

N323 Care Plan
Lakeview College of Nursing
Shawn Weber

Demographics (3 points)

Date of Admission 2/8/21	Patient Initials C.W.	Age 37 (1/12/84)	Gender Female
Race/Ethnicity Caucasion	Occupation Teleoperator for Health Alliance	Marital Status Married	Allergies NKDA
Code Status Full code	Observation Status 15 minutes	Height 5'2"	Weight 145 lb.

Medical History (5 Points)

Past Medical History: Irritable bowel syndrome, Migraine Headaches.

Significant Psychiatric History: Bipolar Disorder type 1, Depression

Family History: Maternal: Heart failure **Paternal:** Unknown (he died when she was young, no information found in patient's EMR)

Social History (tobacco/alcohol/drugs): Client states she smoked ½ a pack a day from the ages 16 to 18 before she quit. Client drinks alcohol approximately 1 time every month, states she has about 4 or 5 drinks an average. Client smokes marijuana daily. States she smokes 4 blunts per day on average.

Living Situation: Client lives in a 1 story ranch style home with her husband (39) and three children (16, 14, and 8).

Strengths: Client lists her own strengths are that she is a detail oriented critical thinker and that she is very organized.

Support System: Client does not have a good support system. She has one sister who lives near, but they do not have a good relationship. Client has no other close family or friends to rely on.

Admission Assessment

Chief Complaint (2 points): The client's chief complaint as she states is desire to "kill my husband or myself."

Contributing Factors (10 points): On the evening of February 6th, the 37-year-old client announced to her husband that she was going out with some girlfriends for some drinks. Her husband, whom she describes as being emotionally abusive, began threatening to kill himself if she did not stay home with him. The client told him to “go ahead you’d be doing me a favor” and proceeded to go out against his wishes. She returned home around 1am intoxicated to find her husband more furious and still threatening to kill himself. The husband brought out a gun and began holding it to his head gesturing to her that he was serious. The couple then started shouting at each other and the husband had gotten physical with her. He began ripping her clothes off. Client states that “the rest of the night had become a blur”, and that she does not have a solid memory of how exactly everything happened. She is told that she had gotten a hold of his weapon and turned it on herself and pulled the trigger only to find that it was not loaded. After this she then called the cops, and the husband left to dispose of the firearm. The police brought the client to the OSF Medical Center ED early Sunday morning. She spent the day there sobering up under suicide watch until being transferred to the behavioral health department in Urbana. Client had been previously diagnosed with type 1 bipolar disorder, but she has been uncompliant with her medication as “they never worked any good.”

Factors that lead to admission: The client and her husband have been going through a lengthy divorce process that had resulted in them frequently separating and moving back in together “for the sake of their three children.” On the night of the incident the client told the responding police officers she “will either kill my husband or myself if I stay with him any longer.”

History of suicide attempts: Prior to the admitting incident client states that she never had any other suicidal ideation or attempts. She states that the incident was the result of a manic episode combined with alcohol.

Primary Diagnosis on Admission (2 points): Bipolar disorder with a depressive episode following suicidal and homicidal ideation.

Psychosocial Assessment (30 points)

History of Trauma				
<p>No lifetime experience:</p> <p>Witness of trauma/abuse: Client states she witnessed her mother stab her stepfather in a fight when she was 5 years old.</p>				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse			5 years old and all throughout childhood	Client was witness to stepfather being stabbed by mother. Each parental figure in her life fought in front of her.
Sexual Abuse	Yes	Unsure		Client states that she has woken up to her husband performing unwanted sexual acts on her. She also

				<p>says that while she has no memory of any childhood sexual abuse, she feels that there may have been as she was “hypersexualized at a very young age.” She also finds stories involving the sexual abuse of children to be extremely triggering.</p>
Emotional Abuse	Yes			<p>Her husband would frequently use name calling and would talk down and friends and family of the client. The client’s husband also uses guilt to get his way with the client. When the two were separated the husband would come into her home when she was away and take/break personal items.</p>
Neglect		Childhood		<p>Clients birth mother was not there for her. According to client her mom was disinterested in her children and frequently too drunk to care for them.</p>

Exploitation		36 yrs. old		During their separation, the husband offered her money for sex.
Crime				None
Military				None
Natural Disaster				None
Loss		10 yrs. old		Biological father died of cocaine overdose.
Other				None
Presenting Problems				
Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Depressed or sad mood	Yes	No	Client has had intense depressive episodes lasting about 30 minutes that happen 2-3 times a day since the incident that got her admitted. During the group therapy session today, the client abruptly got up and walked out sobbing due to one of these episodes.	
Loss of energy or interest in activities/school	Yes	No		
Deterioration in hygiene and/or grooming	Yes	No		
Social withdrawal or isolation	Yes	No		
Difficulties with home, school, work, relationships, or responsibilities	Yes	No	All throughout the client's life she states she has had problems maintaining good relationships. The most significant being her husband. They had been in a relationship for 22 years though	

			they had split up 3 times over the course of that time and have been married for 7 years.
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes	No	
Difficulty falling asleep	Yes	No	Client has had trouble falling asleep while at OSF. She is used to staying up much later than what she is allowed here.
Frequently awakening during 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 appetite	Yes	No	
Binge eating and/or purging	Yes	No	
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	The client's husband has called and visited every day since her admission. It seemed that their relationship was getting better during yesterday's visit. However today the client revoked her husband's visitation privileges as she had become frustrated with him while talking on the phone. She states he keeps asking the exact same things of her expecting a different answer and she was becoming angry with the idea of seeing his face.
Rating Scale			
How would you rate your depression on a scale of 1-10?	4/10		
How would you rate your anxiety on a scale of 1-10?	2/10		
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	Client works at a call center for an insurance company. She hates being the one dealing with angry or heartbroken customers daily telling them that their treatment was not going to be covered by their insurance.
School	Yes	No	
Family	Yes	No	Problems with spouse as stated above. Strained relationship with sister. 14-year-old daughter suffers from anger management problems as well as sensory processing issues.

Legal	Yes	No	In May of 2020 client filed for divorce, and later that same month filed for bankruptcy. Client had to abandon the divorce as she could no longer afford her lawyer.
Social	Yes	No	Client feels isolated due to her marriage. She feels she does not have any real friends.
Financial	Yes	No	The bankruptcy in May 2020 and being unable to afford her lawyer. Client also has “manic episodes” where she over shops and she has “blown through 401k” as a result. Her inability to pay the bills was a major contributing factor in allowing her husband to move back in with her.
Other	Yes	No	Client has had a sexual relationship with a different man since March 2020 that is still ongoing. Husband does not know of the extramarital affair according to the client, but she is worried how he may react if he were to find out.

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient

Dates	Facility/MD/Therapist	Inpatient/Outpatient	Reason for Treatment	Response/Outcome
8 years old (she is unsure of the dates)	Inpatient Outpatient She visited with a child psychologist on a weekly basis at Old St Elizabeth’s	Outpatient	Anger issues and client had begun drinking alcohol at a very	No improvement Some improvement She gained better control of her anger problems, however she continued

	hospital in Bellville IL. Other:		early age.	drinking alcohol despite being so young. 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	38	Spouse	Yes	No
Son	16	Child	Yes	No
Daughter 1	14	Child	Yes	No
Daughter 2	8	Child	Yes	No
			Yes	No

If yes to any substance use, explain: Husband smokes weed daily like the client. He drinks alcohol once a week, becomes aggressive and rude when he does. She has caught her son smoking weed on more than one occasion though she is unaware how frequently he smokes or how he gets a hold of it.

Children (age and gender): One son aged 16, and two daughters ages 14 and 8.

Who are children with now? Client and husband have full custody of children.

Household dysfunction, including separation/divorce/death/incarceration: When the couple was separated from November 2019 to July 2020 it was very hard on the three children. Client says they are unquestionably happier when her and her husband are together, even though it makes her miserable. She cites her children’s happiness as the biggest reason she got back with her husband.

<p>Current relationship problems: Long ongoing dysfunctional marriage. See chief complaint.</p> <p>Number of marriages: 1</p>		
<p>Sexual Orientation: Straight</p>	<p>Is client sexually active? Yes No</p>	<p>Does client practice safe sex? Yes No</p>
<p>Please describe your religious values, beliefs, spirituality and/or preference: “I don’t really have any specific religions that I follow. I was raised Catholic, but I haven’t ever really believed in any of that. I believe in God I think, and right now I just feel really angry with God.”</p>		
<p>Ethnic/cultural factors/traditions/current activity: None</p> <p>Describe:</p>		
<p>Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): No past legal issues before Saturday.</p>		
<p>How can your family/support system participate in your treatment and care? “My husband still calls and visits every day I am in here and asks me the same exact questions.”</p>		
<p>Client raised by:</p> <p>Natural parents Client had shared custody between her mother and stepfather and her biological father until he passed away when she was 10 years old.</p> <p>Grandparents</p> <p>Adoptive parents</p> <p>Foster parents</p> <p>Other (describe): Her sister’s father took over as her father figure when her biological dad died. He and his wife had a turbulent relationship that she says was reminiscent of her relationship with her husband.</p>		
<p>Significant childhood issues impacting current illness: Each of the client’s parental figures was either neglectful with substance abuse or were in anger-fueled relationships.</p>		
<p>Atmosphere of childhood home:</p> <p>Loving</p> <p>Comfortable</p> <p>Chaotic</p> <p>Abusive</p> <p>Supportive</p> <p>Other: She was surrounded with alcohol and fighting in her family homes.</p>		
<p>Self-Care:</p> <p>Independent</p> <p>Assisted</p> <p>Total Care</p>		
<p>Family History of Mental Illness (diagnosis/suicide/relation/etc.) Depression in her sister</p>		

and some of her extended family. She says, “I have had a couple members of my extended family attempt suicide, and some of them succeeded.”
History of Substance Use: Patient abused alcohol in her youth, but she doesn’t feel she has a problem with it now. Client does not feel her use of cannabis is abuse as she doesn’t have to have it she just likes to have it for some relief.
Education History: Grade school High school Graduated College Attended some college classes but gave up after 1 semester. Other:
Reading Skills: Yes No Limited
Primary Language: English
Problems in school: None
Discharge
Client goals for treatment: “I want to not feel like I want to kill myself or my husband. I guess I would like to work on my anger problems.”
Where will client go when discharged? “I really don’t know where I will go yet. I do not want to go home while my husband is there. I could stay with my sister, but I would rather not. I guess I could go to the women’s shelter.”

Outpatient Resources (15 points)

Resource	Rationale
1. Your Family Resource Connection (YFRC)	1. Client does not wish to go back to her husband at this time, the women’s shelter in Danville, IL can offer her temporary shelter should she need it.
2. Hope Counseling Inc	2. The client, her husband, and their children need counseling from professionals. They would benefit from controlled environments where they can speak their feelings and heal. Facility offers anger management classes that the client would benefit from attending.
3. Elghammer Family Center	3. Client needs to see a psychiatric physician to get her mental health under better control.

	Client states “I am not going to keep taking these pills everyday once I leave.” Client is instead self-medicating with cannabis on a daily basis, but it does not appear to be helping.
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Current Medications (10 points)

Complete all of your client’s psychiatric medications

Brand/Generic	Haldol/ haloperidol	Ativan/ lorazepam	Desyrel/ trazadone	Trileptal/ oxcarbazepine
Dose	5mg	2mg	100mg	300mg
Frequency	Q6H PRN anxiety	Q6H PRN anxiety	Nightly PRN sleep	BID
Route	PO	PO	PO	PO
Classification	Antipsychotic	Benzodiazepine	Antidepressant	Anticonvulsant
Mechanism of Action	Blocks postsynaptic dopamine in the limbic system and increases dopamine turnover in the brain producing an antipsychotic effect.	Potentiate effects of GABA and other inhibitory neurotransmitters by binding with receptors in the CNS.	Exerts an alpha-adrenergic blocking action and produces a modest histamine blocking, creating a sedative effect.	Prevent or halt seizures by blocking or closing sodium channels in neural cell membranes. This slows nerve impulse firing rate decreasing the rate that neurons fire.
Therapeutic Uses	To treat acute	To treat	To treat major	To treat or

	psychotic episodes	insomnia caused by anxiety	depression	prevent seizures
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A
Reason Client Taking	To treat bipolar disorder	To treat anxiety	To treat insomnia	To prevent seizures
Contraindications (2)	Severe toxic CNS comatose states, Parkinson's disease	Acute angle glaucoma, hypersensitivity to benzos	Hypersensitivity to trazadone, recovery from acute MI in the last 14 days	Hypersensitivity to oxcarbazepine, hyponatremia
Side Effects/Adverse Reactions (2)	Seizures, hepatitis	Suicidal ideation, respiratory depression.	Apnea, hypotension	Seizures, suicidal ideation
Medication/Food Interactions	Benzodiazepines carry risk of increased plasma haloperidol levels. With alcohol carries risk of respiratory depression.	Alcohol, increased CNS depression and respiratory depression. Clozapine, increased risk of ataxia.	Aspirin/ NSAIDs increased risk for bleeding. Alcohol use, CNS and respiratory depression.	All foods increased risk of adverse effects. Alcohol CNS depression.
Nursing Considerations (2)	Use caution in patient's with prolonged QT intervals, as well as elderly patients. Monitor CBC in clients with low WBC count.	Higher risk of dependence in patients with history of drug/alcohol abuse. Monitor client's respirations.	Use cautiously in clients with cardiac disease, as it can cause dysrhythmias. Give shortly after a meal or snack to reduce nausea.	Advise client to take medication 1 hour before meal or 2 hours after. Monitor labs for hyponatremia.

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):

Learning, J. &. (2019). *2020 nurse's drug handbook (19th ed.)*. Jones & Bartlett Learning.

Mental Status Exam Findings (20 points)

<p>APPEARANCE:</p> <p>Behavior:</p> <p>Build:</p> <p>Attitude:</p> <p>Speech:</p>	<p>Pleasant looking, good hygiene, client is wearing pajama pants from home.</p> <p>Calm and relaxed, gets visibly upset when discussing childhood or husband.</p> <p>Client is short medium build,</p> <p>Laid back</p> <p>Client speaks clearly and comprehensively.</p>
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<p>Interpersonal style: Mood: Affect:</p>	<p>Client is very engaging and expressive. Calm, depressed Melancholy</p>
<p>MAIN THOUGHT CONTENT: Ideations: Delusions: Illusions: Obsessions: Compulsions: Phobias:</p>	<p>Suicidal and homicidal None None Client is obsessive with people, like the man she shares an affair with. Very compulsive with actions, such as shopping. None</p>
<p>ORIENTATION: Sensorium: Thought Content:</p>	<p>Normal Concise, within the realm of reality.</p>
<p>MEMORY: Remote:</p>	<p>Client appears to have a very good memory. She can recall very specific details from her childhood, all the way up to what she had done that day. She does have a lapse in memory from Saturday night which may be due to alcohol.</p>
<p>REASONING: Judgment: Calculations: Intelligence: Abstraction: Impulse Control:</p>	<p>Poor Judgement N/A Average N/A Recklessly impulsive</p>
<p>INSIGHT:</p>	<p>Client is aware of her mental illnesses though she seems reluctant address them in any healthy way.</p>
<p>GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements:</p>	<p>Good None Appropriate Average Average No impairments</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
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1455	88	121/80	16	97.8	98%
1745	76	120/78	14	97.8	99%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1455	Numeric	N/A	0/10	N/A	N/A
1745	Numeric	N/A	0/10	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: Breakfast: Lunch: Dinner: 75%	Oral Fluid Intake with Meals (in mL) Breakfast: Lunch: Dinner: 240 ml

Discharge Planning (4 points)

Discharge Plans (Yours for the client): Client has choice of returning to her home, or an alternative of her choosing. Her entire family needs to be enrolled in family counseling. The client and her husband should also be enrolled in couple’s therapy. Whether or not they remain married, they still need to have a way to communicate with one another to raise their children. Client will need to become consistent on taking her prescribed medicines. Client will follow up with regular physician one month after discharge to reassess new prescriptions are working.

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 with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Immediate Interventions (At admission)</p>	<p>Intermediate Interventions (During hospitalization)</p>	<p>Community Interventions (Prior to discharge)</p>
<p>1. Risk for self-harm as evidenced by turning a firearm on herself.</p>	<p>Client made an earnest attempt to commit suicide.</p>	<p>1. Place client on one-on-one monitoring.</p> <p>2. Ensure client does not have access to any items that may be used for harm.</p> <p>3. Assess client why she would want to take her own life</p>	<p>1.Place client on 15-minute observation.</p> <p>2. Counsel the client, encourage her to explore feelings that brought her to attempting suicide.</p> <p>3. Allow client to have a photo of her kids, to remind her what she must live for.</p>	<p>1. Encourage her to recognize manic episodes where her decision-making skills may be altered.</p> <p>2. Be sure that all firearms are removed from her home before returning.</p> <p>3. Be sure client has access to a crisis hotline number should she need it.</p>
<p>2. Risk for violence related to “I want to kill my husband or myself if I stay with him”</p>	<p>Client describes patterns of having anger issues that culminated on Saturday.</p>	<p>1. Remove any items or belongings that could be used as a weapon.</p> <p>2. Decrease environmental stimuli.</p> <p>3. Address</p>	<p>1. Attend group therapy sessions</p> <p>2.Encourage client to try yoga, or meditation</p> <p>3. Administer bipolar medication to client as</p>	<p>1. Encourage she avoid any substances that may lead to erratic behavior</p> <p>2. Reiterate importance in compliance with taking prescribed</p>

		client in a calm but firm voice.	prescribed.	medications 3. Set client up for anger management therapy
3. Risk for stress overload related to the work, relationship, financial stresses baring down on the client.	Further mental analysis of client reveal that she suffers from many different stress causing factors and has poor coping mechanisms.	1. Assess client and identify stressors 2. Identify ineffective coping mechanisms 3. Monitor risk of self-harm or harming others	1. Encourage client to record a journal, to help get thoughts more organized. 2. Push client to perform moderate physical exercise for 30 mins a day. 3. Point out signs of improvement to the client.	1. Build better coping mechanisms with client 2. Ensure client has some support structure when she leaves 3. Set client up with one-on-one counseling

Other References (APA):

Concept Map (20 Points):

Subjective Data

Client states that she got back with her husband due to financial troubles and for the happiness of her kids. Client is suffering from depressive episodes while admitted. Describes herself as angry and impulsive.

Nursing Diagnosis/Outcomes

- 1. Risk for self-harm as evidenced by turning a firearm on herself.
Goal: Client will retain will to live
- 2. Risk for violence related to "I want to kill my husband or myself if I stay with him"
Goal: Client will regain control of feelings
- 3. Stress overload related to the work, relationship, financial stresses baring down on the client.
Goal: Client develops better coping mechanisms

Objective Data

Short average weight with some tattoos
Vitals
HR: 76
BP: 120/78
RR: 14
Temp: 97.8
O2: 99%

Patient Information

27-year-old Caucasian woman admitted to OSF behavioral health for suicidal and homicidal ideation. Lives with husband and 3 children. Picked up by police after fight involving a firearm. Client suffers from Bipolar disorder and depression.

Nursing Interventions

- 1. Assess client why she would want to take her own life
- 1. Counsel the client, encourage her to explore feelings that brought her to attempting suicide.
- 1. Allow client to have a photo of her kids, to remind her what she must live for.
- 1. Encourage client to try yoga, or meditation
- 1. Reiterate importance in compliance with taking prescribed medications
- 1. Set client up for anger management therapy
- 3. Encourage client to record a journal, to help get thoughts more organized.
- 3. Push client to perform moderate physical exercise for 30 mins a day.
- 3. Ensure client has some support structure when she leaves



