

Medication Template

mc: Justine Funneeman

Medication: Zoloft Sertaline

Expected Pharmacological Action: a selective serotonin reuptake inhibitor. Zoloft helps correct the chemical imbalance of serotonin in the brain
prevents reuptake of serotonin

Chart Documentation

Zoloft 50mg
take 1 PO at 7am with 25mg
Zoloft 25mg
take 1 PO at 7am with 50mg

Therapeutic Uses

Use to treat depression, panic attacks, OCD, PTSD, social anxiety disorder + a severe form of premenstrual syndrome

Nursing Interventions

Assess for suicidal tendencies
Monitor appetite + nutritional intake
Assess for serotonin syndrome
Monitor mood changes
Depression
Suicidal tendencies
Assess for OCD
panic attacks

Adverse Effects

Common: drowsiness, tiredness, feeling anxious or agitated; indigestion, nausea, diarrhea
loss of appetite, sweating, tremors or shaking
Sleep problems (insomnia), decreased sex drive, impotence, or difficulty having orgasm.

Contraindications

taking or within 14 days of stopping MAOIs because of an increased risk of serotonin syndrome
• taking pimozide
• with known hypersensitivity to sertraline

Client Education

take as directed
watch for drowsiness/dizziness
Watch for suicidal tendencies

Medication /Food Interactions

Alcohol
St John's Wort

Medication Administration

PO

Medication Effectiveness

Increased sense of well being
renew interest in surroundings
Decreases panic, PTSD, anxiety

CARE PLAN

Nursing 310

Client Information Cover Sheet to be used for Care Plan. Attach as a cover sheet when turning in for grading.

Pt. Initials

AW

Age

11

Gender

F

Other demographic data

Caucasian, English, single

DSM -IV Diagnoses

- Axis I: aggression, impulse control
- Axis II: clinical disorders, anxiety, mood disorder, schizophrenia, + other psychotic disorder
- Axis III: personality disorder + mental retardation
- Axis IV: general medical conditions, diseases or disorders that are related physiologically to the mental disorder
- Axis V: psychosocial + environmental problems / family problems
- Axis V: global assessment of functioning, pts general level of functioning

NANDA Diagnoses:

Risk for suicidal ideations, self-harming, and assault / aggression

Mental Status Exam Findings (be sure to be VERY descriptive)

- Appearance pt has appropriate hygiene
- Behavior- impulsive, combative, attention seeking
- Attitude- ~~agitated~~ agitated
- Speech- coherent
- Mood- anxious, agitated, irritable
- Affect- inappropriate

Right Content

- Thoughts- suicidal / homicidal
- Delusions- N/A
- Hallucinations- N/A
- Obsessions- N/A
- Compulsions- N/A
- Phobias- N/A

Orientation- X3

Memory

Remote- intact evidenced by accurate ability to track conversation, recall events of yesterday and recalls her age

Reasoning

Judgment- poor as evidenced by getting very agitated / angry over minimal provocation

Calculations- average for age

Intelligence- average based on vocab and past contact

Insight

very poor - denies suicidal / homicidal ideations, cannot explain what makes her mad

Allergies:

NKDA

Factors that

Lead to

Threatening, suicidal, homicidal, aggression, angry
"Clt is very destructive and verbally abusive. Clt is out of control with her behavior. Very distracted but oriented"

Treatment:

Significant

Psychiatric

8yr old - aggression
9yr old - aggression
Oct 2017 - aggression

History:

Family: DCFS because mom could not care for her

History:

Strengths: responds well to structure, verbal, fairly good physical health aside from her tooth

Support:

System: DCFS

Discharge Plans (YOURS FOR THE CLIENT)

- Continue coping mechanisms outside of facility
- Set up counseling
- Find a good support system to go to for comfort

Medications (Medication Template): *Medication template is included in this packet

Medication list:

Clonidine	0.05mg PO
Clonidine	0.1 200 mg PO
Clonidine	0.2 mg PO
Trileptal	300mg PO
Risperdal	1mg PO
Risperdal	0.5mg PO

<p>Risk for suicidal actions</p>	<p>1. pt will notify nurse or staff if they continue to want to harm suicidal ideations</p>	<p>1. tell pt to tell provider if they have any thoughts of self-harm or suicide 2. ask pt directly if they are wanting to kill themselves 3. stop self harming themselves before it turns in to suicide</p>	<p>1. Pt stays free of suicidal ideations and self-harm.</p>	<p>1. Pt will find their triggers and keep them from harming themselves 2. stop themselves find coping mechanisms & provide support 3. notify counseling if pt starts to harm themselves so it does not progress to suicide</p>
----------------------------------	---	--	--	--