan, K. I., & Townsend, M. C. (2021). *Pocket guide to psychiatric nursing* (11th ed.). F.A. Davis.