N323 Care Plan 1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
01/18/2021	J.S.	48 y/o	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Automotive Mechanic	Single	Iodine Dye-hives Wellbutrin-hives Bee venom-hives
Code Status	**Observation Status**	**Height**	**Weight**
FULL	15-minute rounds	6' (182.9 cm)	180 pounds (81.6 kg)

Medical History (5 Points)

Past Medical History: bipolar disorder, alcohol abuse, myocardial infarction, coronary artery disease, type 2 diabetes, high cholesterol, hypertension, and acute kidney injury, past surgical history of coronary angioplasty with stent placement and ankle surgery

Significant Psychiatric History: Patient has a history of anxiety, alcohol addiction, and depression. Patient was in a 30-day inpatient program for alcohol addiction at the Pavilion 13 years ago.

Family History: Patient's paternal great uncle and grandfather had a history of cancer. Patient's mother had a history of bipolar, multiple sclerosis, and suicidal ideation. Patient's father had a history of alcohol addiction and lung cancer. Patient's sister has a history of gender dysmorphia.

Social History (tobacco/alcohol/drugs): Patient has consumed 5 pints of vodka a day for the past 6 years, but down to 2 pints since 07/19. Patient reports he's smoked a half pack of cigarettes a day since a teenager. Patient has tried cocaine 2 times and crack 1 time.

Living Situation: Patient lives in a "roach infested camper" with his dog.

Strengths: Patient has insurance for inpatient and outpatient treatment. Patient is set up with an outpatient facility when he leaves OSF. Patient has a dog that he "loves and takes care of" that gives him strength.

Support System: Patient has a friend that "put him on the backburner" since he got a girlfriend, had an aunt he was close to but died 2 weeks ago, and his cousin, Kevin, is a big support system for him as Kevin is his minister.

Admission Assessment

Chief Complaint (2 points): Patient's chief complaint is chest pain and anxiety with suicidal ideation, but no plan to carry out.

Contributing Factors (10 points): On January 18th, a 48-year-old white, divorced male was admitted to OSF Heart of Mary Medical Center with chest pain and anxiety. The patient began having anxiety two days before the admission but began having chest pain the morning the patient was admitted. The patient is living in a "roach infested trailer with his dog". The patient stated, "I was worried I was having another heart attack because the pain was a stabbing pain". The ER ruled out any cardiac problems. The patient was admitted to the behavioral health floor to evaluate him and treat his anxiety and bipolar affective disorder. Patient is compliant with his medications.

Factors that lead to admission: Patient lost his job, his daughter, his home, and his truck. Patient also became divorced and lost his aunt 2 weeks who he was very close to.

History of suicide attempts: Patient attempted suicide in April 2020 by "holding a gun to his head" but did not follow through.

Primary Diagnosis on Admission (2 points): The primary diagnoses upon admission are bipolar affective disorder and current episodic depression.

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		Through all of childhood		Patient was whipped with a belt numerous times by his dad's belt when patient was kid, but patient states "he deserved it
Sexual Abuse		12 years old		Patient's boy scout leader forced patient to perform sexual acts with next to a culvert pipe, close to the boy scout camp. Patient can remember that day "vividly and still dreams about it"
Emotional Abuse				None
Neglect		Through childhood		Patient's parents were alcoholics and were not able to function as parents. Patient's mom left

				patient's life at 6 years old.
Exploitation				None
Crime		"20's"		Patient "rode donuts on a golf course"
Military				None
Natural Disaster				None
Loss				None
Other				None

Presenting Problems		
Problematic Areas	**Presenting?**	**Describe (frequency, intensity, duration, occurrence)**
Depressed or sad mood	<mark>**Yes**</mark> **No**	For the past 16 years but more severe since his aunt died and since he's been at the hospital for the past 3 days. He does not like not being able to see his dog so that's making him sad.
Loss of energy or interest in activities/school	<mark>**Yes**</mark> **No**	For the past 3 days since being in the hospital and not being able to drink alcohol
Deterioration in hygiene and/or grooming	<mark>**Yes**</mark> **No**	For the past 3 days since being in the hospital and not being able to shave
Social withdrawal or isolation	<mark>**Yes**</mark> **No**	For the past 3 days since being in the hospital and not able to see his dog
Difficulties with home, school, work, relationships, or responsibilities	<mark>**Yes**</mark> **No**	For the past 3 days since being in the hospital and not being able to work. He states, "alcohol takes over my life in almost every way and it makes me think alcohol is more important than anything else"
Sleeping Patterns	**Presenting?**	**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	<mark>**Yes**</mark> **No**	For the past 3 nights since being in the hospital and not being able to drink alcohol, only sleeps 5-7 hours a night

Difficulty falling asleep	**Yes**	No	For the past 3 nights since being in the hospital and not being able to drink alcohol, takes him 1-2 hours to fall asleep
Frequently awakening during night	**Yes**	No	For the past 3 nights since being in the hospital and not being able to drink alcohol, wakes up 5-6 times a night
Early morning awakenings	**Yes**	No	For the past 3 nights since being in the hospital and not being able to drink alcohol
Nightmares/dreams	**Yes**	No	For the past 3 nights since being in the hospital and not being able to drink alcohol, has 3-4 nightmares and "weird, crazy dreams" every night
Other	**Yes**	No	Loud patients have kept him awake the past 3 nights
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: **overeating**/loss of appetite	**Yes**	No	For the past 3 days since being in the hospital and not being able to drink alcohol since alcohol helps him not overeat, but the "metformin makes me eat like a horse"
Binge eating and/or purging	Yes	**No**	
Unexplained weight loss? Amount of weight change:	Yes	**No**	Weight gain has been from metformin causing him to overeat
Use of laxatives or excessive exercise	Yes	**No**	
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	**Yes**	No	For the past 3 days since being in the hospital and not being able to drink alcohol, but "tremors are from alcohol withdrawal"
Panic attacks	**Yes**	No	For the past 3 days since being in the hospital and not being able to drink alcohol
Obsessive/compulsive thoughts	**Yes**	No	"I have always been obsessive over all my thoughts and the

			thoughts keep coming"
Obsessive/compulsive behaviors	<mark>Yes</mark>	No	"I am always obsessive in my relationships as well and always have been since I can remember"
Impact on daily living or avoidance of situations/objects due to levels of anxiety	<mark>Yes</mark>	No	For the past 3 days since being in the hospital and not being able to drink alcohol

Rating Scale	
How would you rate your depression on a scale of 1-10?	Patient reports depression as a 7/10
How would you rate your anxiety on a scale of 1-10?	Patient reports anxiety as a 7/10

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	<mark>Yes</mark>	No	"I blew a 0.7 blood alcohol level at work and got fired because they have a no alcohol policy"
School	Yes	<mark>No</mark>	
Family	<mark>Yes</mark>	No	"My kids won't talk to me because of my addiction and my wife divorced me because of it"
Legal	Yes	<mark>No</mark>	
Social	<mark>Yes</mark>	No	"I like to be home by myself with my alcohol and my benzos"
Financial	<mark>Yes</mark>	No	"It's expensive to buy as much alcohol as I consume, and my paychecks usually can't support it when I am working"
Other	Yes	<mark>No</mark>	

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient

Dates	Facility/MD/ Therapist	Inpatient/ Outpatient	Reason for Treatment	Response/Outcome
13 years ago (does not know exact dates)	**Inpatient**: 30 days with a psychiatrist and a therapist for an alcoholics anonymous program **Outpatient Other:**	Inpatient	Alcohol addiction and withdrawal symptoms	**No improvement** **Some improvement** **Significant improvement**-did not crave alcohol anymore and symptoms were gone, but decided to drink again "for fun and did not think it would affect me"
N/A	**Inpatient Outpatient Other:**			**No improvement** **Some improvement** **Significant improvement**
N/A	**Inpatient Outpatient Other:**			**No improvement** **Some improvement** **Significant improvement**
Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Patient lives alone/is homeless			**Yes**	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
If yes to any substance use, explain: N/A				

Children (age and gender): Patient has 2 daughters. One is age 28 and the other daughter is age 19.
Who are children with now? Patient's daughter (age 28) lives in Catlin with husband and other daughter (age 19) lives with mother and stepdaughter in Oakwood.

Household dysfunction, including separation/divorce/death/incarceration: Mother left the family at 6 and father was alcoholic, so patient did not have proper presence from his parents.

Current relationship problems: N/A

Number of marriages: 2 times to the same person

Sexual Orientation:	Is client sexually active?	Does client practice safe sex?
Heterosexual	Yes No	Yes No N/A

Please describe your religious values, beliefs, spirituality and/or preference: Christian

Ethnic/cultural factors/traditions/current activity: Christianity does not affect patient's current activities.
Describe: N/A

Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Patient has been divorced from his wife twice and has been charged for "making donuts on a golf course in the golf cart"

How can your family/support system participate in your treatment and care? Patient's

cousin, Kevin, will be picking him up from the hospital and will be the patient's minister to

help him heal.

Client raised by:

   Natural parents- Father
   Grandparents
   Adoptive parents
   Foster parents
   Other (describe):

Significant childhood issues impacting current illness: Patient says parents physically

abused him by whipping him with belts, but patient states "he deserved it"

Atmosphere of childhood home:

   Loving
   Comfortable

Chaotic **Abusive** **Supportive** **Other:** Patient states, "my parents were drunk all time, such as when I broke my leg as a kid and my parents were too drunk to take me to the hospital."
Self-Care: **Independent** **Assisted** **Total Care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) Mother-bipolar, alcohol addiction, suicidal ideation Father-alcohol addiction Half Sister-heroin addict
History of Substance Use: Patient tried cocaine 2 times, crack one time, and smoked marijuana "before his last job because they have a no drug policy"
Education History: **Grade school** **High school** **College:** Vocational school for automotive mechanic **Other:**
Reading Skills: **Yes** **No** **Limited**
Primary Language: English
Problems in school: Missing class. Patient states, "I only went to class the day before and after a game because we would've been kicked off the team if we didn't show up those days".
Discharge
Client goals for treatment: "To get sober enough where I can reach out to my daughters and make a relationship with them."
Where will client go when discharged? Patient will go back to trailer with his dog when he is

discharged.

Outpatient Resources (15 points)

Resource	Rationale
1. Camel Club (Alcoholics Anonymous)	**1.** To help with his alcohol addiction and withdrawal symptoms
2. Cross Points Outpatient	**2.** Patient states, "to help me get sober so I can reach out to my daughters and regain a relationship with them"
3. Danville Housing Authorities	**3.** To help pay for his gas in his trailer until he can go back to work

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

Brand/ Generic	Haloperidol	Benztropine	Trazodone	Risperidone	Pravastatin
Dose	5 mg	2 mg	150 mg	2 mg	40 mg
Frequency	Q4H PRN	BID PRN	Nightly	QAM	QPM
Route	PO	PO	PO	PO	PO
Classification	Antipsychotic	Anticholinergic	Antidepressant	Antipsychotic	Antilipemic

Mechanism of Action	Blocks postsynaptic dopamine receptors and dopamine turnover in the brain, causing an antipsychotic effect (Jones and Bartlett, 2020)	Blocks acetylcholine's actions and this restores the brain's dopamine levels which decreases rigidity and tremors (Jones and Bartlett, 2020)	Blocks serotonin reuptake along the presynaptic neuronal membrane and prevents the vasopressor response to norepinephrine which reduces blood pressure (Jones and Bartlett, 2020)	Blocks serotonin and dopamine receptors in the CNS to suppress psychotic symptoms (Jones and Bartlett, 2020)	Stops cholesterol synthesis by blocking HMG-CoA to mevalonate and this increases the breakdown of LDL synthesis (Jones and Bartlett, 2020)
Therapeutic Uses	To decrease manic and depressive symptoms	To decrease tremors	To decrease sleep issues and depressive symptoms	To decrease depressive symptoms	To decrease chest pain
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	To treat bipolar disorder	To treat tremors from alcohol withdrawal	To treat insomnia	To treat depression	To prevent further MI, CAD, and high cholesterol
Contraindications (2)	Hypersensitivity to haloperidol, Parkinson's disease	Angle-closure glaucoma, children younger than age 3	Hypersensitivity to trazodone, recovery from acute MI	Hypersensitivity to risperidone and hypersensitivity to paliperidone	Active hepatic disease, breastfeeding
Side Effects/Adverse Reactions (2)	Hypothermia, seizures	Hypotension, delirium	Apnea, hyponatremia	Bradycardia, pancreatitis	Rash, fatigue
Medication/ Food	Diazoxide, alcohol use	Amantadine,	NSAIDs, warfarin	Antihypertensives, levodopa	Cholestyramine,

Interactions		phenothiazi nes			erythromyci n
Nursing Consideration s (2)	Assess patient for fall risks because of orthostatic hypotension risks, monitor white blood cell count (Jones and Bartlett, 2020)	Therapy typically begins with a low dose, followed by increments of 0.5 mg every 5-6 days, give drugs before or after meals (Jones and Bartlett, 2020)	May cause mild dilation of pupils so patient needs an eye exam before starting medication, male patient should notify prescriber immediately about priapism (Jones and Bartlett, 2020)	Monitor orthostatic hypotension, use cautiously in patients with hepatic or renal dysfunction (Jones and Bartlett, 2020)	Monitor liver enzymes before starting medication, monitor BUN and creatinine levels (Jones and Bartlett, 2020)

Brand/Generic	Metformin	Clopidogre l	Carvedilol	Nicotine	Oxcarbazepin e
Dose	1000 mg	75 mg	6.25 mg	1 patch	30 mg
Frequency	BID w/food	Daily	BID w/food	Daily	BID
Route	PO	PO	PO	Transdermal	PO
Classification	Antidiabetic	P2Y$_{12}$ platelet inhibitor	Antihypertens ive	Nicotine Agonist	Anitconvulsa nt
Mechanism of Action	Promotes storage of excess glucose as glycogen in the liver and this reduces glucose	Binds to ADP receptors on the surface of activated platelets, by	Reduces cardiac output, causing vasodilation, and decreases peripheral vascular	Binds selectively to nicotine- cholinergic receptors at autonomic ganglia, at the	Prevents or halts seizures by blocking sodium channels in the neuronal cell membrane

	production. This may also make cells more sensitive to insulin and increase the number of receptors on cell membranes (Jones and Bartlett, 2020)	deactivating glycoprotein IIb/IIa receptors and this prevents fibrinogen from attaching to receptors (Jones and Bartlett, 2020)	resistance which reduces blood pressure and cardiac output (Jones and Bartlett, 2020)	neuromuscular junctions, in the brain, and in the adrenal medulla which reduces nicotine craving and withdrawal symptoms (Jones and Bartlett, 2020)	and this slows nerve impulse transmission, which decreases the neuronal firing rate (Jones and Bartlett, 2020)
Therapeutic Uses	To prevent diabetic symptoms	To thin blood and prevent clots	To treat high blood pressure symptoms from anxiety	To treat nicotine addiction and nicotine withdrawal	To treat or prevent seizures
Therapeutic Range (if applicable)					
Reason Client Taking	To treat type 2 diabetes	To prevent another MI	To treat high blood pressure	To help the client prevent smoking	To prevent seizures
Contraindications (2)	Hypersensitivity to metformin, advanced renal disease	Peptic ulcer disease, intracranial hemorrhage	Asthma, cardiogenic shock	Arrythmias, recovery from acute MI	Hypersensitivity to oxcarbazepine and hypersensitivity to eslicarbazepine acetate
Side Effects/Adverse Reactions (2)	Headache, nausea	Fever, hallucinations	Angina, melena	Dizziness, irritability	Amnesia, confusion
Medication/ Food Interactions	Corticosteroids, isoniazid	NSAIDs, fluoxetine	Fluconazole, diltiazem	Caffeine, alcohol	Phenobarbital, alcohol use
Nursing Considerations (2)	Give metformin with food,	Use cautiously in patients	Monitor patient's blood glucose	Transdermal systems should not	Administer 1 hour before or 2 hours

	assess GFR rate (Jones and Bartlett, 2020)	with hepatic or renal disease, give aspirin to patient with CAD while taking this medication (Jones and Bartlett, 2020)	level and if patient has heart failure, give digoxin and an ACE inhibitor (Jones and Bartlett, 2020)	be used with patients who have a history of diabetes, peptic ulcer disease, and seizures, remove patch before an MRI (Jones and Bartlett, 2020)	after a meal, monitor for hyponatremia (Jones and Bartlett, 2020)

Medications Reference (1) (APA):

Jones & Bartlett. (2020). *2020 Nurse's Drug Handbook (19th ed.).* Jones & Bartlett Learning.

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	Disheveled, unshaved, looks older than stated age, wearing yellow hospital gown Stable, relaxed, calm, good eye contact Thin build Focused Clear and intelligible Expressive, talkative, engaged, cooperative, oriented Calm Sad, pleasant
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:**	Suicidal N/A

Illusions: **Obsessions:** **Compulsions:** **Phobias:**	N/A N/A N/A N/A
ORIENTATION: **Sensorium:** **Thought Content:**	A&Ox4 N/A Intact, logical, goal-directed, organized
MEMORY: **Remote:**	Intact, immediate recall of what the client had for breakfast and the name of the high school he went to
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	Good judgement N/A Average N/A Average
INSIGHT:	Fair
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	None Good posture Poor muscle tone Average strength Good motor movements

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1441	86 bpm	149/94 mmHg	18 RR	97.4 F (36.6 C)	98%
1826	83 bpm	147/96 mmHg	16 RR	97.4 F (36.6 C)	98%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1444	Numeric	N/A	0/10	N/A	N/A
1839	Numeric	N/A	0/10	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed:	**Oral Fluid Intake with Meals (in mL)**
Breakfast: 100% (based on what client told me)	**Breakfast:** 300 mL
Lunch: 100% (based on what client told me)	**Lunch:** 90 mL
Dinner: 100%	**Dinner:** 150 mL

Discharge Planning (4 points)

Discharge Plans (Yours for the client): Go to assigned outpatient counseling every week, take away triggers from home, be compliant with all medications to improve symptoms, and stay in contact with supportive members of family. Patient is being driven back to his trailer by Kevin, his cousin, when patient is getting discharged. Patient will be seen again in 1 month by his provider and will be called once a week by the nurse to check and see how he is doing.

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. Chronic low self-esteem	Related to patient losing job and wife to illness, as evidenced by "I don't really like myself very much anymore"	1.Invite the patient to record past and current achievements in a journal 2. Evaluate how well the patient believes he is "in control" of his behavior 3. Assess patient for feelings of unfinished grief	1.Act as a role model for the patient in healthy expression of his feelings 2. Spend calm and deliberate time with the patient 3. Educate the patient about activities that would result in healthy self-esteem	1. Educate patient about harmful effects of negative self-talk 2. Community group therapy 3. Journal about negative self-talk and any thoughts
2. Risk for self-harm	Related to anxiety and depressive symptoms, as evidenced by "I really don't feel like being here and I really don't feel like going back home either"	1. Assess why they're feeling the way they are 2. Give the patient goals they can work on, so they participate in treatment 3. Check for anything that they can harm themselves with	1. Group therapy 2.Make sure they're taking their medications 3. Check off the patient on the flow sheet every 15 minutes	1. Outpatient therapy 2.Give them goals to continue their medication 3. Group therapy in the community
3. Insomnia	Related to the patient feeling	1. Make sure the client has	1. Meditate for 10 minutes before	1. Encourage the client to

| | more tired than usual, as evidenced by "I have not slept this bad in a long time. My brain won't shut off and I keep waking up after weird dreams" | medication they can use for the insomnia

2. Notify the provider

3. Assess why the patient is not sleeping as much as usual | sleep every night

2. Journal thoughts every night before sleep

3. Make the room as quiet and cool as possible for an adequate sleep environment | perform relaxing exercise for 30 minutes every day

2. Try herbal sleep aids

3. Try warm baths, calming music, or reading a book before bed |

Other References (APA):

Concept Map (20 Points):

Subjective Data

The patient began having anxiety two days before the admission but began having chest pain the morning the patient was admitted. The patient stated, "I was worried I was having another heart attack because the pain was a stabbing pain".

Nursing Diagnosis/Outcomes

Chronic low self-esteem related to patient losing job and wife to illness, as evidenced by "I don't really like myself very much anymore"
Risk for self-harm related to anxiety and depressive symptoms, as evidenced by "I really don't feel like being here and I really don't feel like going back home either"
Insomnia Related to the patient feeling more tired than usual, as evidenced by "I have not slept this bad in a long time. My brain won't shut off and I keep waking up after weird dreams"

Objective Data

Patient's most recent vitals were
BP: 147/96 mmHg
RR: 16
O2: 98%
HR: 83 bpm
Temp: 97.4 F

Patient Information

On January 18th, a 48-year-old white, divorced male was admitted to OSF Heart of Mary Medical Center with chest pain and anxiety. The patient has a history of anxiety, alcohol addiction, and depression. Patient is anxious.

Nursing Interventions