

N323 Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 10/23/20	Patient Initials JD	Age 28	Gender Male
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status single	Allergies NKA
Code Status Full Code	Observation Status 15-minute check-ups	Height 5' 8"	Weight 191 lb (86.8 kg)

Medical History (5 Points)

Past Medical History: Elevated cholesterol; Learning problems: ADD or ADHD; Sleep disorder

Significant Psychiatric History: Depression; Anxiety; Bipolar disorder;

Family History:

Teri, mother, 60 y/o in good medical care;

Jeff, dad, unknown age, (no communications between them)

Mark, step-dad, 65 y/o in good medical care

Sister: unknown (no communications between them)

Grandparents on both sides have unknown histories

Social History (tobacco/alcohol/drugs): Denies current usage of tobacco, alcohol, or drugs

Living Situation: Lives with three other men at group home plus the support staff member.

Strengths: States he likes to give “motivation speeches;” especially in places like the Pavilion.

He likes to motivate others and it “makes (him) feel better.” Topics: “How to shoot basketball well.” Likes to listen to motivational speakers like “Les Brown” and “Arnold Schwarzenegger.”

Support System: States “mom listens.”

Admission Assessment

Chief Complaint (2 points): Suicide attempt

Contributing Factors (10 points):

Factors that lead to admission: States on Wednesday, while in the group home van with others, “staff” became loud and yelled at client, which aggravated client to the point where he decided to jump out of a moving van. He states, “I jumped out of a moving van because I wanted to die.” “If I die, I feel like my stress is reduced.” States had minor pain to right knee, which suffered a bruise.

History of suicide attempts: States this was his “first attempt.”

Primary Diagnosis on Admission (2 points): Suicidal, Self-harm

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience:				
Witness of trauma/abuse:				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	No	Child		Father punished him with a belt
Sexual Abuse	No			

Emotional Abuse	No	Child		Father emotionally abused him by constantly yelling at him.
Neglect	No	Child		Although he did not get along with his father, he still felt that his father abandoned him and his mother when he left home.
Exploitation	No			
Crime	No			
Military	Client denied			
Natural Disaster	No	Child/teen		Experienced surviving a tornado
Loss	No			As a teen, both grandfathers and on grandmother died
Other	Client denied			
Presenting Problems				
Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Depressed or sad mood		No	States when it's quiet around	

			him, he’s able to read, which keeps him from being sad.
Loss of energy or interest in activities/school	Yes		Related to being on meds, which makes him tired; uses “pillow to help (him) sleep.”
Deterioration in hygiene and/or grooming		No	States performs self-care most nearly every day.
Social withdrawal or isolation	Yes		States residents at group home are “too hyperactive.”
Difficulties with home, school, work, relationships, or responsibilities	Yes		At group home, states “I want to be left alone; to relax”
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes		Tries to sleep 8 hours but can’t at “crappy group home.”
Difficulty falling asleep	Yes		States because his other group home roommates are loud, which keeps him from falling asleep.
Frequently awakening during night	Yes		States “takes several hours to fall asleep;” then sleeps “till morning.”
Early morning awakenings		No	States doesn’t have difficulty awakening, even after sleeping a few hours.

Nightmares/dreams		No	States “I don’t remember dreams.” “My circadian rhythm is messed up.”
Other	Yes	No	Client denied
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite		No	
Binge eating and/or purging		No	
Unexplained weight loss? Amount of weight change:		No	Weight ranges from 185 – 195; currently 191.
Use of laxatives or excessive exercise		No	States does “calisthenics every other day.”
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	Yes		States “gets rid of energy;” to “stay active.”
Panic attacks		No	
Obsessive/compulsive thoughts	Yes		States “I think about bringing peace in this world.”
Obsessive/compulsive behaviors	Yes		States he’s been “obsessed with reading since childhood.”
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes		States he avoids “violent music,” “smoke,” and what he “can’t fix.”
Rating Scale			

How would you rate your depression on a scale of 1-10?			Zero	
How would you rate your anxiety on a scale of 1-10?			Zero	
Current Stressors of Areas of Life Affected by Presenting Problem (work, school, family, legal, social, financial)				
Problematic Area	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Work	Yes		States he's currently unable to find a job to pay his bills.	
School		No		
Family	Yes		States his "sister doesn't want to talk to him."	
Legal	Yes		States he "can't pay his bills."	
Social	Yes		States he has "no space and time to himself."	
Financial	Yes		States he "can't pay his bills."	
Other	Yes	No	Client denies	
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	Facility/MD/Therapist	Inpatient/Outpatient	Reason for Treatment	Response/Outcome
Does not recall dates	Gateway in Granite City	Inpatient:		Some improvement

Does not recall dates	CDH in Central DuPage, IL	Inpatient:		No improvement
Does not recall dates	Chestnut in Granite City	Inpatient:		No improvement
Does not recall dates	St. Mary	Inpatient:		No improvement
Personal/Family History				
Who lives with you?	Age	Relationship	Do they use substances?	
Andrew	Early 30's	Co-habitant		No
Casey	Early 30's	Co-habitant		No - cigarettes
Ricky	Early 30's	Co-habitant		No
			Yes	No
			Yes	No
If yes to any substance use, explain:				
Children (age and gender): Client denies				
Who are children with now?				
Household dysfunction, including separation/divorce/death/incarceration:				
States his "dad divorced mom."				
Current relationship problems: No girlfriend				
Number of marriages: Client denies				
Sexual Orientation: heterosexual	Is client sexually active? No		Does client practice safe sex? Not applicable currently	
Please describe your religious values, beliefs, spirituality and/or preference:				

<p>States he was “raised” and “still have Christian beliefs.” He like the “Buddhist.” Likes to talk about “Islam.”</p>
<p>Ethnic/cultural factors/traditions/current activity:</p> <p>Describe: States he has a “love for humanity.” Also, wants to be a “Buddhist.”</p>
<p>Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): States he “was once handcuffed” when he “hit someone.” Spent one “day in jail; paid fine.” Expressed remorse saying he “still regrets hitting him.”</p>
<p>How can your family/support system participate in your treatment and care? States his “mom supports” him by listening to him. Dad gives “no good feedback.”</p>
<p>Client raised by:</p> <p>Initially Natural parents; later step-father mostly.</p>
<p>Significant childhood issues impacting current illness: States he had “retro virus” that affected his “learning abilities.”</p>
<p>Atmosphere of childhood home:</p> <p>Loving: by mom Comfortable with mom Chaotic Abusive: by dad Supportive: by mom Other: Mom = “good cop;” dad = “bad cop.”</p>
<p>Self-Care:</p> <p>Independent</p>
<p>Family History of Mental Illness (diagnosis/suicide/relation/etc.) Client denies any family history.</p>
<p>History of Substance Use: States used “marijuana, alcohol, and cocaine socially” in his early</p>

20's.
<p>Education History:</p> <p>Grade school High school College: States has had "a little college." Other:</p>
<p>Reading Skills: States "reads a lot."</p> <p>Yes No Limited</p>
<p>Primary Language: English</p>
<p>Problems in school: States had a "hard time" in high school; went to an "alternate school." didn't "concentrate" as a freshman but by junior year, he began getting "straight A's."</p>
<p>Discharge</p>
<p>Client goals for treatment: States he wants to "own apartment" and have an "emotional, support dog." "A pit-bull." States his "dog won't smoke crack or marijuana;" it will "listen to me."</p>
<p>Where will client go when discharged? States wants to have "an apartment near the park or forest." A "studio or one-bedroom." States he'll be able to "rest in his own place."</p>

DSM-IV Diagnoses (15 points)

Axis I: Depression; Anxiety; Bipolar disorder;

Axis II: Learning problems: ADD or ADHD

Axis III: Elevated cholesterol; Sleep disorder

Axis IV: Environmental factors of dysfunction: Conflict with group home roommates.

Family complications as a child: Parents divorced.

Natural disaster: lived through a tornado as a child.

Financial problems: no employment, has debts,

Axis V: not applicable

Current Medications (10 points)

Complete all of your client’s psychiatric medications

Brand/ Generic	Acetaminop hen (Tylenol)	Prozac / fluoxetine	Ativan / Lorazepam	Lipitor / atorvastatin calcium	Lithobid / lithium carbonate
Dose	325 mg	20 mg	2 mg	10 mg	600 mg
Frequency	PRN/q 4 hrs	daily	PRN/q 6 hrs	daily	twice a day
Route	PO	PO	PO	PO	PO
Classification	Antipyretic, nonopioid analgesic	Antidepress ant	Anxiolytic	Antihyperlipide mic	Antimanic
Mechanism of Action	Inhibits the enzyme cyclooxygen ase, blocking prostaglandi n production and interfering with pain impulse generation in the peripheral nervous system. Acetaminop	Selectively inhibits reuptake of the neurotransm itter serotonin by CNS neurons and increases the amount of serotonin available in nerve synapses.	May potentiate the effects of gamma- aminobutyric acid (GABA) and other inhibitory neurotransmi tters by binding to specific benzodiazepi ne receptors in cortical and limbic areas of	Reduces plasma cholesterol and lipoprotein levels by inhibiting HMG-CoA reductase and cholesterol synthesis in the liver and by increasing the number of LDL receptors on liver cells to enhance LDL uptake and breakdown.	May increase presynaptic degradation of the catecholami ne neurotransm itter dopamine, norepinephri ne, and serotonin; inhibit their release at neuronal synapses;

	<p>hen also acts directly on temperature-regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E₂.</p>		<p>CNS. GABA inhibits excitatory stimulation, which helps control emotional behavior. Limbic system contains a highly dense area of benzodiazepine receptors, which may explain drug's antianxiety effects. Also, lorazepam hyperpolarizes neuronal cells, thereby interfering with their ability to generate seizures.</p>		<p>and decrease postsynaptic receptor sensitivity. These actions may correct overactive catecholamine systems in clients with mania.</p>
<p>Therapeutic Uses</p>	<p>To relieve mild to moderate pain</p>	<p>Depression, panic disorder, premenstrual dysmorphic disorder</p>	<p>To treat insomnia cause by anxiety</p>	<p>To control lipid levels as adjunct to diet in primary (heterozygous familial and nonfamilial) hypercholesterolemia and mixed dyslipidemia</p>	<p>To treat acute mania episode of bipolar disorder; to maintain clients with bipolar disorder</p>
<p>Therapeutic Range (if applicable)</p>	<p>640 or 650 mg every 4 to 6 hours, as needed. Maximum: 3,250 mg</p>	<p>20 – 60 mg daily</p>	<p>0.44 mg/kg or 2 mg, whichever is less, given at 2 mg/min 2 hr before</p>	<p>10 – 80 mg once daily</p>	<p>Initial: 900 mg twice daily. Alternatively, 600 mg twice daily.</p>

	(5doses) in 24 hours		procedure		Maintenance 600 mg three times daily. Alternatively, 400 mg three times daily.
Reason Client Taking	To relieve mild to moderate pain	Depression	To help sleep	To treat high cholesterol	To treat bipolar
Contraindications (2)	1) Hypersensitivity to acetaminophen or its components; 2) severe hepatic impairment	1) Pimozide; 2) thioridazine	1) Hypersensitivity to lorazepam, its components, or benzodiazepines; 2) Acute angle-closure glaucoma	1) Active hepatic disease; 2) hypersensitivity to atorvastatin or its components	1) Concurrent use of diuretics; 2) hypersensitivity to lithium or its components
Side Effects/ Adverse Reactions (2)	1) Hypoglycemic coma; 2) Hypotension	Arrhythmia; hypoglycemia	1) Apnea; 2) suicidal ideation	1) hypoglycemia; 2) arrhythmias	1) Seizures; 2) ECG changes
Medication/ Food Interactions		Alprazolam, diazepam, warfarin, benzodiazepines	Alcohol use: Increased CNS depression and severe respiratory depression		High-sodium foods: Increased excretion and possibly decreased therapeutic effects of lithium
Nursing Considerations (2)	1) Know that before and during long-term therapy including parental	1) Use cautiously in clients with history of seizures. 2) Do not stop therapy	1) Monitor client's respiratory status closely because drug may cause life	1) Expect to measure lipid levels 2 to 4 weeks after therapy starts, to adjust dosage as directed, and to	1) Administer lithium after meals to slow absorption from GI

	<p>therapy, liver function test results, including AST, ALS, bilirubin, and creatinine levers, as ordered must be monitored because acetaminophen may cause hepatotoxicity . Ensure that the daily dose of acetaminophen from all sources does not exceed maximum daily limits. 2) Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition , severe hypovolemia, or severe renal impairment,</p>	<p>abruptly.</p>	<p>threatening respiratory depression; 2) Know that because stopping drug abruptly increase risk of withdrawal symptoms, dosage should be tapered gradually, especially in epileptic clients.</p>	<p>repeat periodically until lipid levels are within desired range; 2) Monitor diabetic patient’s blood glucose levels because atorvastatin therapy can affect blood glucose control.</p>	<p>tract and reduce adverse reactions. Dilute syrup with juice or other flavored drink before giving. 2) Palpate thyroid gland to detect enlargement because drug may cause goiter.</p>
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Brand/Generic					
Dose					
Frequency					
Route					
Classification					
Mechanism of Action					
Therapeutic Uses					
Therapeutic Range (if applicable)					
Reason Client Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					
Medication/Food Interactions					
Nursing Considerations (2)					

Medications Reference (APA):

Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook (19th ed.)*.

Mental Status Exam Findings (20 points)

<p>APPEARANCE: Behavior: Build: Attitude: Speech:</p>	<p>Appears appropriate for season Calm; content Overweight; normal build Calm; cooperative Logically speaking; clear speech</p>
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Interpersonal style: Mood: Affect:	Calm; talkative Broad
MAIN THOUGHT CONTENT: Ideations: Delusions: Illusions: Obsessions: Compulsions: Phobias:	Articulate; able to hold a conversation Did not have suicidal ideations during assessment Wishes to be a motivational speaker, which is currently unreachable. None expressed Likes to read None expressed None expressed
ORIENTATION: Sensorium: Thought Content:	Client knew person, place, time, and situation Awake Logical.
MEMORY: Remote:	Able to recall recent and remote items during assessment
REASONING: Judgment: Calculations: Intelligence: Abstraction: Impulse Control:	Concluded most situational question appropriately Aware suicide attempt showed poor judgement Basic reasoning Very good; constructed good topics Minimal usage; spoke more concretely Under control currently
INSIGHT:	Understands being in the Pavilion because of his suicide attempt.
GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements:	Steady No assistive devices used. Maintains erect while sitting/walking. Good muscle tone. Good strength. Good; no unusual movements or mannerisms.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1420	68 regular	142/66	20 regular	96.8°F	97%

	mechanical	mechanical		oral	room air
1515	76 regular	146/70	20 regular	97.4°F	98%
	mechanical	mechanical		oral	room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1420	Numeric	Client denies	zero		
1515	Numeric	Client denies	zero		

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed:	Oral Fluid Intake with Meals (in mL)
Breakfast:	Breakfast:
Lunch:	Lunch:
Dinner:	Dinner:

Discharge Planning (4 points)

Discharge Plans (Yours for the client): Upon client’s discharge, he states he will go to the group home to live. He has learned some coping skill to use at the group home when others get

too loud. He will contact his mental health professional if he has the urge to commit suicide. He also has the national suicide prevention hotline number, 800.273.8255. He will also stay in touch with his mother so she can continue rendering unconditional love.

Nursing Diagnosis (15 points)

Must be NANDA approved nursing diagnosis and listed in order of priority

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Immediate Interventions (At admission)</p>	<p>Intermediate Interventions (During hospitalization)</p>	<p>Community Interventions (Prior to discharge)</p>
<p>1. Risk for suicide related to trying to kill himself as evidenced by jumping out of a moving van.</p>	<p>Safety for the client (staff, and other clients) is paramount. Client must comprehend these actions are for his safety.</p>	<p>1. Drug screening</p> <p>2. Weapons check on body and in possessions</p> <p>3. Talk session/screening upon arrival with professional staff member</p>	<p>1. Client will refrain from attempting suicide during the next 10-hour nursing shift.</p> <p>2. Client will make a no-suicide contract/safety plan with the nurse covering the next 10-hour nursing shift.</p> <p>3. Client will express his feeling on suicide during group session at 4pm.</p>	<p>1. Verbal contract. Goal met.</p> <p>2. Contact nurse. Goal met.</p> <p>3. Group session/talk therapy. On-going goal to meet.</p>
<p>2. Hopelessness related to severe losses as evidenced by having no job, can't pay bills, can't live alone</p>	<p>When clients feel overwhelmed by negative outcomes, they no longer view their lives or</p>	<p>1. Encourage positive thoughts from client</p> <p>2. Have client talk about something</p>	<p>1. Client will verbalize to nurse something positive about self at least once per 10-hour nursing shift.</p>	<p>1. Positive thoughts promotes positive actions. On-going goal to meet.</p>

<p>and other social disruptions.</p>	<p>behavior objectively.</p>	<p>positive during their life.</p> <p>3. Compliment client on general positive aspects of their life.</p>	<p>2. Client will attend group session/talk therapy and increase knowledge on positiveness everyday during the first week of stay.</p> <p>3. Client will express to staff intentions to improve life during 2pm individual session for the first week.</p>	<p>2. Staff picks topics of positiveness for client to learn and incorporate into his life. On-going goal to meet.</p> <p>3. By having client verbalize positive aspirations can be supported by staff, whereas, negative aspirations can be redirected to a better outcome. On-going goal to meet.</p>
<p>3. Knowledge deficit related to impulsive making decisions as evidence by jumping out of a moving van</p>	<p>Prevent self-destructive decision-making by learning effective coping mechanisms in handling stress.</p>	<p>1. Talk to client in a calm, direct manner</p> <p>2. Attentively listen to client</p> <p>3. Gain client's trust</p>	<p>1. Client will verbally repeat crisis hotline number before going to bed to nurse each evening for a week.</p> <p>2. Client will participate in relaxation training at 2 pm group session/talk therapy for a week.</p> <p>3. Client will learn systematic desensitization with professional staff before dinner</p>	<p>1. 800.273.8255 On-going goal to meet</p> <p>2. Relaxation techniques and deep breathing. On-going goal to meet</p> <p>3. Focus on how to reduce or control unsettling factors that lead</p>

			for a week.	to poor decisions. On-going goal to meet
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Other References (APA):

Doenges, M. E., Moorhouse, M. F., & Geissler, A. C. (1989). *Nursing care plans: guidelines for planning patient care* (2nd ed.). Davis.

Halter, M. J. (2019). Suicide. In *Vancouver's manual of psychiatric nursing care planning: an interprofessional approach* (p. 282). essay, Elsevier.

Concept Map (20 Points):

States on Wednesday, while in the group home van with others, "staff" became loud and yelled at client.

Subjective Data

aggravated client to the point where he decided to jump out of a moving van. He states, "I jumped out of a moving van because I wanted to die." "If I die, I feel like my stress is reduced." States had minor pain to

Nursing Diagnosis/Outcomes

- 1. Risk for suicide related to trying to kill himself as evidenced by jumping out of a moving van.
- 2. Hopelessness related to severe losses as evidenced by having no job, can't pay bills, can't live alone and other social disruptions.
- 3. Knowledge deficit related to impulsive making decisions as evidence by jumping out of a moving van

...t kn... which suffered a bruise. States... is his
... suicide attempt.

Objective Data

v/s: @ 1420 hrs, BP 142/66; HR 68 regular; RR 20 regular; T 96.8°F; O₂Sat 97 RA; Pain 0/10
1515 hrs, BP 146/70; HR 76 regular; RR 20 regular; T 97.4°F; O₂Sat 98 RA; Pain 0/10

Patient Information

28-year-old male with a psych history of depression, anxiety, bipolar disorder and medical history of elevated cholesterol, learning problem (ADD or ADHD) and sleeping disorder.

Nursing Interventions

- 1. Client will refrain from attempting suicide during the next 10-hour nursing shift.
- 2. Client will make a no-suicide contract/safety plan with the nurse covering the next 10-hour nursing shift.
- 3. Client will express his feeling on suicide during group session at 4pm.



