N323 Care Plan

Lakeview College of Nursing

Kathleen Serrano

Demographics (3 points)

Date of Admission 01/24/2021	**Patient Initials** K.R.	**Age** 27 y.o.	**Gender** Female
Race/Ethnicity Caucasian/Pakistani	**Occupation** Business Owner	**Marital Status** Partnered	**Allergies** Beef, milk protein, pork
Code Status Full Code	**Observation Status** Every 15 minutes	**Height** 5'5"	**Weight** 130

Medical History (5 Points)

Past Medical History: Patient has a recent history of a miscarriage in July 2020.

Significant Psychiatric History: Patient has manic depression, bipolar disorder, and acute mania and psychosis.

Family History: Patient reports that mother, brother, and sister all attempted suicide.

Social History (tobacco/alcohol/drugs): Patient stated that she smokes five cigarettes per day, drinks a glass of wine once every few months, and smokes marijuana every night before bed for relaxation.

Living Situation: Patient lives with her current boyfriend of eight years and her biological son.

Strengths: Patient is compassionate, a good mother, supportive, and a good business owner. In addition, patient states that her son is her biggest strength.

Support System: Patient states that her sister, boyfriend Derrick, and her son Carson are her biggest supports.

Admission Assessment

Chief Complaint (2 points): Patient states "I have an active court case."

Contributing Factors (10 points): 27-year-old Caucasian/Pakistani female was admitted onto the floor on the 24th of January 2021 with a chief complaint of "I have an active court case", while voluntarily admitting herself to the hospital. Patient reports that "the court thought I was

on drugs because of my ex. I took tests and cleared them, but the court still took my son away." The patient has been going through weeks of court for the custody of her 10 y.o. son Carson from his biological father, the patient's ex-boyfriend. In addition, the patient reports that her lawyer dropped her, and she had to represent herself in court, which has been difficult for her. Patient states that "It has been hard doing this without any help, and I have been very stressed and not myself." Nothing has been able to help the patient, and she has been experiencing feelings of paranoia "People are out to get me. My ex probably sent them to watch me." Not only has the patient been experiencing paranoia, but mania and psychosis due to the stress of the court custody battle and the miscarriage the patient went through this past summer, July 2020. Patient states that "My body has been through a lot of stress and changes ever since I had a miscarriage over the summer." Other than this summer and a possible past history of suicide when the patient was 17 y.o., the patient has no other health or medical history.

Factors that lead to admission: Patient was obsessively concerned and manic about the court case for custody of the patient's biological son against her ex-boyfriend. The patient was also very concerned and upset about the miscarriage she had July 2020. In addition, the patient randomly quit her job, cut off contact with her sister, and had not "felt like herself" for a while.

History of suicide attempts: Patient denies any history of suicide; however, at 17 y.o. the patient attempted suicide by overdosing on Tylenol.

Primary Diagnosis on Admission (2 points): Acute mania and psychosis. A secondary diagnosis for the patient is manic depression.

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Patient states that her life has been a constant state of trauma from her childhood to now. **Witness of trauma/abuse:** Patient states that her ex-boyfriend constantly abused her mentally and emotionally. "I cannot tell who's worse my mother with all the abuse when I was younger, or my ex-boyfriend who is now trying to take my son away from me."				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	N/A	Yes. Patient does not remember exact age, but occurred during childhood	******Patient denies**	Patient states that her mother used to physically abuse her for no reason; her Christian mother would beat the patient with whatever she had on hand- belts, wooden spoons, and her own hands
Sexual Abuse	N/A	Yes. Patient does not remember exact age, but occurred during childhood	**Patient denies**	Patient states that her ex-boyfriend, who is the father of her son, sexually abused her through their entire relationship
Emotional Abuse	N/A	Yes. Patient	**Patient	Patient reports that

		does not remember age; she was young in childhood	denies**	her mother in addition to physically abusing her, emotionally abused her every day when she was a child and lived at home with her father, mother, and siblings. “My mom called me every name in the book and blamed everything on me.”
Neglect	N/A	Yes. Patient does not remember exact age in her childhood	**Patient denies**	Patient states that her ex-boyfriend would leave her alone for days, would constantly stay out late, and would never ask how she was or what was going on in her life
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**	Patient reports that she has felt kind of depressed since being in the hospital because “I just want to be with my son. I don’t know where he is or who knowns where he is.” Patient states that	

			she feels depressed about her son every day and it comes in waves; "sometimes it is okay, but other times I can barely get out of my room" This is high intensity for the patient.
Loss of energy or interest in activities/school	**Yes**	**No**	Patient reports loss of overall energy only when "the nurses administer my medicine". Patient states that they give her the med injection and she fights falling asleep but cannot. Due to the "sleepy" medication, the patient feels like she does not care about anything and sometimes falls asleep in group therapy. This is high intensity for the patient.
Deterioration in hygiene and/or grooming	**Yes**	**No**	N/A
Social withdrawal or isolation	**Yes**	**No**	N/A
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	Patient reports "everything in my life is going wrong all the time." Patient states that all her troubles started when she had a miscarriage in July 2020. She is struggling with work, fighting for custody of her son Carson, her ex-boyfriend will not leave her alone, and she is overstressed and just wants to "get out of this horrible place." This is high intensity for the patient.
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**	**No**	Patient states "I have no dreams or nightmares, but I struggle going to bed and staying asleep every night." This is intense for the patient because she feels tired constantly, which she also mentioned has to do with the medication the nurses give her.
Difficulty falling asleep	**Yes**	**No**	Patient states having a really hard time falling asleep every night

			because she is restless and cannot stop thinking about her son.
Frequently awakening during night	**Yes**	**No**	Patient states waking up every night unless “nurses give her, the sleepy medication”. This is very difficult for her because the patient feels as if she never sleeps well unless she is medicated.
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**	**“**My body has been through a lot of changes and stress ever since I had a miscarriage in July 2020” Patient states she has lost weight over the months after the miscarriage, and it is very difficult for her. Patient also reports that she has a beef and pork allergy as well as a milk protein allergy and it makes it difficult to find foods and options that fit her diet especially in the hospital.
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**	Patient states that she does have anxious behaviors at least four times a week because “I am worried about my son and his whereabouts.” Her son is an immensely sensitive topic for the patient and she constantly worries

			about him by pacing, shaking, and not sleeping well. Her anxiety symptoms can last anywhere from hours to the entire day.
Panic attacks	**Yes**	**No**	Patient has one at least once a week for a few hours because she is so concerned for her son and wants to come home to him. The patient states that she either stays completely still or she ruins her room.
Obsessive/compulsive thoughts	**Yes**	**No**	**Patient denies**
Obsessive/compulsive behaviors	**Yes**	**No**	**Patient denies**
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**	**No**	
Rating Scale			
How would you rate your depression on a scale of 1-10?			Patient rates her depression a 3.
How would you rate your anxiety on a scale of 1-10?			Patient rates her anxiety a 3.
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 owns a boutique called Gypsy Soul Giftshop and More. Her work is not too much of a concern to the patient, but she states “Two girls I hired, Sarah and Sasha tried to compromise my work by stealing money. Sarah is friends with my ex and my ex-boyfriend’s lawyer.” The patient thinks about work maybe twice a week for a couple of hours, and it causes her some anxiety and worry, but not her main priority.
School	**Yes**	**No**	N/A

Family	**Yes**	**No**	This is a high stressor for the patient as she is only focused on and concerned about her son Carson and where he is at the moment because “the courts took him away from me”. The patient thinks about this and her son every day for hours on end.
Legal	**Yes**	**No**	Patient reports that this is another big issue for her because of her court case to fight her ex for custody of their son, Carson. She worries about her legal issues everyday almost every minute of the day because “I have no one to represent me, but me since my lawyer dropped the case.”
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**
1/24/21	**Inpatient** **Outpatient** **Other:**	OSF Heart of Mary Medical Center	Acute mania and psychosis	**No improvement** **Some improvement** **Significant improvement**
Date unknown	**Inpatient** **Outpatient**	Sarah Bush Lincoln Hospital in	Patient voluntarily admitted	**No improvement** **Some**

	Other:	Salem, IL	herself	**improvement** **Significant improvement**
Date unknown	**Inpatient** **Outpatient** **Other:**	Salem Hospital Emergency Department	Patient voluntarily went to the ED and asked for a drug test	**No improvement** **Some improvement** **Significant improvement**

Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Carson	10	Son	**Yes**	**No**
N/A	N/A	N/A	**Yes**	**No**
N/A	N/A	N/A	**Yes**	**No**
N/A	N/A	N/A	**Yes**	**No**
N/A	N/A	N/A	**Yes**	**No**

If yes to any substance use, explain: Patient states that she smokes marijuana every night before bed and drinks wine once a month.

Children (age and gender): Patient has one son named Carson; Carson is a 10 y.o. male. Carson is the patient's main concern, and she is extremely worried and overstressed from being separated from him.
Who are children with now? Patient states "I do not know where Carson is because the courts took him away. I just want him back, and I want to know where he is and who has him."

Household dysfunction, including separation/divorce/death/incarceration: Patient states that she does not have any household dysfunctions at the moment, other than her son Carson not being at home because the "court took him away from me, even though I am fine."

Current relationship problems: Patient reports that "I am in a much healthier relationship with my boyfriend Derrick." However, her ex-boyfriend will not leave the patient alone and is "bashing me in court, so he gets full custody of Carson."
Number of marriages: N/A

Sexual Orientation:	**Is client sexually active?**	**Does client practice safe sex?**
Straight: Interested in males	**Yes** **No**	**Yes** **No**

Please describe your religious values, beliefs, spirituality and/or preference: Patient grew up in a Christian household, but does not follow it anymore.

Ethnic/cultural factors/traditions/current activity: Patient participates in Christian holidays

such as Easter and Christmas. Patient in a way is confused because of her Christian upbringing from her mother, and how her mother was a hypocrite since the patient's mother constantly abused her physically, emotionally, and mentally.
Describe: "Even though I don't go to church anymore, I still like celebrating Christmas and Easter with gifts and good food with my son Carson."

Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Patient is currently in a custody battle in court with her ex-boyfriend for full custody over their son Carson. The patient is representing herself in court and needs to get out as soon as possible to go back to court to get her son back.

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

Client raised by:

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

Significant childhood issues impacting current illness: Patient reports "I have had issues my entire life, but it started with my abusive mother."

Atmosphere of childhood home:

Loving
Comfortable
Chaotic
Abusive
Supportive
Other: Patient reports her childhood being a combination of all of the above

Self-Care:

Independent
Assisted
Total Care

Family History of Mental Illness (diagnosis/suicide/relation/etc.)
Patient's maternal side has a history of depression. Patient's paternal side has no history of mental illness

History of Substance Use: Patient has a history of smoking five cigarettes per day, drinking a glass of wine maybe once a month, and smoking marijuana every night before bed.

Education History:

Grade school
High school
College
Other:

Reading Skills: **Yes** **No** **Limited**
Primary Language: English
Problems in school: N/A
Discharge
Client goals for treatment: Patient states "my goal is to live the best life with my family and my son Carson, while learning from the past so I can make the future better." Before the client is discharged, she will be able to list at least three outpatient resources for her acute mania and psychosis, will be able to list off at least five positive coping mechanisms, and the patient will be educated about acute mania and psychosis. The patient will be able to teach back about acute mania and psychosis for clarity and understanding.
Where will client go when discharged? Client states that she will be going back home but wants to be with her son Carson. The patient is very unsure if Carson will be home when she is discharged.

Outpatient Resources (15 points)

Resource	Rationale
1. Salem Counseling Center PC	**1.** The patient will be able to receive counseling and other resources for her psychiatric issues. If the client chooses to see a psychiatrist, she will be able to start on medications and see what works best for her and her mental health.
2. Thrive Wellness	**2.** This is a clinic specifically for mental health issues like acute mania and psychosis, and depression all of which the patient has. This health professional specialized in mental and behavioral health, which makes them better equipped than general health professionals to aid the patient in her specific needs and mental health.

3. SSM Behavioral Health Illinois	**3.** This is a facility where the patient can check in and stay to improve her acute mania and psychosis. The patient will be able to go to group therapy here, learn more about her mental illnesses to cope better and find healthy outlets.

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

Brand/Generic	Aripiprazole	Benztropine	Lorazepam	Trazodone	Calcium carbonate
Dose	10 mg	2 mg	2 mg	100 mg	1,000 mg
Frequency	Once daily	BID PRN	Every 4 hours PRN	Once nightly	BID PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	Antipsychotic	Antiparkinsonian	Anxiolytic	Antidepressant	Antacid
Mechanism of Action	Acts as a partial agonist at dopamine and serotonin receptors	Blocks acetylcholine's action at cholinergic receptor sites	Binds to specific benzodiazepine receptors in the CNS	Blocks serotonin reuptake along the presynaptic neuronal, causing an antidepressant effect	Increases levels of IC and EC calcium to promote homeostasis
Therapeutic Uses	To treat acute and manic episodes and maintain stability for depression	To treat all forms of Parkinson's disease	To treat anxiety	To treat major depression	to prevent hypocalcemia
Therapeutic Range (if	N/A	N/A	N/A	N/A	N/A

applicable)					
Reason Client Taking	to treat manic depression	Movement disorders	Mania, psychosis, and anxiety	To treat manic depression	Indigestion; heartburn
Contraindications (2)	Hypersensitivity to aripiprazole or its components	Angle-closure glaucoma, children younger than age 3	Acute glaucoma, psychosis	Hypersensitivity to trazodone or its components, recovery from acute MI	Hypercalcemia, renal calculi
Side Effects/Adverse Reactions (2)	Homicidal ideation, seizures	Delirium, depression	Suicidal ideation, coma	Arrythmias, congestive heart failure	Hypotension, hypercalcemia
Medication/Food Interactions	Antihypertensives, benzodiazepines	Haloperidol, antidepressants	CNS depressants, fentanyl	Aspirin, NSAIDs, MAO inhibitors	Bisphosphonates, levothyroxine, vitamin D
Nursing Considerations (2)	Have patient swallow tablets whole do not have them chew, monitor patient for difficulty swallowing or excessive somnolence	Give drug before or after meals based on patient's need and response, assess muscle rigidity and tremor at baseline	Use extreme caution when giving this drug to elderly patients, use cautiously with patients who have a history of alcohol or drug abuse	Use drug cautiously in patients with cardiac disease, give drug shortly after a meal or snack to avoid nausea	Store at room temperature, monitor serum calcium level

Brand/Generic	Haloperidol	Polyethylene glycol	Oxcarbazepine	Acetaminophen	Nicotine
Dose	5 mg	17 g	300 mg	650 mg	7 mg

Frequency	Every 4 hours PRN	Daily PRN	Once daily	Every 4 hours PRN	Every 24 hours
Route	Oral	Oral	Oral	Oral	Transdermal
Classification	Antipsychotic		Anticonvulsant	Antipyretic, nonopioid analgesic	Smoking cessation adjunct
Mechanism of Action	May block postsynaptic dopamine receptors in the limbic system and increase brain turnover of dopamine		Prevents or halts seizures by blocking or closing sodium channels in neuronal cell membrane	Reduces pain sensation by inhibiting the enzyme cyclooxygenase, blocking prostaglandin production, and by hindering pain impulse generation in the peripheral nervous system	Reduces nicotine cravings and withdrawal by binding to nicotinic-cholinergic receptors
Therapeutic Uses	To treat psychotic disorders		To treat partial seizures	To treat acute mania	To relieve nicotine withdrawal symptoms, including craving
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	Agitation, psychosis, and mania	Constipation	To treat partial seizures	Mild/severe headache pain	To relieve nicotine withdrawal symptoms
Contraindications (2)	Hypersensitivity to haloperidol or its components, Parkinson's disease		Hypersensitivity to oxcarbazepine, eslicarbazepine acetate, or their components	Hypersensitivity to acetaminophen; experiencing severe hepatic impairment	Hypersensitivity to nicotine; life-threatening arrhythmias
Side Effects/Adverse Reactions (2)	Cardiac arrest, ventricular arrhythmias		Suicidal ideation, leukopenia	Anxiety; hypertension	Dizziness; hypertension
Medication/Food	Anticonvulsant		Phenytoin,	Alcohol,	Acidic

Interactions	s, amphetamines, CNS depressants		cyclosporine, verapamil, all food	anticholinergics	beverages: decreases absorption of nicotine; acetaminophen, beta blockers, imipramine increases therapeutic effects of nicotine
Nursing Considerations (2)	Avoid stopping haloperidol abruptly unless severe adverse reactions happen, monitor CBC especially if WBC is low		Monitor therapeutic oxcarbazepine levels and dose, accordingly, implement seizure precautions as needed	Administer cautiously in patients with hepatic impairment or alcoholism; Monitor patient's renal function on long term therapy of acetaminophen	Remove patch before MRI to prevent skin burns; Administering of oral inhalation will give optimal effect after 20 minutes of continuous puffing

Medications Reference (1) (APA):

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

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:**	Patient appeared to be well groomed and appropriately dressed. Teeth, skin, hair, and nails are well taken care of and maintained.

Attitude: **Speech:** **Interpersonal style:** **Mood:** **Affect:**	Behavior was cooperative, but very paranoid and antsy of the nurses. Patient has a skinny and small frame. She had a pleasant attitude and was very open about discussing her situation and experiences. His speech was intelligent, loud and clear. The patient had a confident interpersonal style and liked to talk about anything and everything about her life. Patient demonstrates an adequate affect minus some paranoia that “everyone is out to get me especially the nurses”.
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	 None Some delusions about people watching and tracking her No illusions Patient was obsessively talking about being back with her son No compulsions No phobias
ORIENTATION: **Sensorium:** **Thought Content:**	A&O x 4 N/A Disorganized, yet at some points logical and fair
MEMORY: **Remote:**	Patient has an extremely good memory. Adequate
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	 Limited Limited Intact; adequate N/A N/A
INSIGHT:	Limited
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	 N/A Poor, slouched forward Average Average Average

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
None taken earlier since the machines were broken and not working earlier					
1515	66	136/92	16	97.3	96

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1435	Numeric	Head	2	Some cloudiness and beginning of headache	Medications were ordered to administer later to help the patient
1700	Numeric	Head	8; patient was extremely lethargic	Drowsiness, light-headedness	Medication was administered, but the patient did not like feeling so lethargic

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast:** 75%; peanut butter sandwich **Lunch:** N/A (did not eat lunch) **Dinner:** N/A; Patient refused to eat dinner	**Oral Fluid Intake with Meals (in mL)** **Breakfast:** 240 mL water **Lunch:** N/A (did not drink any fluids) **Dinner:** 240 mL water

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

Seek weekly counseling inpatient or outpatient, learn to identify delusions or effects of has manic depression, bipolar disorder, and acute mania and psychosis. Firstly, education about the patient's manic depression, bipolar disorder, and acute mania and psychosis is imperative so she can have a better understanding of what is going on internally. Then, utilizing the teach back method I would have the client re-teach the main points about each mental illness.

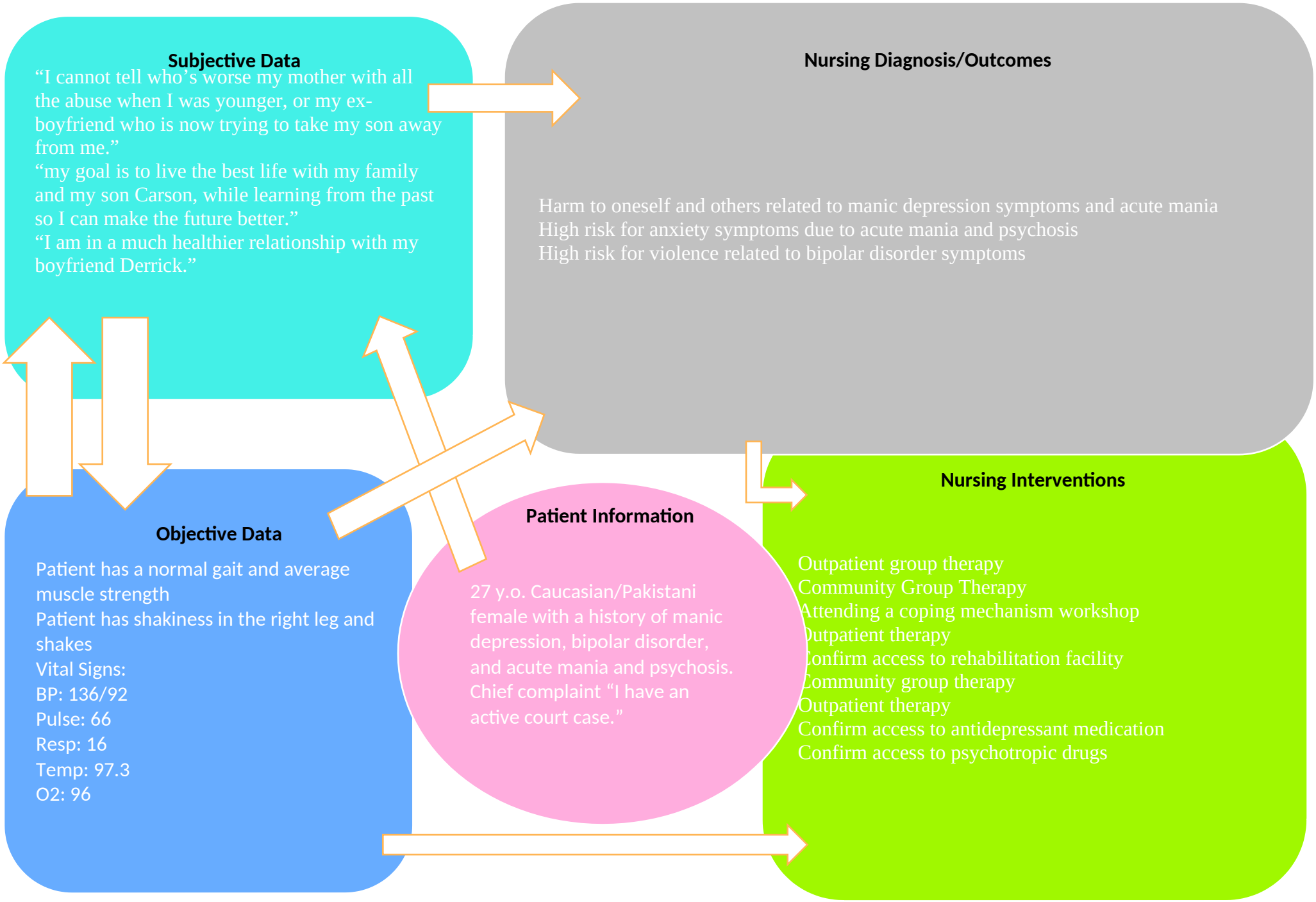
Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

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. Harm to oneself and others related to manic depression symptoms and acute	Although the patient was mostly stable at times, she can be labile, and can instantly change moods	**1.** Monitor patient constantly **2.** Monitor patient's moods, affect, and delusions	**1.** Check patient every 15 minutes **2.** Check safety of room- no weapons, or any harmful substances	**1.** Outpatient therapy **2.** Community Group Therapy **3.** Attending a coping

mania	and become a risk to herself and others.	**3.** Assess health history	**3.** Monitor patients' moods, affects, and delusions every few hours	mechanism workshop
2. High risk for anxiety symptoms due to acute mania and psychosis	Patient presented many anxious symptoms such as restlessness, poor sleeping habits, shakiness, nervous habits of shaking her right leg and tapping on the table.	**1.** Administer ordered anxiety medications **2.** Assess psychiatric status **3.** Record patient's anxiety symptoms	**1.** Have patient attend group therapy especially with a psychiatrist **2.** Adhere to medication regimen **3.** Check up on patient every 15 minutes	**1.** Outpatient therapy **2.** Confirm access to rehabilitation facility **3.** Community group therapy
3. High risk for depressive moods due to manic depression and bipolar disorder	Patient presented depressive moods for poor sleeping habits, obsessive thoughts, obsessive behaviors, drastic mood changes, and lack of emotion	**1.** Check medications and make sure patient is receiving correct medications **2.** Monitor patient's response to medications old or new **3.** Use active listening to understand what happened and what the client has gone through	**1.** Monitor patient's pain and moods **2.** Check up on patient constantly **3.** Encourage patient to share feelings and moods with therapeutic communication	**1.** Outpatient therapy **2.** Confirm access to antidepressant medication **3.** Confirm access to psychotropic drugs

Other References (APA):

Concept Map (20 Points):


Subjective Data
"I cannot tell who's worse my mother with all the abuse when I was younger, or my ex-boyfriend who is now trying to take my son away from me."
"my goal is to live the best life with my family and my son Carson, while learning from the past so I can make the future better."
"I am in a much healthier relationship with my boyfriend Derrick."
Nursing Diagnosis/Outcomes
Harm to oneself and others related to manic depression symptoms and acute mania
High risk for anxiety symptoms due to acute mania and psychosis
High risk for violence related to bipolar disorder symptoms
Objective Data
Patient has a normal gait and average muscle strength
Patient has shakiness in the right leg and shakes
Vital Signs:
BP: 136/92
Pulse: 66
Resp: 16
Temp: 97.3
O2: 96
Patient Information
27 y.o. Caucasian/Pakistani female with a history of manic depression, bipolar disorder, and acute mania and psychosis. Chief complaint "I have an active court case."
Nursing Interventions
Outpatient group therapy
Community Group Therapy
Attending a coping mechanism workshop
Outpatient therapy
Confirm access to rehabilitation facility
Community group therapy
Outpatient therapy
Confirm access to antidepressant medication
Confirm access to psychotropic drugs