N323 Care Plan 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 1-11-2021	Patient Initials J.C.	Age 19	Gender Male
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Single	Allergies NKA
Code Status Full Code	Observation Status Every 15 minutes	Height 6'3"	Weight 210lb.

Medical History (5 Points)

Past Medical History: Alcohol use disorder, severe, dependence, Nicotine use disorder, marijuana use disorder, Premature Ventricular contractions, ADHD

Past Surgical History: Appendectomy at age 9 years old, Nasal bone fracture (11/10/2020), Multiple sites; mandible open fracture (11/10/2020)

Significant Psychiatric History: Intentional drug overdose 7/4/19, Bipolar Affective Disorder, Current Episode Depressed, Hx of cutting, Suicidal ideation, PTSD, Social Anxiety Disorder. Patient has a history of 3 psychiatric stays in his lifetime.

Family History: Mother has a history of bipolar – "When she was taking her meds, she would go off", Father has a history of cocaine use, alcohol use disorder, Uncle has a history of alcohol use disorder, Paternal Grandmother has a history of similar symptoms of the patient, including bipolar affective disorder, depression suicidal ideation, anxiety disorder. Patient states "She had the same symptoms I do. Suicidal, Bipolar, Social Anxiety Disorder", Half-Brother has no known psychiatric history which has been diagnosed but patient states "he is a little slow, mentally".

Social History (tobacco/alcohol/drugs): Cigarettes – 3 per day, "I used to smoke 2 packs, but I got it down to just smoking 3 because I can't afford to buy them. I started smoking cigarettes

when I was 12 and weed when I was 13 years of age" Marijuana: 1-2 grams "when I can get it", Alcohol: 1 handle per day. "I started drinking when I was age 9 with my dad."

Living Situation: "I live alone in my own apartment, but I may get evicted. My landlord said that if he finds any drug paraphernalia in my apartment, I am getting kicked out. I had a bunch of beer cans and my hitter from my weed laying out".

Strengths: "Hard worker when I do work. I am a workaholic when I can hold down a job".

Support System: Mother: Supportive; Father- Supportive; "He is a recovered cocaine addict"

Admission Assessment

Chief Complaint (2 points): Patient's chief complaint is alcohol use and dependence and suicidal ideation with no plan to carry out.

Contributing Factors (10 points): "I came to the hospital on January 10, 2021 in the early morning. I was feeling extremely depressed, so I went to drink a bunch of liquor. In the process of all my drinking, I lost my keys and my wallet. I passed out on a bench outside. It was cold. I guess I could have frozen to death but then I woke up. I came to the realization that I needed help. I walked from the Champaign Walmart to The Pavilion, but I was not accepted. They probably did not want to accept me because I was drunk and thought that all I wanted was meds to detox. So, they called an ambulance which brought me here. I was suicidal at the time I was at The Pavilion, but I am not any longer. I told the crisis worker I didn't want to go back to The Pavilion".

Factors that lead to admission: Patient was out drinking and lost his wallet and keys and could not get back into his apartment. He has a current suspended license due to a DUI. He walked to the Pavilion where he was acting suicidal, so an ambulance was called to transport him

to the hospital. Patient has not been compliant with medications due to not being able to afford them.

History of suicide attempts: Twice; Hanging (a few years ago) "I tried to hang myself but the rope I used broke easy and it didn't work. I realized I didn't want to put that burden on other people like my family". Intential Overdose (7/4/2019). Patient does have family support from his dad who lives in Tennessee and his mom who he has a strained but cooperative relationship with.

Primary Diagnosis on Admission (2 points): The primary diagnoses upon admission are Alcohol Abuse Disorder/Dependence and suicidal ideation.

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: When Patient was 14 years of age, his Aunt passed away. "Aunt Chris (my dad's sister) was shot in the face by her ex-husband. He then turned the gun on himself. It messed with my whole family. But I was really close to her". When patient was 18 years of age (Summer 2019), he rolled his car 4 times; "I was drunk and high, and I totaled my car". Bullied in high school. "When I would get bullied, I would drink more and smoke more". **Witness of trauma/abuse:**				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	N/A	N/A	N/A	N/A
Sexual Abuse	N/A	N/A	N/A	N/A

Emotional Abuse	N/A	Verbally abused by mother: started around 5th grade; age 11-12	N/A	"I was verbally abused because I looked like my dad. I'm also hard-headed and when I knew something was right, I will argue that until I could get my point to her".
Neglect	N/A	Age 5 to 18	N/A	"The child support that my dad paid my mom for me was never used for me. I never had new clothes or new shoes. My mom would use the money on my brother but not me".
Exploitation	N/A	18 years	N/A	"I felt like I was exploited by my friends in high school. I would get drugs and alcohol for my friends and never paid for these things".
Crime	N/A	October 2020; April 2020 – age 19	N/A	September 2020: "I was arrested for resisting a police officer. But I think my charges will get dropped because they would not show the body cam in court. They said I spit on the police officer, but I don't think I really did". July 2020: "I was arrested at Walmart for retail theft of alcohol. I was at

				work and went and stole two bottles of liquor to drink after work. I went and left work before my shift and got drunk. Then I went back there thinking maybe I could steal more by acting like I was at work on night shift. So, I went, and I must have passed out on the wheelchair carts because the police woke me up and found 2 bottles of liquor in my pockets".
Military	N/A	N/A	N/A	N/A
Natural Disaster	N/A	N/A	N/A	N/A
Loss	N/A	Summer 2019	N/A	"I lost my license due to my accident and DUI I got. I also lost my car because it was totaled in the accident".
Other	N/A	N/A	N/A	N/A
Presenting Problems				
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**	
Depressed or sad mood	**Yes**	No	Good mood. "My mom called me and told me she is sending me more clothes while I am here. She also said she went to my apartment and cleaned up the beer cans and put my hitter away so there is no sign of drugs or alcohol (Today 1/13/2020). Also, Monday (1/18/2020), I am getting	

			glasses so I can see".
Loss of energy or interest in activities/school	**Yes**	**No**	Depends on the day; "Some days, I don't feel like getting out of bed; some days I feel really upbeat and full of energy". (5/7 days per week)
Deterioration in hygiene and/or grooming	**Yes**	**No**	Most of the time, "I take a shower and get cleaned up, no matter how crappy I feel". (7/7 days per week).
Social withdrawal or isolation	**Yes**	**No**	Patient reports this a true. "I sometimes won't answer the phone, because I don't want to talk, even if it's my mom" (3-4/7 days per week)
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	Patient reports this in the past: in high school: "I had bad grades in high school. But I had fairly good grades in grade school and junior high". (Years 2011-2019; all 4 years of high school).
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**	**No**	Patient reports he sleeps only 5-6 hours of sleep per night. Does lay in bed to try to fall back asleep after being awakened. (7/7 days per week).
Difficulty falling asleep	**Yes**	**No**	Patient reports he is restless a lot of the time. (7/7 days per week).
Frequently awakening during night	**Yes**	**No**	Patient reports waking up more frequently when during alcohol withdraw. (only when actively withdrawling – this has only happened about 6 times in the past year of 2020).
Early morning awakenings	**Yes**	**No**	Patient reports that usually after going to bed around 10:00pm, he states he wakes up around 3:00 or 4:00 in the morning. (7/7 days per week)
Nightmares/dreams	**Yes**	**No**	He does report having vivid dreams and nightmares. He states he wakes up due to having them which is partially why he cannot get back to sleep at night.

			(4/7 days per week; states he notices this more when he is stressed out more).
Other	**Yes**	**No**	N/A
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	**Yes**	**No**	Patient reports that he drinks coffee often. He states he usually only eats one meal per day when he is at home. While staying at OSF inpatient psych, he reports that he eats two meals per day. (has been inpt from 1/11/2020 – present).
Binge eating and/or purging	**Yes**	**No**	In the past, patient reports he was a binge eater. He states he no longer does this. (unreportable since this happened in the past).
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No**	Patient reports when he was on drugs often, he noticed weight loss. Before he overdosed, he noticed weight loss, but now, he states he has gained weight. (Drug overdose occurred July 2019).
Use of laxatives or excessive exercise	**Yes**	**No**	Patient reports he does not use laxatives. However, he states he does try to work out and lift weights especially when he is stressed. "I will go to the gym and work out for hours when I am stressed". (Usually works out 6-7 days per week).
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	**Yes**	**No**	Patient reports he does have tremors when he is in active withdrawal. He also states he paces the room a lot when he has a lot of stress or things on his mind. . (only when actively withdrawling – this has only happened about 6 times in the past year of 2020).
Panic attacks	**Yes**	**No**	N/A

Obsessive/compulsive thoughts	**Yes**	**No**	Patient states that he does suffer from obsessive/compulsive disorder. Unmeasurable since this is with objects mostly).
Obsessive/compulsive behaviors	**Yes**	**No**	Patient states things must be done a certain way when he is at home. (When he is at home, difficult to measure, but has a certain place for things).
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**	**No**	Patient states sometimes he does not want to clean his apartment or get out of bed depending on his anxiety that day. (3/4 days per week – notices this more often when he is stressed or needs to smoke).
Rating Scale			
How would you rate your depression on a scale of 1-10?			"I would rate my depression as a 3/10". When asked why such a low number, patient states "The medication helps but it gets out of hand when I am out of the hospital because when I run out of the medication, I can't afford to purchase another prescription, so I don't take it".
How would you rate your anxiety on a scale of 1-10?			"I would rate my anxiety at a 4-5/10. Depending on the day".
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**	**No**	Patient is currently unemployed. Finds it difficult to hold down a steady job. (Was fired from his job at Walmart, on July 28, 2020 for both being intoxicated while working and retail theft from his employer).
School	**Yes**	**No**	N/A
Family	**Yes**	**No**	Patient states that he and his mother have a stressful relationship. (Ever since parents divorced when he was 3-4 years of age, so around 15 years, he has

			had a stressful relationship with his mother).
Legal	**Yes**	**No**	Patient states he does have legal issues. He missed a court date on January 11, 2021. He also states he is on probation from his DUI in 2019.
Social	**Yes**	**No**	Patient feels abandoned by his friends. "They don't seem like they want anything to do with me after all I have done for them". (Ever since graduation, his friends stopped talking to him May 2019).
Financial	**Yes**	**No**	Patient feels like his financial problems are extremely stressful due to not having money and not having a job. (Lost job July 2020, and has not been able to hold down a job since.)
Other	**Yes**	**No**	N/A

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
exact dates unknown; around Summer 2020	**Inpatient Pavilion Rehab Program Outpatient Other:** **Dr. Repetto**	Inpatient	Drug Abuse. Patient states he did not fully complete this program.	**No improvement** **Some improvement** **Significant improvement**
exact date unknown; around April 2020	**Inpatient Pavilion**	Inpatient	Suicidal ideation,	**No improvement**

	Psychiatric Hospital **Outpatient** **Other:** **Dr. Repetto**		bipolar, anxiety, depression	**Some improvement** **Significant improvement**
January 2021	**Inpatient OSF Behavioral Health** **Outpatient** **Other:** **Dr. Su**	Inpatient	Alcohol abuse; suicidal ideation	**No improvement** **Some improvement** **Significant improvement**

Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Patient lives alone			**Yes**	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**

If yes to any substance use, explain: N/A

Children (age and gender): Patient does not have any children.

Who are children with now?

Household dysfunction, including separation/divorce/death/incarceration: Patient reports his parents divorced when he was 3 or 4 years of age. His Aunt Chris passed away when patient was 14-15 years of age.

Current relationship problems: None. Patient states he does not have a significant other.

Number of marriages: None

Sexual Orientation:	**Is client sexually active?**	**Does client practice safe sex?**
Heterosexual	**Yes** **No**	**Yes** **No**

Please describe your religious values, beliefs, spirituality and/or preference: Patient states he is “on the burner of Christian and Atheist”. He states “When things don’t go right, he has

second guesses on his beliefs.
Ethnic/cultural factors/traditions/current activity: None **Describe: N/A**
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Patient states he had an auto accident in 2019 and is on probation from both the accident and having a DUI. He also was fired and arrested from his job for stealing liquor in 2019.
How can your family/support system participate in your treatment and care? He would like to have his parents to be around for him when he needs them.
Client raised by: **Natural parents –** Mother (lives in Tolono, IL); Father lives in Tennessee; reports his father moved there when patient was in high school. **Grandparents** **Adoptive parents** **Foster parents** **Other (describe):**
Significant childhood issues impacting current illness: Patient states he was verbally abused by his mother. He also reports that they were not really "financially stable" and always were struggling when he was growing up.
Atmosphere of childhood home: **Loving** **Comfortable** **Chaotic** Patient states because his mother was bipolar when he was growing up. She would not take her medication when he was younger. "My mom could flip like a light switch." **Abusive** Patient states he was verbally abused by his mother when he was younger. **Supportive** **Other:**
Self-Care: **Independent** **Assisted** Patient states his mother helped some, but he learned to be independent when he was growing up. **Total Care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) **Mother –** Bipolar

Father – Alcohol use disorder **Paternal Grandmother –**bipolar affective disorder, depression suicidal ideation, anxiety disorder
History of Substance Use: Patient reports that he started smoking cigarettes and marijuana at ages 12-13. He reports that he started drinking at age 9 with his dad.
Education History: **Grade school** **High school** **College** **Other:**
Reading Skills: **Yes,** No issues with reading. **No** **Limited**
Primary Language: English
Problems in school: Patient reports he was math deficit in high school. He was in a specialized literature in high school.
Discharge
Client goals for treatment: Patient states "I want to get clean and get a job and be able to hold it down".
Where will client go when discharged? Patient is hoping that he will be discharged to Rosecrance Substance Abuse and Treatment Center as he hears it is a good program.

Outpatient Resources (15 points)

Resource	Rationale
1. Alcoholics Anonymous	1. Due to patient being an alcoholic. He could have a sponsor and recover from his habit.
2. Group Therapy for Psychiatric Diagnosis	2. Due to anxiety, depression, bipolar

	diagnosis. This would be a good way to talk with someone about any stressors and ways to cope.
3. Salvation Army, Empty Tomb	3. Both can help with supplies patient may need such as clothing, food, basic personal care supplies due to patient not having a job.

Current Medications (10 points)
Complete all your client's psychiatric medications

Brand/ Generic	Tylenol/ Acetaminophen	Abilify/ Aripiprazole	Benztropine/ Congentin	Benztropine Mesylate	Librium/ ChlordiazePOXIDE
Dose	650 mg	5mg	2mg	2mg	25mg
Frequency	Q4H	QD	BID	BID	Q6H/PRN
Route	PO	PO	PO	IM	PO
Classification	Nonsalicylate, paraminophenol derivative	Atypical antipsychotic	Anticholinergic	Anticholinergic	Anxiolytic
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	May produce antipsychotic effects through partial agonist and antagonist actions.	Blocks acetylcholine's action at cholinergic receptor sites. This restores the brain's normal dopamine and acetylcholine balance, with relaxes muscle movement and	Blocks acetylcholine's action at cholinergic receptor sites. This restores the brain's normal dopamine and acetylcholi	May potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepi

			decreases drooling, rigidity, and tremor.	ne balance, with relaxes muscle movement and decreases drooling, rigidity, and tremor.	ne receptors in cortical and limbic areas of the CNS.
Therapeutic Uses	To relieve mild to moderate pain	To treat certain mental/mood disorders	To control extrapyramidal disorders	To control extrapyramidal disorders	To provide short-term management of mild anxiety
Therapeutic Range (if applicable)	5-20 mcg/mL per day	2-15mg per day	0.5-6mg parenterally per day	0.5-6mg parenterally per day	15-40mg per day
Reason Client Taking	Mild pain	Bipolar diagnosis	Movement disorders	Movement disorders/ give only if patient is unable to take oral tablet	Withdrawal
Contraindications (2)	Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease	Hypersensitivity to aripiprazole or its components	Hypersensitivity to benztropine mesylate or its components, presence of tardive dyskinesia	Hypersensitivity to benztropine mesylate or its components, presence of tardive dyskinesia	Hypersensitivity to chlordiazepoxide or its components
Side Effects/ Adverse Reactions (2)	Anxiety, Agitation	Anxiety, Agitation	Paranoia / psychosis	Paranoia/ psychosis	Suicidal ideation / depression
Medication/ Food Interactions	Alcohol use – increased risk of hepatotoxicity	Alcohol use – increased CNS depression	Haloperidol: possibly increased schizophrenic symptoms, decrease serum haloperidol	Antidepressants: possibly increased adverse anticholinergic effects	Alcohol use – increased CNS effects including severe respiratory depression

			level, and development of tardive dyskinesia		and significant sedation and somnolence
Nursing Considerations (2)	Monitor renal function in patient on long-term therapy. Keep in mind that blood or albumin in urine may indicate nephritis. Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment	Know that you may give oral solution on a milligram-per-milligram basis in place of tablets up to 25 mg. Use cautiously in patients with cardiovascular disease, cerebrovascular disease, or conditions that would predispose them to hypotension. Also use cautiously in those with a history of seizures or with conditions that lower the seizure threshold, such as Alzheimer's disease.	Know that therapy typically begins with a low dose followed by gradual increases of 0.5 mg every 5 or 6 days because benztropine has a cumulative action. Assess muscle rigidity and tremor at baseline. Then monitor them often for improvement, which indicates drug's effectiveness.	Expect to administer I.V. or I.M. benztropine when patient needs more rapid response than oral drug can provide. Give drug before or after meals based on patients need and response.	Use chlordiazepoxide cautiously in patients with hepatic or renal impairment or porphyria. For I.M. use, reconstitute only with diluent provided by manufacturer.

Brand/ Generic	Depakote/ divalproex sodium	Folic Acid/Vitamin B9	Haldol/ Haloperidol	Haldol/ Haloperidol	Hydroxyzine / Atarax
Dose	500 mg	1mg	5mg	5mg	25mg
Frequency	BID	QD	Q4H/PRN	Q6H/PRN	TID
Route	PO	PO	PO	IM	PO
Classification	Anticonvulsant	Water soluble vitamin	Antipsychotic	Antipsychotic	Anxiolytic, Antiemetic antihistamine, sedative-hypnotic
Mechanism of Action	May decrease seizure activity by blocking reuptake of gamma-aminobutyric acid (GABA), the most common inhibitory neurotransmitter in the brain.	None listed	May block postsynaptic dopamine receptors in the limbic system and increase brain turnover of dopamine, producing an antipsychotic effect.	May block postsynaptic dopamine receptors in the limbic system and increase brain turnover of dopamine, producing an antipsychotic effect.	Competes with histamine for histamine receptor sites on surfaces of effector cells.
Therapeutic Uses	To treat as monotherapy or as adjunct complex partial seizures that occur in	Taking folic acid improves folate deficiency	To treat psychotic disorders	To treat psychotic disorders	To relieve anxiety

	isolation or associated with other types of seizures				
Therapeutic Range (if applicable)	50-100 mcg/ mL per day	2-20 ng/mL per day	5-16ng/mL per day	5-16ng/mL per day	50-100 mg per day
Reason Client Taking	Bipolar disorder	Folate deficiency	Breakthrough psychosis/ mania	Breakthrough psychosis/ mania	Anxiety
Contraindications (2)	Hepatic impairment; hypersensitivity to valproic acid, valproate sodium, divalproex sodium, or their components; mitochondrial disease caused by POLG mutations	None listed	Hypersensitivity to haloperidol or its components, Parkinson's disease, severe toxic CNS comatose states or depression	Hypersensitivity to haloperidol or its components, Parkinson's disease, severe toxic CNS comatose states or depression Use only IM if patient is unable to take orally.	Hypersensitivity to cetirizine, hydroxyzine, or their components; prolonged QT interval
Side Effects/Adverse Reactions (2)	Abnormal dreams or thinking, aggression	Folic acid is possibly unsafe when taken by mouth in large doses, long term.	Anxiety, agitation	Anxiety, agitation	Hallucinations, seizures
Medication/ Food Interactions	Alcohol use: Additive CNS depression	None listed	Alcohol use: increased CNS depression and risk of hypotension and respiratory depression	Alcohol use: increased CNS depression and risk of hypotension and respiratory depression	Alcohol use: increased CNS depression
Nursing Consideration	Give oral divalproex	Be aware that some	Avoid stopping haloperidol	Avoid stopping haloperidol	Use hydroxyzine

s (2)	or valproic acid with food to minimize GI irritation, if needed. Do not break or let patient chew delayed release, or extended-release tablets	vitamin B9 solutions contain benzyl alcohol. Know that unless ordered otherwise, you should dilute 5mg/ml of vitamin B9 with 49ml sterile water for injection to provide a solution containing 0.1 mg of vitamin/ml	abruptly unless severe adverse reactions occur. Assess patient for fall risks, such those who are elderly and those with conditions or diseases, or taking drugs that exacerbate central nervous system adverse effects such as motor instability	abruptly unless severe adverse reactions occur. Assess patient for fall risks, such those who are elderly and those with conditions or diseases, or taking drugs that exacerbate central nervous system adverse effects such as motor instability	cautiously in patients with risk factors for QT prolongation such as concomitant arrhythmogenic drug use, electrolyte imbalance, or preexisting heart disease. Do not give hydroxyzine by subcutaneous or I.V. route because tissue necrosis may occur.

Brand/Generic	Nicotine/ NicoDerm CQ	Zofran/ Ondansetron	Vitamin B1/ Thiamine Mononitrate	Trazodone / Desyrel	
Dose	21mg/24Hr	4mg	100mg	100mg	
Frequency	1 patch every 24 hours	Q6H/PRN	QD	HS PRN	
Route	Transdermal	PO	PO	PO	
Classification	Smoking cessation adjunct	Antiemetic	Vitamin	Antidepressant	
Mechanism of Action	Binds selectively to nicotinic-cholinergic	Blocks serotonin receptors centrally in the chemoreceptor	None listed	Blocks serotonin reuptake along with	

	receptors at autonomic ganglia, in the adrenal medulla, at neuromuscular junctions and in the brain.	trigger zone and peripherally at vagal nerve terminals in the intestine.		presynaptic neuronal membrane, causing and antidepressant effect.	
Therapeutic Uses	To relieve nicotine withdrawal symptoms, including craving	To prevent nausea and vomiting associated with highly emetogenic cancer chemotherapy	Used to treat Vitamin B1 deficiency	To treat major depression	
Therapeutic Range (if applicable)	21mg – 14mg-7mg decreasing over 14 days	16-24mg per day	50-200mg per day	150-600mg per day	
Reason Client Taking	Nicotine dependence	Nausea	Vitamin B1 Deficient	For sleep	
Contraindications (2)	Hypersensitivity to nicotine, its components, components of transdermal system or soy (mint flavor lozenges) Life-threatening arrhythmias	Concomitant use of apomorphine, congenital long QT syndrome, hypersensitivity to ondansetron or its components	Be aware that I.V. administration of vitamin B1 has caused severe and life-threatening reactions, especially with repeat administration. Monitor patient closely for angioedema, GI bleeding, respiratory distress, throat tightness, urticaria, vascular collapse, and weakness during and	Hypersensitivity to trazodone or its components , recovery from acute MI, use within 14 days of an MAO inhibitor including intravenous methylene blue and linezolid	

			after administration.		
Side Effects/Adverse Reactions (2)	Dizziness, dream disturbances	Agitation, Anxiety	None listed	Abnormal coordination or dreams, anxiety	
Medication/Food Interactions	Caffeine: increased effects of caffeine (chewing gum, nasal spray, transdermal system)	Alcohol use: increased stimulant and sedative effects, including mood and physical sensations	None listed	Aspirin: NSAIDs: possibly increased risk of bleeding	
Nursing Considerations (2)	Know that transdermal system should not be used in patients who have a history of diabetes, peptic ulcers, or seizures. Know that when administering nicotine by oral inhalation, expect optimal effects to result from continuous puffing for 20 minutes.	Know that if hypokalemia or hypomagnesemia is present, these electrolyte imbalances should be corrected before ondansetron is administered because of increased risk for QT-interval prolongation, which could predispose the patient to develop torsade's de pointes. Use calibrated container or oral syringe to measure dose of oral solution	None listed	Use trazodone cautiously in patients with cardiac disease because drug can cause arrhythmias. Closely monitor depressed patients for suicidal thoughts and tendencies. Notify prescriber if they occur and take suicide precautions according to facility policy.	

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). ***2020 Nurses drug handbook*****. Burlington, MA.**

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	Clean, showers daily Stable, calm, and cooperative Medium build Determined Clear, articulative Engaged, cooperative. Calm Calm, collected
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	 None currently None None None None None
ORIENTATION: **Sensorium:** **Thought Content:**	A & O x 4 N/A Organized, determined. .
MEMORY: **Remote:**	Denies impairment
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	 Average N/A Knowledgeable None Average, able to control self and thoughts.
INSIGHT:	Average
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	 None Average, slouching at times. Good Good Good

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
01/13/2021 1500 hours	105 BPM	125/76 mm/ hg	20	98.9 degrees F	98% RA
01/12/2021 1500 hours	98 BPM	132/73 mm/ hg	20	97.8 degrees F	98% RA

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
01/13/21 1820	Numeric	Stomach	3/10	Tight sensation: "Feels like something wrapped around stomach"	Mediations for withdrawal and pain
01/13/21 1500	Numeric	N/A	0/10	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast: None** **Lunch:** Turkey sandwich, lettuce, mustard, chips – 100% **Dinner:** Cheeseburger with fries and ketchup – 100%	**Oral Fluid Intake with Meals (in mL)** **Breakfast: Coffee 360mL** **Lunch:** 1 cup of coffee 120mL, 1 cup of water, 720 mL **Dinner:** 1 cup of coffee 120 mL, 1 cup of water, 720mL

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

Seek weekly outpatient counseling for psychiatric issues, cease smoking marijuana and drinking alcohol, absence of suicidal ideations, be compliant with all medications, to improve symptoms.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Immediate Interventions (At admission)**	**Intermediate Interventions (During hospitalization)**	**Community Interventions (Prior to discharge)**
1. Risk for self-harm	Related to feelings of depression as evidenced by suicidal ideation and past attempts.	**1.** Lock personal items up **2.** Encourage patient to attend group counseling. **3.** Monitor patient every 15 minutes	**1.**Monitor patient every 15 minutes **2.** Encourage patient to attend group therapy **3**. Follow medication regimen closely	**1.** Set up outpatient appointment with psychiatrist. **2.** Continue access to psychotropic medications. **3.** Have patient meet for group therapy
2. Anxiety/ Fear	Related to feeling of hopelessness as evidenced by alcohol use and dependence	**1.** Monitor and document seizure activity. Maintain patent airway. Provide environmental safety (padded side rails, bed in low position). **2.** Check deep-tendon reflexes. Assess gait, if	**1.** Continue to monitor gait and assess as needed. **2.**Assess patient with CIWA protocol.	**1.** Set patient up with counselor to discuss and monitor alcohol cessation. **2.**Set patient up with

		possible. **3.** Assist with ambulation and self-care activities as needed.	**3.** Follow medication regimen closely	sponsor and meetings for Alcoholics Anonymous **3.** Continue access to medications through patient insurance
3. Ineffective individual coping	Related to learned response patterns as evidenced by smoking cigarettes and marijuana at the age of 12-13 years old	**1**. Search patient and have patient place all personal belongings in a lock environment. **2.** Encourage patient to speak with counselor regarding stress. **3.** Assist patient to create a cessation plan to help him quit with an achievable quit date goal.	**1.** Provide counseling relating to smoking cigarettes and drug use. **2.** Begin medication regimen. **3.** Begin medication regimen	**1.** Educate patient on smoking cessation. **2.** Continue monitoring patient and checking in that he is continuing medication regimen for smoking cessation. **3.** Educate patient on stress management

Other References (APA):

Concept Map (20 Points):

Subjective Data

I was feeling extremely depressed, so I went to drink a bunch of liquor. In the process of all my drinking, I lost my keys and my wallet. I passed out on a bench outside. It was cold. I guess I could have frozen to death but then I woke up. I came to the realization that I needed help. I walked from the Champaign Walmart to The Pavilion, but I was not accepted. They probably did not want to accept me because I was drunk and thought that all I wanted was meds to detox. So, they called an ambulance which brought me here.

Nursing Diagnosis/Outcomes

Risk for self-harm related to feelings of depression as evidenced by suicidal ideation and past attempts.
Anxiety and fear related to feeling of hopelessness as evidenced by alcohol use and dependence.
Ineffective Individual coping related to learned response patterns as evidenced by smoking cigarettes and marijuana at the age of 12-13 years old.

Objective Data

Patient's most recent vital signs:
BP: 125/76 mmHg
RR: 20
O2: 98%
HR: 105
Temp: 98.9 F

Patient Information

Patient is a 19-year-old, single, Caucasian male, with a history of suicidal ideation alcoholic dependence, premature ventricular contractions, nicotine use disorder, marijuana use disorder, bipolar affective disorder . Patient is very pleasant, calm, and ready to make personal changes in his life.

Nursing Interventions

Provide appointment with psychiatrist.
Community group therapy
Confirm access to medications with patient's insurance.
Personal counseling for alcohol dependence
Schedule appointment with current Alcoholic Anonymous meeting and sponsor
Confirm access to psychotropic medications.
Educate patient on smoking cessation.
Educate patient on stress management.
Confirm medication regimen for smoking cessation.