

N323 Care Plan
Lakeview College of Nursing
Jamie Rucker

Demographics (3 points)

Date of Admission 01/24/2021	Patient Initials K.R.	Age 27	Gender Female
Race/Ethnicity Caucasian	Occupation HR -North American Lighting (just quit 2 days ago). /Gift shop owner	Marital Status Single	Allergies Red meat, dairy – Anaphylactic shock for both.
Code Status Full	Observation Status 15 minute rounds	Height 5'5"	Weight 130

Medical History (5 Points)

Past Medical History: Patient has a history of hypokalemia, miscarriage with DNC last year.

Significant Psychiatric History: Patient has a history of manic depression and a suicide attempt at age 17.

Family History: Patient's mother has a history of diabetes, hypertension, and manic depression. Patient's father has a history of hypertension and diabetes. Patient's sister and brother have a history of manic depression.

Social History (tobacco/alcohol/drugs): Patient denies use of alcohol. Patient reports that she smokes 3-5 cigarettes per day. Patient reports that she uses marijuana every night to help her relax.

Living Situation: Patient lives with her boyfriend of 8 years and her son, who will be 10 in February.

Strengths: Patient reports her that her strengths are talking, caring, being compassionate and analytical.

Support System: Patient reports that her support system is her boyfriend, her son, and her sister.

Admission Assessment

Chief Complaint (2 points): Patient states, “I don’t know why I am here, the court made me go to Salem Hospital and now I’m here.”

Contributing Factors (10 points):

Factors that lead to admission: The patient was originally taken to the emergency room, accompanied by two police officers. She became agitated, combative and was manic. Patient had called 911 three times for help looking for her son. Patient was found by police driving all over to look for him. The patient states, “I just want me son back, they think I’m crazy but I’m not.” She states, “I summoned the wrong people to court, and I can’t say too much.” She also stated, “I am my own lawyer now, and I can’t trust anyone. Patient believes that two of her employees “broke into my bank account and took my money, that’s why I had to quit working there.”

History of suicide attempts: Patient attempted suicide when she was 17 years old. She took, “a bunch of pills.” Patient was hospitalized for the attempted overdose. She states her mother, “has been abusive my whole life and my son’s father was sexually abusive, and I couldn’t deal with it any longer.” She also reported that she has not done anything like that since having her son because, “he gives me purpose and a reason to live.”

Primary Diagnosis on Admission (2 points): The primary diagnosis upon admission is acute psychosis. The secondary diagnosis is manic depression.

Psychosocial Assessment (30 points)

History of Trauma

No lifetime experience: Patient confirmed a history of trauma but was not willing to share everything. She stated, “I have to be careful about what I say about some things because of my court case.”

Witness of trauma/abuse:

	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse		Age 12		Patient does not feel comfortable elaborating
Sexual Abuse		“Late teens”		Patient reports son’s father was abusive
Emotional Abuse		“growing up”		Patient states her mom was abusive
Neglect		“growing up”		Patient states her mom manic depression prevented her from being present
Exploitation				None
Crime				None
Military				None
Natural Disaster				None
Loss		2-3 years ago		Patient states her grandfather died
Other				None
Presenting Problems				
Problematic Areas	Presenting?		Describe (frequency, intensity,	

			duration, occurrence)
Depressed or sad mood	Yes		Often lately, but not usually
Loss of energy or interest in activities/school		No	
Deterioration in hygiene and/or grooming		No	Patient states she wears makeup and does her hair and dresses nice.
Social withdrawal or isolation	Yes		Often, “can’t trust people”
Difficulties with home, school, work, relationships, or responsibilities	Yes		Issues with co-workers recently but not constant
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes		Patient indicates she has been sleeping less the last couple of weeks
Difficulty falling asleep		No	
Frequently awakening during night		No	
Early morning awakenings		No	
Nightmares/dreams		No	
Other		No	
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite	Yes		Patient states, “when everything is normal, I eat fine, but when I’m angry I don’t eat.” Occurs often
Binge eating and/or purging		No	
Unexplained weight loss?		No	
Amount of weight change:			

Use of laxatives or excessive exercise		No	
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	Yes		Patient reports that she paces a lot when she is anxious and her heart races. Occurs often
Panic attacks	Yes		Often, 3-4x per week “music helps”
Obsessive/compulsive thoughts	Yes		Often, about gift shop and donations. “Thinking gives me drive and makes me happy”
Obsessive/compulsive behaviors		No	
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes		Sometimes- “Sometimes anxiety is good and helps me and sometimes it’s bad.”
Rating Scale			
How would you rate your depression on a scale of 1-10?		Patient reports depression as 3/10	
How would you rate your anxiety on a scale of 1-10?		Patient reports anxiety as 1/10	
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	Yes		Frequent and severe for about the last four years
School	N/A		Patient is not currently enrolled in school
Family	Yes		“All of my life, but worse over the last 2 weeks”
Legal	Yes		Frequent over the last 2 weeks
Social	Yes		Does not trust anyone, feels hurt and wants to relax
Financial	Yes		Patient states, “coworkers stole from my account”
Other		No	

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	Facility/MD/Therapist	Inpatient/Outpatient	Reason for Treatment	Response/Outcome
Dates unknown Age 17	Inpatient	Inpatient Salem Hospital	Suicide attempt, depression	Some improvement
	Inpatient Outpatient Other:			No improvement Some improvement Significant improvement
	Inpatient Outpatient Other:			No improvement Some improvement Significant improvement
Personal/Family History				
Who lives with you?	Age	Relationship	Do they use substances?	
Steve	34	Boyfriend	Yes - Marijuana	
Carson	10 in February	Son		No
			Yes	No
			Yes	No
			Yes	No
If yes to any substance use, explain: Marijuana				
Children (age and gender): Patient has one child, a son who will be 10 in February.				

Who are children with now? Child's father		
Household dysfunction, including separation/divorce/death/incarceration: Cousins have been incarcerated. Patient's parents divorced		
Current relationship problems: None		
Number of marriages: None		
Sexual Orientation: Heterosexual	Is client sexually active? Yes	Does client practice safe sex? Yes
Please describe your religious values, beliefs, spirituality and/or preference: Patient states, "None as of now, my mom is Christian, dad is Muslim, I am more of a Gypsy soul."		
Ethnic/cultural factors/traditions/current activity: My dad has taken me to the Mosque.		
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Current – Court dates		
How can your family/support system participate in your treatment and care? Sister, boyfriend, and boyfriend's mom can call and check on me		
Client raised by: Mom and grandpa mostly, but also stayed a lot with friends. Natural parents Grandparents Adoptive parents Foster parents Other (describe):		
Significant childhood issues impacting current illness: Patient has a history of emotional and physical abused. When asked about it she responded, "Do I have to talk about it?" Patient became emotional and tearful.		
Atmosphere of childhood home: Loving Comfortable Chaotic Abusive Supportive Other:		
Self-Care: Independent		

Assisted Total Care
Family History of Mental Illness (diagnosis/suicide/relation/etc.) Mother - Manic depression, suicidal Sister -Manic depression, suicidal Brother - Manic depression, suicidal
History of Substance Use: Patient reported she used some drugs when she was younger but does not remember what they were.
Education History: Grade school High school College – On and off for 2 years Other – Cosmetology school
Reading Skills: Yes No Limited
Primary Language: English
Problems in school: Easily bored and lost focus
Discharge
Client goals for treatment: Patient states, “I want to get my son back and have our best life.”
Where will client go when discharged? Home

Outpatient Resources (15 points)

Resource	Rationale
Suicide Website/Hotline https://suicidepreventionlifeline.org/ 1-800-273-8255	This will be a useful resource when the patient feels suicidal
Group Therapy/Support Group https://www.crconline.info/	Therapy and support groups to talk about coping methods, depression, and suicidal ideations
Psychiatry https://www.psychologytoday.com/us/psychiatrists/il/marion-county/474467?sid=6012262a6fa58&zipdist=30&ref=1&tr=ResultsName	For medication adherence, coping strategies and overall mental health

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

Brand/Generic	Trazodone/ Desyrel	Benztropine/ Cogentin	Haloperidol/ Haldol	Aripiprazole/ Abilify	Lorazepam/ Ativan
Dose	50 mg	2 mg	5 mg	5 mg	2 mg
Frequency	QPM	BID PRN	Q4H PRN Q6H PRN	QD	Q4H PRN Q6H PRN
Route	PO	IM	PO IM	PO	PO IM
Classification	Antidepressant	Anticholinergic	Antipsychotic	Antipsychotic	Anxiolytic
Mechanism of Action	Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect	Blocks acetylcholine’s action at cholinergic receptor sites	May block postsynaptic dopamine receptors in the limbic system	May produce antipsychotic effects through partial agonist and antagonist actions	May potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters
Therapeutic Uses	Treats major	Treats acute	Treats acute	Treats	To treat

	depression	dystonic reactions	psychotic episodes	irritability	anxiety
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	To treat major depression	To treat side effects	To treat psychosis	To treat irritability	To treat anxiety
Contraindications (2)	Hypersensitivity to trazodone or its components	Angle-closure glaucoma, hypersensitivity to benztropine	Hypersensitivity to haloperidol or its components, Parkinson's disease, severe toxic CNS comatose states or depression	Hypersensitivity to aripiprazole or its components	Acute angle-closure glaucoma, hypersensitivity to lorazepam
Side Effects/Adverse Reactions (2)	Anxiety, psychosis	Agitation and delirium	Agitation, anxiety	Aggression, agitation	Suicidal ideation, tachycardia
Medication/Food Interactions	NSAID's, Warfarin	Amantadine, haloperidol	Amphetamines, CNS depressants	Antihypertensives, carbamazepine	Digoxin, fentanyl
Nursing Considerations (2)	Use cautiously in patients with cardiac disease because drug can cause arrhythmias, give shortly after a meal to reduce nausea	Administer IM when patient needs more rapid response, give before or after meals based on patient's need and response	Should not be used to treat dementia-related psychosis in elderly because of an increased mortality risk, use cautiously in patients with a history of prolonged QT interval	Should not be used to treat dementia-related psychosis in the elderly because of an increased risk of death, use cautiously in patients with cardiovascular disease or conditions that would predispose them to hypotension	Make sure patient already takes an antidepressant, because of the increased risk of suicide in patients with untreated depression, monitor patient's respirations every 5 to 15 minutes and keep

					emergency resuscitation equipment readily available
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Brand/Generic	Oxcarbazepine/ Trileptal	Olanzapine/ Zyprexa			
Dose	300 mg	5 mg			
Frequency	Q2H	Q8H PRN			
Route	PO	PO or IM			
Classification	Anticonvulsant	Antipsychotic			
Mechanism of Action	May prevent or halt seizures by blocking or closing sodium channels in neuronal cell membrane	May achieve antipsychotic effects by antagonizing dopamine and serotonin			
Therapeutic Uses	To treat seizures	To treat agitation associated with schizophrenia and bipolar I mania			
Therapeutic Range (if applicable)	N/A	N/A			
Reason Client Taking	To treat seizures	To treat bipolar I mania			
Contraindications (2)	Hypersensitivity to oxcarbazepine or its components	Blood dyscrasias, hepatic dysfunction			
Side Effects/Adverse Reactions (2)	Confusion, difficulty concentrating	Headache, sensory instability			
Medication/Food Interactions	Carbamazepine, oral contraceptives	Anticholinergics, antihypertensives			

Nursing Considerations (2)	Know that patient with allergic reaction to carbamazepine may have hypersensitivity, monitor serum sodium level for signs of hyponatremia	Use cautiously in patients with hepatic impairment or conditions associated with limited hepatic functional reserve, also use cautiously in patients with known cardiovascular disease			
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's drug handbook*.

Mental Status Exam Findings (20 points)

APPEARANCE: Behavior: Build: Attitude: Speech: Interpersonal style: Mood: Affect:	Clean, hair needs brushed Relaxed and calm Small build Positive, motivated Clear Cooperative and engaged Calm Happy overall but at times was tearful
MAIN THOUGHT CONTENT: Ideations: Delusions: Illusions: Obsessions: Compulsions: Phobias:	None currently Yes, believes people are out to get her None None Compulsive at times None
ORIENTATION: Sensorium: Thought Content:	A & O x 4 N/A Intact, somewhat scattered
MEMORY: Remote:	Denies impairment

REASONING: Judgment: Calculations: Intelligence: Abstraction: Impulse Control:	Questionable - Patient tends to have delusional thinking, irrational thoughts, and impulsive behavior N/A Intelligent None Average
INSIGHT:	Fair
GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements:	None Good Good Normal Good

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1633	83	124/80	16	98.0	100 room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1633	3	Back	Dull	Tight, tense	Massage, support on her back when sitting

Dietary Data (2 points)

Dietary Intake	
<p>Percentage of Meal Consumed:</p> <p>Breakfast: unknown</p> <p>Lunch: 25%</p> <p>Dinner: 75%</p>	<p>Oral Fluid Intake with Meals (in mL)</p> <p>Breakfast: unknown</p> <p>Lunch: 240 mL</p> <p>Dinner: 240 mL</p>

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

Keep appointments with Psychiatrist/Nurse Practitioner, take all medications as prescribed, continue outpatient counseling and group therapy, practice alternative coping methods as included below.

Nursing Diagnosis (15 points)

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

Nursing Diagnosis	Rational	Immediate Interventions (At admission)	Intermediate Interventions (During hospitalization)	Community Interventions (Prior to discharge)
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			
<p>1. Ineffective coping related to irrational behavior as evidenced by agitation,</p>	<p>Patient displayed hostile behavior, yelling, and acting out</p>	<p>1.Utilize safety measures to keep everyone including patient safe</p>	<p>1. Have patient attend group sessions to have support and learn new coping mechanisms</p>	<p>1. Seek out and participate in group therapy sessions on a regular basis</p>

<p>outbursts, and violence against nursing staff</p>	<p>while in the emergency room.</p>	<p>2. Reduce stimuli</p> <p>3. Administer medication to reduce severity of her symptoms</p>	<p>2. Adhere to medication regimen</p> <p>3. Provide safe alternatives and distractions and a quiet environment</p>	<p>2. Continue to take medications daily as prescribed</p> <p>3. Use safe coping mechanisms such as going to the gym, taking a walk</p>
<p>2. Disturbed thought process related to overwhelming life circumstances as evidenced by impaired judgement, delusional thinking, and compulsive behavior</p>	<p>Patient displayed delusional thinking, stated, “I summoned the wrong people to court, and I have to be careful.”</p>	<p>1. Recognize patient’s delusions is her perception of her environment.</p> <p>2. Medication to help with severity of symptoms</p> <p>3. Reduce stimuli and possible triggers</p>	<p>1. Identify patient’s feelings related to delusional thoughts and help work through them</p> <p>2. Remain consistent with medication regimen</p> <p>3. Have patient engage in reality-based activities, such as coloring, card games, or arts and crafts to distract from delusions</p>	<p>1. Maintain a regular sleep pattern</p> <p>2. Use resources like the suicide hotline and group therapy when needed</p> <p>3. Meet with psychiatrist weekly to discuss progress, concerns and to remain adherent to medication</p>
<p>3. Risk for suicide related to psychiatric illness (bipolar, manic depression) as evidenced by previous suicide attempt</p>	<p>Patient previously tried to commit suicide and currently suffers from bipolar disorder, manic depression and delusional</p>	<p>1. Remove any potential weapons, and medications</p> <p>2. Arrange for crisis counseling</p> <p>3. Administer medication as needed to reduce feelings</p>	<p>1. Avoid isolation and provide safety and comfort</p> <p>2. Provide medication to help patient sleep, and manage symptoms of psychiatric illness</p> <p>3. Monitor with</p>	<p>1. Avoid making any decisions during crisis situations</p> <p>2. Reach out to the suicide help hotline, trusted friends, family and self help groups</p>

	thought process	of depression, and suicidal thoughts	15 minute rounding to check mood, behavior and overall wellness	3. Construct a no-suicide contract with a support person
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Other References (APA):

Home. (n.d.). Retrieved January 27, 2021, from <https://suicidepreventionlifeline.org/>.

Vera, M. (2021, January 18). *Nursing Diagnosis: Everything You Need to Know [2020 Guide]*. Nurseslabs. <https://nurseslabs.com/nursing-diagnosis/>.

Subjective Data

Patient states that she quit her job because her coworkers accessed her bank account and stole her money. She also stated, "I summoned the wrong people to court and have to be careful what I say."

Nursing Diagnosis/Outcomes

- 1. Ineffective coping related to irrational behavior as evidenced by agitation and outbursts
- 2. Disturbed thought process related to overwhelming life circumstances as evidenced by impaired judgement
- 3. Risk for suicide related to psychiatric illness (bipolar, manic depression) as evidenced by previous suicide attempt

Nursing Interventions

- 1. Utilize safety measures to keep everyone including patient safe
- 2. Reduce stimuli
- 3. Administer medication to reduce severity of her symptoms
 - 1. Recognize patient's delusions is her perception of her environment.
 - 2. Medication to help with severity of symptoms
 - 3. Reduce stimuli and possible triggers
- 1. Remove any potential weapons, and medications
- 2. Arrange for crisis counseling
- 3. Administer medication as needed to reduce feelings of depression, and suicidal thoughts
 - 1. Identify patient's feelings related to delusional thoughts and help work through them
 - 2. Remain consistent with medication regimen
 - 3. Have patient engage in reality-based activities, such as coloring, card games, or arts and crafts to distract from delusions
- 1. Avoid isolation and provide safety and comfort
- 2. Provide medication to help patient sleep, and manage symptoms of psychiatric illness
- 3. Monitor with 15 minute rounding to check mood, behavior and overall wellness
 - 1. Maintain a regular sleep pattern
 - 2. Use resources like the suicide hotline and group therapy when needed
 - 3. Meet with psychiatrist weekly to discuss progress, concerns and to remain adherent to medication
- 1. Avoid making any decisions during crisis situations
- 2. Reach out to the suicide help hotline, trusted friends, family and self help groups
- 3. Construct a no-suicide contract with a support person

Objective Data

Patient was observed with good posture, steady gait, calm demeanor. Her speech was loud and fast paced with delusional thoughts verbalized.

Patient Information

Patient is a 27 year old Caucasian female presenting with acute psychosis, bipolar disorder, and manic depression, with a previous suicide attempt. Patient was calm and cooperative.



