N323 Care Plan

Lakeview College of Nursing

Kenny Johnson

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
1/21/21	DG	25	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Unemployed	Single	No noted allergies
Code Status	**Observation Status**	**Height**	**Weight**
Full Code	Every 15-minutes	6’3	160 lbs

Medical History (5 Points)

Past Medical History:

No other past medical problems reported.

Significant Psychiatric History:

Pt was primarily diagnosed with Schizoaffective disorder and secondarily diagnosed with PTSD.

Family History:

No known family members with mental illness. Pt states possible history with the father who the

Pt states he has no knowledge about.

Social History (tobacco/alcohol/drugs):

Pt states he has never used tobacco, no longer drinks, and does not do drugs.

Living Situation:

Pt lives in his maternal grandparent's house in Rantoul, IL. Pt lives with his mother Tameeka, cousin Racarri, maternal grandmother Pamela, and maternal grandfather Thomas.

Strengths:

Pt states "Keeping my faith strong and having a good work ethic in the things that I do."

Support System:

Pt has a family that supports him and is positively involved in his treatment and care. His family includes his mother, his maternal grandmother, and his maternal grandfather.

Admission Assessment

Chief Complaint (2 points): Anxiety

Contributing Factors (10 points):

Factors that lead to admission:

Pt states he is anxious and was having an anxious episode which caused his family to suggest that he be admitted. Pt states "My grandma is trying to take my soul". Pt also said, "It was a misunderstanding with my grandma which led to her yelling and cursing at me". Pt claims "Mom and grandpa sent me to the hospital for recovery". Pt asked "Will you diagnose me with a mental disability so I can get social security" upon admission.

History of suicide attempts:

Pt has no history of suicidal ideation or suicide attempts.

Primary Diagnosis on Admission (2 points): Schizoaffective Disorder

Secondary Diagnosis on Admission: Post-Traumatic Stress Disorder (PTSD)

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Physical abuse at the age of 5 **Witness of trauma/abuse:** Witnesses emotional abuse from Grandma				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	N/A	5 years old	N/A	EMR states Pt was abused at the age of 5 but does not give any details.

Sexual Abuse	N/A	N/A	N/A	N/A
Emotional Abuse	Yes	Pt cannot give a specific age.	Anxiety and detachment.	Grandmother screams and curses at Pt and the rest of the family.
Neglect	N/A	N/A	N/A	N/A
Exploitation	N/A	N/A	N/A	N/A
Crime	N/A	N/A	N/A	N/A
Military	N/A	N/A	N/A	N/A
Natural Disaster	N/A	N/A	N/A	N/A
Loss	N/A	N/A	N/A	N/A
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**	**N/A**
Loss of energy or interest in activities/school	**Yes**	**No**	**N/A**
Deterioration in hygiene and/or grooming	**Yes**	**No**	Pt states he showers and brushes his teeth daily. Pt states he only combs his hair two days a week.
Social withdrawal or isolation	**Yes**	**No**	Pt participated in 3:30 spiritual group with several other patients.
Difficulties with home, school, work, relationships, or	**Yes**	**No**	**N/A**

responsibilities			
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**	**No**	**N/A**
Difficulty falling asleep	**Yes**	**No**	**N/A**
Frequently awakening during night	**Yes**	**No**	Pt states he wakes in the middle of the night around 2 a.m. He states that this occurs 3 days a week.
Early morning awakenings	**Yes**	**No**	**N/A**
Nightmares/dreams	**Yes**	**No**	**N/A**
Other	**Yes**	**No**	**N/A**
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	**Yes**	**No**	N/A
Binge eating and/or purging	**Yes**	**No**	N/A
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No**	N/A
Use of laxatives or excessive exercise	**Yes**	**No**	N/A
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	**Yes**	**No**	Pt paces the hall several times a day. Pt paced in the interview room during our interview.
Panic attacks	**Yes**	**No**	
Obsessive/compulsive thoughts	**Yes**	**No**	“God tells me I’m blessed. He

			says everyone will support me." Pt is preoccupied with religion and spirituality.
Obsessive/compulsive behaviors	**Yes**	**No**	**N/A**
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**	**No**	Anxiety impairs Pt's impulse control. During group Pt was restless and even got up and walked out of the room. When asked why he got up, the Pt stated he doesn't know why.
Rating Scale			
How would you rate your depression on a scale of 1-10?	0-10		
How would you rate your anxiety on a scale of 1-10?	6-10		
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**	**No**	Pt states he would like to get a job or collect social security for mental illness.
School	**Yes**	**No**	**N/A**
Family	**Yes**	**No**	Pt grandmother yelling and cursing at the rest of the family. Pt reports this occurs for several hours at a time, 3-4 days a week.

Legal	**Yes**	**No**	**N/A**
Social	**Yes**	**No**	**N/A**
Financial	**Yes**	**No**	**N/A**
Other	**Yes**	**No**	**N/A**

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
Pt has no prior Psychiatric or Substance Use Treatment	**Inpatient Outpatient Other:**	N/A	N/A	**No improvement** **Some improvement** **Significant improvement**
Pt has no prior Psychiatric or Substance Use Treatment	**Inpatient Outpatient Other:**	N/A	N/A	**No improvement** **Some improvement** **Significant improvement**
Pt has no prior Psychiatric or Substance Use Treatment	**Inpatient Outpatient Other:**	N/A	N/A	**No improvement** **Some improvement** **Significant improvement**

Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Racarri	9	Cousin	**Yes**	**No**

Tameeka	40s (Pt cannot provide specific age)	Mom	**Yes**	**No**
Thomas	70s (Pt cannot provide specific age)	Maternal Grandfather	**Yes**	**No**
Pamela	70s (Pt cannot provide specific age)	Maternal Grandmother	**Yes**	**No**
			Yes	**No**

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

Children (age and gender): 5-year-old daughter

Who are children with now? Child lives with her mother

Household dysfunction, including separation/divorce/death/incarceration: Pt does not keep in contact with the mother of his child. Father is not in the Pt's life. Pt does not want to talk about his father.

Current relationship problems: Pt not currently dating

Number of marriages: 0

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: Pt reports that he believes in god and all the other gods he created. Does not state a specific religion.

Ethnic/cultural factors/traditions/current activity: Manual Labor

Describe: Pt reports that he and his mother enjoy warehouse work. Pt did not comment on any ethnic or cultural factors.

Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates):
N/A

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

"They can get off my case. I get yelled at by my grandmother and I'm the one that gets sent to the hospital?"

"My mom can help me find a warehouse job once I get out of here."

Client raised by:

Natural parents : Single mother
Grandparents: Maternal grandparents
Adoptive parents
Foster parents
Other (describe):

Significant childhood issues impacting current illness: Physical and emotional abuse at the age of 5.

Atmosphere of childhood home: Patient states he grew up in a supportive home but his chart states that he was abused at the age of 5 and that grandma can be emotionally abusive.

Loving
Comfortable
Chaotic
Abusive
Supportive
Other:

Self-Care: Pt is supported financially and emotionally by his family. They suggested he be admitted in order to stabilize Pt's mood and start psychotropic medications.

Independent
Assisted
Total Care

Family History of Mental Illness (diagnosis/suicide/relation/etc.): History of mental illness per Pt. No known family members diagnosed with a mental illness.
History of Substance Use: None
Education History: **Grade school** **High school** **College** **Other:**
Reading Skills: **Yes** **No** **Limited**
Primary Language: English
Problems in school: Pt struggles with impulse control and concentration.
Discharge
Client goals for treatment: Pt goals are to take his medication and be “comfortable at home”.
Where will client go when discharged? Pt will discharge home to a house in Rantoul. He lives with his cousin Racarri, mother Tameeka, maternal grandfather Thomas, and maternal grandmother Pamela.

Outpatient Resources (15 points)

Resource	Rationale

1. The Pavilion	1. The patient would get the same treatment as inpatients but be able to go home at night and during the weekend. Would serve as a good transition.
2. Rosecrance	2. The Pt would get outpatient treatment.
3. Crosspoint Human Services (Crisis Hotline or Outpatient)	3. This resource offers outpatient treatment as well as their own crisis line in case the patient or his family are in an emergency.

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

Brand/Generic	LORazapam (Ativan)	Risperidone (Risperdal)	Benztropine (Cogentin)	Trazodone (Desyrel)	Haloperidol (Haldol)
Dose	2 mg	3 mg	2 mg	100 mg	5 mg
Frequency	Q6H PRN	BID	Q4H PRN	Nightly PRN	Q4H PRN
Route	IM	PO	PO	PO	PO
Classification	Anxiolytic	Antipsychotic	Anticholinergic	Antidepressant	Antipsychotic
Mechanism of Action	Binds to specific benzodiazepine receptors to potentiate gamma-aminobutyric	Blocks serotonin and dopamine receptors to suppress psychotic symptoms.	Blocks acetylcholine's action at cholinergic receptor sites which relaxes muscle	Blocks serotonin reuptake along with neuronal membrane causing an antidepressant	Increases brain turnover of dopamine by blocking postsynaptic dopamine receptors

	acid (GABA) which inhibits excitatory stimulation.		movement and rigidity.	effect. It also causes a sedative effect by exerting an alpha-adrenergic blocking action that blocks histamine.	producing an antipsychotic effect.
Therapeutic Uses	Used to treat anxiety disorders, insomnia, and seizures.	Used to treat symptoms of Schizophrenia and Bipolar disorder.	Used to treat Parkinson's disease symptoms and tremors caused by other drugs or medical problems.	Used to treat anxiety, depression, and problems with sleeping.	Used to treat Schizophrenia, Schizoaffective disorders, and certain other mood disorders.
Therapeutic Range (if applicable)	1-10 mg daily	1-16 mg daily	2-6 mg daily	100-600 mg daily	2-5 mg initial Daily max of 30 mg
Reason Client Taking	Reduces Pt's anxiety and excitatory stimulation.	Suppression of psychotic symptoms and reduce likelihood of a psychotic episodes.	Decreases tremor Pt has as adverse effect from antipsychotics.	Helps Pt fall asleep and stay asleep.	Suppresses psychotic symptoms.
Contraindications (2)	Premature infants and individuals with acute angle-closure glaucoma.	Hypersensitivity to risperidone or paliperidone.	Children younger than 3 and Angle-closure glaucoma.	Recovery from acute myocardial infarction and use of MAO inhibitors.	Parkinson's disease and depression
Side Effects/Adverse Reactions (2)	Amnesia and Diaphoresis	Hypothermia and seizures	Hypotension and depression.	Serotonin syndrome and hemolytic anemia.	Acute hepatic failure and gynecomastia.
Medication/Food Interactions	Aminophylline and Theophylline reduce the sedative effects.	Increased antihypertensive effects when taken with antihypertensives. Long-term use of clozapine decreases the clearance of risperidone.	Taking with tricyclic antidepressants can increase adverse anticholinergic effects. Taking with haloperidol can increase schizophrenic symptoms and decrease serum haloperidol levels.	Possible increased risk of bleeding if taking aspirin with this drug. Taking carbamazepine along with this drug can decrease the trazodone level.	Taking with alprazolam. buspirone, chlorpromazine, fluoxetine, fluvoxamine, itraconazole, nefazodone, or sertraline can increase plasma haloperidol concentrations.

Nursing Considerations (2)	Use cautiously when giving to Pts with encephalopathy or hepatic insufficiency because it will cause it to worsen. Make sure Pts with depression are already taking an anti-depressant before starting lorazepam because of increased risk of suicide in patients with untreated depression.	Use Risperidone cautiously in patients with hepatic dysfunction due to increased sensitivity to the drug. Risperidone should not be used to treat elderly Pts with dementia because it increases the likelihood of death.	Warn Pt that the drug has a cumulative effect which increases risk of adverse reactions and overdose. Caution Pt against driving until benztropine's effects are known due to blurred vision being an adverse effect.	Use cautiously with patients with heart disease due to a possible cause of arrhythmias. Risk of hypotension and respiratory depression if taken with alcohol.	Avoid stopping haloperidol abruptly unless severe adverse reactions occur. Pay attention for possible tardive dyskinesia (potentially irreversible involuntary movements) in patients receiving long term therapy.

Brand/Generic	Divalproex Sodium (Depakote)	N/A	N/A	N/A	N/A	N/A
Dose	500 mg	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Frequency	BID	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Route	PO	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Classification	Mood Stabilizer	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Mechanism of Action	Acts on GABA levels in the CNS, blocks voltage-gated ion channels, and also by inhibiting histone deacetylase.	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Therapeutic Uses	Treats manic phase of bipolar disorder and seizure disorders.	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Therapeutic Range (if applicable)	5-60 mg/kg/day	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Reason Client Taking	Suppresses symptoms of mania.	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Contraindications (2)	Hepatic impairment and urea cycle disorders.	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Side Effects/Adverse Reactions (2)	Encephalopathy and suicidal ideation	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Medication/Food Interactions	Taking this drug with aspirin can increase the level with possible increased adverse effects. Taking this drug with clonazepam can increase the risk of absence seizures.	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Nursing Considerations (2)	Be aware that patients with hypoalbuminemia are at risk divalproex sodium toxicity. Know that the drug can alter urine ketone test and thyroid function tests.	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *Nurse's drug handbook* (19th ed.) Jones and Bartlett Publishers.

Videbeck, L. S. (2020). *Psychiatric Mental Health Nursing* (8th ed.) Wolters Kluwer.

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	Pt is stated age, tall and muscular, is superficially cooperative and pleasant, is talkative, expansive, and has a flat affect.
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:** N/A	Pt denes suicidal and homicidal ideation. He states that god talks to him and has obsession and compulsion with religion and spirituality.
ORIENTATION: **Sensorium:** **Thought Content:**	Pt's thought content is loose and tangential. Often discusses religion but also discusses basketball and movies.
MEMORY: **Remote:**	Pt's memory is impaired as evidenced by being a poor historian.
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	Pt has impaired judgement and impulse control. He disrupted the spiritual group by moving around, making jokes, and getting up and leaving before coming back at one moment. Pt has average intelligence.

INSIGHT:	Pt is not very insightful. He feels as if it is other's job to support him. "Everyone will support me… god told me. You'll eventually support me."
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	Pt has no assistive devices, normal gait, walks with normal posture, has normal muscle tone, and normal strength. He paces back and forth while talking and twitches his fingers.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1630	88	107/61	19	98.0 (36.7)	100
1730	92	112/78	21	97.8 (36.6)	98

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1630	0	N/A	NO PAIN	N/A	N/A
1800	0	N/A	NO PAIN	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast:** 100% **Lunch:** 100% **Dinner:** 100%	**Oral Fluid Intake with Meals (in mL)** **Breakfast:** 120 mL milk **Lunch:** 240 mL water **Dinner:** 240 mL apple juice

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

Pt will discharge back into his family's care. Pt will take antipsychotic medications and antianxiety medications that are prescribed by the psychiatrist. Pt will benefit from outpatient individual therapy and family therapy at Rosecrance or The Pavilion. In individual therapy, sessions should focus on everyday goals, interactions, and conflicts as well as a cognitive-behavioral aspect in order to help with the anxiety from Post-Traumatic Stress Disorder (PTSD). Family therapy will benefit the Pt because his family is supportive in his care and can help him adhere to psychotropic medication and psychotherapy treatment.

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. Posttraumatic Syndrome related to Schizoaffective disorder as evidenced by Pt anxious, not wanting to talk about his father, and	Pt's chief complaint is anxiety. EMR states Pt was physically abused at the age of 5.	**1.**Lorazepam (Ativan) 10-20 mg. **2.**Trazodone (Desyrel) 100-600 mg. **3.** Provide Pt	**1.** Lorazepam (Ativan) 2 mg PRN. **2**.Trazodone (Desyrel) 100 mg nightly to help with sleep interference.	**1.** Educate the patient on his antianxiety medication and the importance of adherence to them. **2.** Educate the client's family

stating he has not slept in 3 days upon admission.		with a non-stimulating environment.	**3.** Encourage Pt to participate in group meetings.	about Pt's antianxiety medication and the importance of adherence to them. **3.** See if the Pt is ready to talk about past abuse prior to discharging back to his family.
2. Disturbed sensory perception related to schizoaffective disorder as evidenced by Pt stating "God talks to me a lot and I hear his voice. He says you will support me too" as well as the EMR shows Pt stating, "My grandmother is trying to steal my soul".	Pt is hearing voices that are not real.	**1.** Risperidone (Risperdal) 2-8 mg. **2.** Haloperidol (Haldol) 2-20 mg. **3.** Divalproex Sodium (Depakote) 500 mg.	**1.** Risperidone (Risperdal) 3 mg BID. **2.** Help Pt identify when times of hallucination are most prevalent. **3.** Accept the fact that the voices are real to Pt but let him know I cannot hear them. I'll refer to them as "the voices you hear" instead of "god".	**1.** Refrain from forcing activities and communications. **2.**Give the Pt resources about spiritual community-based interventions **3.** Ask if client would like to engage in card playing, writing, coloring, or listening to music.
3. Role performance ineffective related to Schizoaffective disorder as evidenced by unemployment and being absent in the life of his 5-year-old daughter and	Pt is supported by his family and has been unemployed for over a year. Pt does not ever see his 5-year-old daughter or his ex-girlfriend. Pt states he	**1.** Obtain health, family, and psychiatric history. **2.** Refrain from minimizing how the Pt is feeling and expressing their emotions.	**1.** Encourage Pt to discuss employment with social worker. **2.** Assess the response of the patient to the care plan. **3.** Encourage the patient to	**1.** Evaluate resources and support systems available to the patient. **2.** Encourage Pt to be as independent as possible within limitations **3.** Alert Pt of

ex-girlfriend.	does not want to talk about it.	**3.** Use therapeutic communication to convey feelings of acceptance without false reassurances.	recognize his own strengths and abilities.	areas of excessive dependence and let them collaborate in goal setting.

Other References (APA):

Bekhet, A. K., Zauszniewski, J. A., Matel-Anderson, D. M., Stonehouse, M., & Suresky, J. M. (2015). Evidence for Psychiatric and Mental Health Nursing Interventions: An Update. Retrieved January 28, 2021, from https://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-23-2018/No2-May-2018/Evidence-Psychiatric-Mental-Health-Interventions.html

Videbeck, L. S. (2020). *Psychiatric Mental Health Nursing* (8th ed.) Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

Pt has a 5-year-old daughter who lives with her mother

"They can get off my case. I get yelled at by my grandmother and I'm the one that gets sent to the hospital?".

"My mom can help me find a warehouse job once I get out of here".

"My grandma is trying to take my soul".

"It was a misunderstanding with my grandma which led to her yelling and cursing at me".

"Will you diagnose me with a mental disability so I can get social security" upon admission.

Nursing Diagnosis/Outcomes

Posttraumatic Syndrome related to Schizoaffective disorder as evidenced by Pt anxious, not wanting to talk about his father, and stating he has not slept in 3 days upon admission.

Disturbed sensory perception related to schizoaffective disorder as evidenced by Pt stating "God talks to me a lot and I hear his voice. He says you will support me too" as well as the EMR showing Pt stating, "My grandmother is trying to steal my soul" upon admission.

Role performance ineffective related to Schizoaffective disorder as evidenced by unemployment and being absent in the life of his 5-year-old daughter and ex-girlfriend.

Objective Data

Pulse: 92
BP: 112/78
RR: 21
Temp: 97.8 (36.6)
SPO2: 98%
EMR states Pt abused at age 5

Patient Information

DG
25
Schizoaffective Disorder
PTSD
Lives with family

Nursing Interventions

Use therapeutic communication to convey feelings of acceptance without false reassurances.
Encourage Pt to discuss employment with social worker.
Help Pt identify when times of hallucination are most prevalent.
Accept the fact that the voices are real to Pt but let him know I cannot hear them.
I'll refer to them as "the voices you hear" instead of "god".
Evaluate resources and support systems available to the patient.
Encourage Pt to be as independent as possible within limitations.
Alert Pt of areas of excessive dependence and let them collaborate in goal setting.
Give the Pt resources about spiritual community-based interventions
Educate patient on medications and important of adherence to them.