

N323 Care Plan
Lakeview College of Nursing
Happy Kalavadia

Demographics (3 points)

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| Date of Admission 2/7/2021 | Patient Initials CW | Age 37 | Gender Female |
| Race/Ethnicity Caucasian | Occupation BCBS agent | Marital Status Married | Allergies None |
| Code Status Full | Observation Status 15-minute safety check | Height 157.5 cm | Weight 145 lb |

Medical History (5 Points)**Past Medical History:**

- Mastodynia of the left breast
- Left breast mass
- Fibrocystic change of breast
- Gardnerella Vaginalis
- Acute Mastitis of the left breast

Significant Psychiatric History:

- The patient stated that she had been hospitalized previously for mood and bipolar disorder in 2014.

Family History:

- The patient states that her maternal side had a history of depression and mood disorder. The paternal side is Bipolar disorder type 2. The patient denies any known medical history in her family.

Social History (tobacco/alcohol/drugs):

- The patient denies any history of tobacco and alcohol abuse, but she uses marijuana daily since April 2020.

Living Situation:

- The patient has an unstable living situation. She is a victim of homicide ideation by her husband who threatened to kill her by pointing a gun towards her when they fought on 2/7/2021. She further mentioned that she was very scared and decided to call the police. She mentioned that she does not want to go back to that house and is planning to move out of state with her three kids. She is frustrated because her husband stalks on her way to work and abuse her mentally.

Strengths:

- The patient mentioned that she is friendly to other people and likes to mingle with people from other cultures, but she does not have any close friends. She further stated that she is very excited about her new job as an insurance company agent and she is doing very well. The patient believes that she has good coping skills and loves to be a mom of three children.

Support System:

- The patient mentioned that she has her support of her mother and her stepdad. She is close with her mother and she mentioned that her mother helps her financially when she is out of money.

Admission Assessment**Chief Complaint (2 points):**

- Homicide and Suicidal ideation with the plan of killing her husband but she was unsuccessful because her husband's house was closed. Her husband moved out of the house last year and lives two blocks away from her house.

Contributing Factors (10 points):

Factors that lead to admission:

- The patient was admitted to the OSF Emergency department on 2/7 after calling the police and it was about nine in the morning. She stated that she had a big fight with her husband all night long. Her husband pointed the gun on her head, and she called the police because her life was in danger. Her husband was stalking her for two months and abusing her verbally. She was very frustrated because of her husband and mentioned that her house was not safe because it was preoccupied with guns. She further mentioned that she planned to kill her husband but did not was successful as she was unable to get into her husband's house. Hence the major contributing factor that leads to inpatient psychiatric help was her husband's threat by gun to kill her.

History of suicide attempts:

- The patient stated that in April 2019, she made a suicide attempt by cutting her forearm. She further mentioned that the cut was very superficial and not deep. She stated that her fights with her husband made her very depressed , hopeless and she felt that God is punishing her and that's the reason she wanted to attempt suicide. She attempted suicide by superficially cutting her forearm with the help of a kitchen knife in December 2020.

Primary Diagnosis on Admission (2 points): Bipolar disorder unspecified

Secondary diagnosis: Mood disorder (Major depression).

Psychosocial Assessment (30 points)

History of Trauma

| <p>No lifetime experience: None</p> <p>The witness of trauma/abuse: The patient reports that she witnessed her mother was physically abused by her dad.</p> | | | | |
|---|----------------|-----------------|---|--|
| | Current | Past (what age) | Secondary Trauma (a response that comes from caring for another person with trauma) | Describe |
| Physical Abuse | - | - | - | None |
| Sexual Abuse | - | - | - | None |
| Emotional Abuse | CURRENT | - | - | The patient described that her husband verbally abused and made inappropriate comments in front of her children." You are a horrible mom and God did not give you any ability ". |
| Neglect | Current | | | The patient stated |

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| | | | | <p>that she felt neglected by her husband. She further stated that her husband made fun of her in front of her children. " He does not care for me and uses my money without asking me".</p> |
| <p>Exploitation</p> | <p>Current</p> | <p>-</p> | <p>-</p> | <p>She stated that she is currently exploited financially because her husband does not help her financially and uses her money without permission." My husband spends my 500 dollars for buying some home</p> |

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| | | | | appliances for his friend". |
| Crime | - | - | - | None |
| Military | - | - | - | None |
| Natural Disaster | - | - | - | None |
| Loss | - | Age 12 | - | The patient stated, " I lost my father due to some diabetic complications." |
| Other | - | - | - | - |

Presenting Problems

| Problematic Areas | Presenting? | | Describe (frequency, intensity, duration, occurrence) |
|--|--------------------|-----------|--|
| Depressed or sad mood | Yes | No | The patient stated that she has depressed mood since April 2020 and did not enjoy the things which previously she enjoyed it. " I think God is punishing me . My friend recently got diagnosed with terminal cancer and I wish I could take her place. I want to end my life". |
| Loss of energy or interest in activities/school | Yes | No | The patient stated, " I do not want to go back to my chaotic home |

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| | | | after my work". She lost interest in her work because she was not able to concentrate. " I cannot concentrate anymore, and I think I want to quit work". She lost interest in daily activities and sometimes slept for 15 hours. |
| Deterioration in hygiene and/or grooming | Yes | No | - |
| Social withdrawal or isolation | Yes | No | The patient described that she likes to be with herself. " I feel terrified with other people and hence I want to be alone in my hospital room as I cannot share a room with others". |
| Difficulties with home, school, work, relationships, or responsibilities | Yes | No | The patient has difficulty concentrating on work and she has fought with her husband almost every other day. " My husband is mean and does not let me go out of the home . We both fight with each other and sometimes physically hit each |

| | | | other". |
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| Sleeping Patterns | Presenting? | | Describe (frequency, intensity, duration, occurrence) |
| Change in numbers of hours/night | Yes | No | The patient mentioned that she sleeps less often and last week stayed up for two days. " I clean my house and watched three movies all night and I do not feel sleepy". She sleeps only for 3 hours and feels energetic the next day. Patient's sleep patterns altering between 3 hours to 15 hours of sleep some days. |
| Difficulty falling asleep | Yes | No | This patient reports that it is hard for her to fall asleep. The patient stated, "I cannot fall asleep unless I smoke marijuana before bed". |
| Frequently awakening during the night | Yes | No | - |
| Early morning awakenings | Yes | No | - |
| Nightmares/dreams | Yes | No | - |
| Other | Yes | No | - |
| Eating Habits | Presenting? | | Describe (frequency, intensity, duration, occurrence) |
| Changes in eating habits: overeating/loss of | Yes | No | The patient stated" I gained 15 pounds in four weeks and I eat a |

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| appetite | | | lot of junk food because I am under stress" |
| Binge eating and/or purging | Yes | No | The patient stated, " I eat a whole bag of chips at night when I am watching movies". |
| Unexplained weight loss? | Yes | No | - |
| Amount of weight change: | | | |
| Use of laxatives or excessive exercise | Yes | No | - |
| Anxiety Symptoms | Presenting? | | Describe (frequency, intensity, duration, occurrence) |
| Anxiety behaviors (pacing, tremors, etc.) | Yes | No | - |
| Panic attacks | Yes | No | - |
| Obsessive/compulsive thoughts | Yes | No | - |
| Obsessive/compulsive behaviors | Yes | No | - |
| 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? | 9 | | |
| How would you rate your anxiety on a scale of 1-10? | 0-1 | | |
| 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 | The patient stated that her new job has so much responsibility |

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| | | | and she does not like it. " I think I cannot keep up with this job and want to quit". She started a new job six months and there are problems at work daily." |
| School | Yes | No | - |
| Family | Yes | No | The patient stated," I grew up in an abusive family. My life as a child was miserable because my parents constantly fought with each other. " Patient also reports that things were good between her and her husband initially but last five years there cannot get along. " I want to divorce my husband, but I don't have money to pay to my lawyer". |
| Legal | Yes | No | The patient stated," I drink and drive sometimes ". The patient reports that she had DUI and overall bad driving history. |
| Social | Yes | No | - |
| Financial | Yes | No | Patient-reported that she spends |

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| | | | money recklessly and filed bankruptcy in 2020. " I spent my money on doing nails instead of paying bills." She mentioned that she also used her 401K money to pay her mortgage. |
| Other | Yes | No | |

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient

| Dates | Facility/MD/Therapist | Inpatient/Outpatient | Reason for Treatment | Response/Outcome |
|--------------|---|-----------------------------|--|--|
| 2014 | Inpatient Outpatient Other: Provena Champaign | Inpatient | Suicidal ideation and depression for three months. | No improvement Some improvement Significant 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? | |
| Husband (Patient was not comfortable telling her name of her family members). | 38 | Husband | Yes | No |
| Three kids (two boys and one girl). | 16, 9 and 6 | Mother | Yes | No |
| | | | Yes | No |
| | | | Yes | No |
| | | | Yes | No |
| If yes to any substance use, explain: | | | | |
| <p>Children (age and gender): Three children (two boys and one girl). (16, 9, and 6 respectively).</p> <p>Who are the children with now? With the patient.</p> | | | | |
| <p>Household dysfunction, including separation/divorce/death/incarceration: The patient reports that she wanted to file a divorce against his husband in 2020 but she was not able to file as she became bankrupt. Her husband does not help with the mortgage and abuses her money. The patient stated, " My relationship with my husband is a big mess and I want to end it forever".</p> | | | | |
| <p>Current relationship problems: With her husband who threatens to kill her and uses her money without her permission.</p> | | | | |

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| Number of marriages: 1 | | |
| Sexual Orientation: | Is the client sexually active? Yes No | Does the client practice safe sex? Yes No (Patient indulges in 4 sexual relationships and practices unsafe sex) |
| Please describe your religious values, beliefs, spirituality, and/or preference: The patient stated " I believe in God and I believe that God is punishing me for my sins from last birth. I want him to end my life. I no longer want to live." | | |
| Ethnic/cultural factors/traditions/current activity: Describe: She mentioned that culture and ethnicity do not affect her current activities. | | |
| Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): The patient stated that he wanted to file a divorce against her husband in 2020 but she did not have money to pay to her lawyer. | | |
| How can your family/support system participate in your treatment and care? She mentioned, " I wish my husband was not abusive and helped me financially. But I know he will never understand me ". | | |
| Client raised by: Natural parents Grandparents Adoptive parents Foster parents Other (describe): Stepdad also raised her. | | |
| Significant childhood issues impacting current illness: The patient stated, " My home was a mess growing up and my parents used to constantly fight with each other". | | |
| The atmosphere of childhood home: Loving Comfortable Chaotic " My home has been always chaotic because of my parent's fights" The abusive Patient stated that her stepdad used to verbally abuse her mom. Supportive | | |

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| Other: |
| Self-Care: Independent Patient can complete all ADL's independently and they are unaffected by his depression Assisted Total Care |
| Family History of Mental Illness (diagnosis/suicide/relation/etc.) Maternal – Depression Paternal- Bipolar disorder type 2. |
| History of Substance Use: Smoked Marijuana since April 2020. No other drugs or alcohol. |
| Education History: Grade school High school College Patient stated that she went to DACC college and has an associate degree. Other: |
| Reading Skills: Yes No Limited |
| Primary Language: English |
| Problems in school: none |
| Discharge |
| Client goals for treatment: The patient stated that she wants to stay in the hospital until her suicidal ideation, as well as her depressive symptoms, are treated. |
| Where will the client go when discharged? The patient stated, " I will not go back to my abusive house and want to move out of state permanently". The patient stated that after discharge she will go to her house but will eventually move out of state with kids. |

Outpatient Resources (15 points)

| Resource | Rationale |
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| <p>1. MARIJUANA ADDICTION DETOX & TREATMENTS IN ILLINOIS</p> <p>https://www.addicted.org/marijuana-detox-treatments-for-addiction-in-illinois.html</p> | <p>DRS(drug and recovery services) is a detox center for the patient who is on marijuana. The location is in Springfield, Illinois. They offer free counseling for the first hour virtually due to COVID-19. The patient will benefit from this program as she is addicted to marijuana and consumes it every day.</p> |
| <p>2. Memorial Health counseling services</p> <p>https://www.memorialbehavioralhealth.org/Services/Adult-Services</p> | <p>2. The patient will benefit from their counseling services. They also offer one on one virtual services due to pandemic. She can improve her depressive symptoms by taking help from this center and her substance abuse disorder will be improved.</p> |
| <p>2. Bipolar Disorder Therapist</p> <p>https://www.insighttherapyllc.com/our-services/</p> | <p>This center helps people who are diagnosed with bipolar disorder.</p> |

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| bipolar-disorder | They provide one on one therapy sessions. This will be a great resource because the center provides treatment without the use of any medications. |
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Current Medications (10 points)

Complete all of your client’s psychiatric medications

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| Brand/Generic | Haloperidol/ (Hardol) | Trazadone/ (Desyrel) | Lorazepam/ (Ativan) | | |
| Dose | Every 6 hours | 100 mg | 2 mg | | |
| Frequency | PRN | Every night once | Every 4 hour | | |
| Route | Oral | Oral | Oral | | |
| Classification | Antipsychotic, First generation | Atypical antidepressant | Benzodiazepines | | |
| Mechanism of Action | Blocks postsynaptic Dopamine receptors in the limbic system and increase brain turnover of | Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect. It increases the uptake of serotonin which | It binds with GABA receptors and enhancing their effects which decrease the stimulation of the brain and helps the patient go to sleep. | | |

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| | dopamine, producing an antipsychotic effect. | resolves the depressive symptoms. | | | |
| Therapeutic Uses | Treats psychotic disorders like mania | Treat major depression | Treat mania in bipolar | | |
| Therapeutic Range (if applicable) | 5-16ng/mL | N/A | N/A | | |
| Reason Client Taking | Mania and restlessness | Major Depressive Disorder diagnosis | Manic episode and treat her insomnia. | | |
| Contraindications (2) | Parkinson's disease, anxiety, and CNS comatose | Recovery from acute MI, use within 14 days of an MAO inhibitor | CNS depression, coma, and acute angle-closure glaucoma. | | |
| Side Effects/Adverse Reactions (2) | Seizures, cardiac arrest, hypertension, and hypothermia | seizures, suicidal ideation, arrhythmias, apnea | Dizziness, dry mouth, and nausea. | | |
| Medication/Food Interactions | Alcohol-increased CNS depression and risk of hypotension and respiratory depression Taking epinephrine simultaneously causes hypertension. | Aspirin/NSAIDs-increased risk of bleeding. warfarin- altered anticoagulation response. | Do not take antidepressant medications. Do not take with alcohol as decrease its absorption and hence the effects. | | |
| Nursing Considerations (2) | Taper this medication and do not stop taking this drug abruptly. Monitor blood pressure as it can lead to hypertensive | Do not give Trazadone to cardiac patients as it can cause cardiac arrest. Give Trazadone after meals to prevent nausea. | Monitor for patient's level of consciousness Give lorazepam after meals to prevent nausea. | | |

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| | crisis. | | | | |
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| Brand/Generic | | | | | |
| Dose | | | | | |
| Frequency | | | | | |
| Route | | | | | |
| Classification | | | | | |
| Mechanism of Action | | | | | |
| Therapeutic Uses | | | | | |
| Therapeutic Range (if applicable) | | | | | |
| Reason Client Taking | | | | | |
| Contraindications (2) | | | | | |
| Side Effects/Adverse Reactions (2) | | | | | |
| Medication/Food Interactions | | | | | |
| Nursing Considerations (2) | | | | | |

Medications Reference **(1)** (APA):

Jones & Bartlett Learning. (2019). 2020 Nurse’s Drug Handbook (19th ed.). Jones & Bartlett Learning.

Mental Status Exam Findings (20 points)

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| <p>APPEARANCE: Behavior: Build: Attitude: Speech: Interpersonal style: Mood: Affect:</p> | <p>Clean, well-groomed -Stable, relaxed, comfortable with surroundings, and interacting freely among the group - Moderate weight -Speech is clear and logical -Patient is oriented, engaged, and attentive to others. She is polite during group sessions -Calm -Flat but easily arousable</p> |
| <p>MAIN THOUGHT CONTENT: Ideations: Delusions: Illusions: Obsessions: Compulsions: Phobias:</p> | <ul style="list-style-type: none"> - Homicidal and suicidal ideations - None - None - None - None - None |
| <p>ORIENTATION: Sensorium: Thought Content:</p> | <p>-A & O x 4 -None -Thoughts are organized, linear, and goal-directed .</p> |
| <p>MEMORY: Remote:</p> | <p>The patient's remote memory is accurate, and she remembered past events with the correct month and year.</p> |
| <p>REASONING: Judgment: Calculations: Intelligence:</p> | <p>Fair judgment -Patient can spell “WORLD” backward and complete serial 7’s. -Fair intelligence</p> |

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| Abstraction: Impulse Control: | -None -Demonstrates moderate impulse control |
| INSIGHT: | -Has good insight into current circumstances. |
| GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements: | -Steady gait without the use of assistive devices -Good posture -Fair muscle tone -Equal and bilateral 5/5 upper arm strength -Motor movements are controlled and free |

Vital Signs, 2 sets (5 points)

| Time | Pulse | B/P | Resp Rate | Temp | Oxygen |
|--------------|--------------|---------------|------------------|--------------------------------|--------------------------------------|
| 15:00 | 86 | 130/90 | 16 | 97.6 Temporal | 99 percent room air |
| 17:00 | 78 | 120/70 | 18 | 96.7 Temporal | 96 percent room air |

Pain Assessment, 2 sets (2 points)

| Time | Scale | Location | Severity | Characteristics | Interventions |
|--------------|----------------|-----------------|-----------------|------------------------|------------------------------------|
| 15:00 | Numeric | - | 0/10 | - | No intervention implemented |
| 17:00 | Numeric | - | 0/10 | - | No intervention implemented |

Dietary Data (2 points)

| Dietary Intake | |
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| Percentage of Meal Consumed: 75% | Oral Fluid Intake with Meals (in mL) |

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| <p>Breakfast: The patient reports that she ate 75 percent of her breakfast.</p> <p>Lunch: The patient reports that she ate 75 percent of her lunch.</p> <p>Dinner: The patient reports that she ate 75 percent of her dinner.</p> | <p>Breakfast: 1 carton of milk (240 ml) and 1 banana.</p> <p>Lunch: 2 slices of pizza and 50 ml coke.</p> <p>Dinner: 1 turkey sandwich and water 200ml.</p> |
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Discharge Planning (4 points)

Discharge Plans (Yours for the client):

The patient will continue to stay in the hospital until her depressive and suicidal symptoms subside. After discharge, she will live go to her house but eventually move out of state. Seek an addiction recovery program and detoxification center for marijuana. Seek outpatient counseling with a licensed professional to discuss depression and loneliness. Stay compliant with the medication as prescribed. Call crisis center or hotline for suicide prevention. Engage in her hobbies like painting and spend more time with kids. Find a coping mechanism for marijuana use like exercise, yoga, and local support group.

Nursing Diagnosis (15 points)

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

| <p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis | <p>Rational</p> <ul style="list-style-type: none"> • Explain why the | <p>Immediate Interventions (At admission)</p> | <p>Intermediate Interventions (During</p> | <p>Community Interventions (Prior to</p> |
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| with “related to” and “as evidenced by” components | nursing diagnosis was chosen | | hospitalization) | discharge) |
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| <p>1. Risk for suicide related to depression and evidenced by multiple suicide attempts and requiring inpatient hospitalization.</p> | <p>She had suicidal ideation since 2019 and tried to cut her forearm with a kitchen knife. She is noncompliant with her medications and stopped her medications without notifying her provider in 2009 when she was diagnosed with bipolar disorder.</p> | <p>1. Complete a suicide screening and assessment. 2. Make sure the room is safe with and free of objects that can be abused by her and not cause herself harm. 3. Initiate one on one monitoring.</p> | <p>1.Provide immediate medication regimen. 2. Participate in group therapy 3. Conduct every 15-minute safety checks.</p> | <p>1. Arrange the client to stay safe with her family. 2. Make sure the house is free of guns, 3. Give her contact information about counseling services for drug abuse and suicide prevention.</p> |
| <p>2. Ineffective coping related to an abusive home and evidenced by abuse of chemical drugs and filing bankruptcy in 2020.</p> | <p>She stated that she is unable to cope with her life and uses marijuana to help her relive her hopelessness . This is not an effective coping mechanism. This is not a safe practice and could lead to potential</p> | <p>1. Identify situations that trigger 2. Monitor for self-harm 3. Teach her about indulging in some of her hobbies to regain enthusiasm in life.</p> | <p>1. Motivate her about positive coping skills and trying to be enthusiastic in life by engaging in group therapy. 2.Make a list of things on paper that trigger her hopelessness and depressive symptoms. 3. Clarify things that patient cannot</p> | <p>1. Give information about yoga and deep breathing exercises available on the internet. 2. . Give resources on support groups in her area. 3. Arrange for the patient to join the substance abuse program and</p> |

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| | health conditions due to misuse of the drug. | | control | detoxification center. |
| 3. Hopelessness related to stress as evidenced by the loss of interest in life and suicidal thoughts. | The patient stated that she wished that she had some sort of terminal illness. She further reported that she felt that each day was the last day of her life. | <ol style="list-style-type: none"> 1. Evaluate the patients coping skills 2. Encourage to participate in group therapy 3. Reevaluate her suicidal ideations. | <ol style="list-style-type: none"> 1. Make a small goal each day before going to bed. 2. Allow the patient to interact with staff and peers 3. Tell her that her kids are her strength and reason to live. | <ol style="list-style-type: none"> 1. Arrange therapy services including individual, group, and family sessions. 2. Arrange for pet therapy as she stated that she loved dogs. 3. The patient stated she loved to paint. Motivate the patient to paint in her free time. |

Other References (APA):

Martin, P. B. (2019, November 4). *9 Major Depression Nursing Care Plans*. Nurseslabs. <https://nurseslabs.com/major-depression-nursing-care-plans/8/>

PhD Rn, S. V. L. (2019). *Psychiatric-Mental Health Nursing (8th ed.)*. LWW.

Surgical, Pediatric, Maternity, and Psychiatric-Mental Health (5th ed.). Mosby.

Swearingen, P. L., & Wright, J. (2018). All-in-One Nursing Care Planning Resource: Medical-

Concept Map (20 Points):

Subjective Data

Patient stated that she felt hopelessness and feeling of impending doom.
Patient reported that she wants to kill herself and she wished that today was her last day of life.
Patient reported that her husband threatened her by placing a gun on her head .
Patient reported that her husband abused her verbally and neglected her.

Nursing Diagnosis/Outcomes

Risk for suicide related to depression and evidenced by multiple suicide attempts and requiring inpatient hospitalization.
Ineffective coping related to abusive home and evidenced by abuse of chemical drugs and filing bankruptcy in 2020.
3.Hopelessness related to stress as evidenced by loss of interest in life and suicidal thoughts.

Objective Data

Patient was diagnosed with major depression disorder and bipolar disorder unspecified.
Her vitals are stable throughout admission.
Patient does not have pain in her body as she rated a pain of 0 in numeric scale.

Patient Information

37-year-old female presents to behavior health unit with homicide and suicide ideations on 2/7/2021 .

Nursing Interventions

- 1.Complete a suicide screening and assessment.
2. Monitor her for 1:1 observation.
- 3.Remove access to firearms.
- 4.Evaluate patient's coping skills
5. Encourage her to participate in group therapy.
6. Set small attainable goals.
7. Identify situation that trigger her suicidal ideation.
8. Monitor and evaluate her for self-harm
9. Arrange for pet therapy as she stated that she loved dogs.
10. Arrange therapy services including individual, group and family sessions.
11. Arrange for patient to join substance abuse program and detoxification center.
12. Give resources on support groups in her area.



