N323 Care Plan

Lakeview College of Nursing

Name: Christine Nlandu

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
27/02/2021	MB	24	F
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Swimming teacher	Fiancé	NKA
Code Status	**Observation Status**	**Height**	**Weight**
Full code	Every 15 minutes	5'4"	220 lb

Medical History (5 Points)

Past Medical History: Anxiety, asthma, constipation, occasional blood in stool, diabetes mellitus, otitis media, bilateral scalp lesion, strep throat, umbilical hernia resolved, bipolar affective, episode of depression, and upper respiratory infection.

Significant Psychiatric History: The patient tried to cut herself three times on the wrist for the last 6 months and attempted suicide by taking an overdose of ibuprofen and heavy alcohol intake caused her to passe out 3 to 4 times.

Family History: Father has diabetes and was recently diagnosed with lymphoma stage 4, which is a terminal illness. She had never seen her biological mother since she was adopted at the age of 5. Siblings are healthy, but one sister who lives with the patient is always sad most the time.

Social History (tobacco/alcohol/drugs): Client occasional drinks when she is very depressed about 2 to 3 drinks a day for 2 years; in the past 2 months, she planned to drink 2 beers and end up with 7 beers then passed out. She smokes marijuana 2-3 times a month for 2 years.

Living Situation: Patient lives home with her fiancé and 2 children.

Strengths: Client states that her strength is based on her believes and says, "there is hope at the end."

Support System: Her fiancé and religion

Admission Assessment

Chief Complaint (2 points): Client states that "I have more episodes of negative thoughts about 5 to 6 days a week that come and go. I do not have desire to be a mom anymore, and do not enjoy things as I used to."

Contributing Factors (10 points):

On February 27, a 24 years old, African American female, fiancé was admitted to the ED for exacerbating episode of depression and suicidal thoughts that occur 5 to 6 days a week. Depression episode is intermittent. The patient claims that the depression episodes started 4 days after she gave birth in July 2020. Client reports" I do not longer have the desire to be a mom, want to be alone, and no longer interested in the wedding planned for this coming august." Client is breastfeeding and having a heavy drinking that makes her pass out while she is home alone with kids. She also ended up cutting herself to release the anxiety. Client is not getting enough sleep because the fiancé works night shift. Client has been seeing her counselor for the past two months. After she shared her feelings, the counselor advises her to go to the ED for better care.

Factors that lead to admission: suicide ideation and self-harm.

History of suicide attempts: Over the past 6 months she has ineffective coping strategies, which caused her to harm herself on wrist and took ibuprofen pills, which caused her to pass out. She is currently on Zoloft for the depression.

Primary Diagnosis on Admission (2 points): Postpartum depression secondary diagnosis is Major depression disease.

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: N/A **Witness of trauma/abuse: N/A**				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	**N/A**	**N/A**	**N/A**	**Client never have physical abuse**
Sexual Abuse	**N/A**	**N/A**	**N/A**	**N/A**
Emotional Abuse	**N/A**	**N/A**	**N/A**	**N/A**
Neglect	**N/A**	**N/A**	**N/A**	**N/A**
Exploitation	**N/A**	**YES**	**N/A**	**Client report to do household and adopted mom**

				never be satisfied.
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**	**YES**	**N/A**	**Client lost parents' affection after adoption.**
Other	**N/A**	**N/A**	**N/A**	**N/A**

Presenting Problems			
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Depressed or sad mood	**Yes**		**Depression episode occurs 5 to 6 times a week.**
Loss of energy or interest in activities/school	**Yes**		**Currently she is no longer motivated to do things and feels very tired.**
Deterioration in hygiene and/or grooming	**Yes**		**Does no longer feel motivation to take shower or clean up when necessary.**
Social withdrawal or isolation	**Yes**		**She wants to be lone most of the time**
Difficulties with home, school, work, relationships, or responsibilities	**Yes**		**She reported no issue with fiancé and school at this time and planned to return to school**

			when she can
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**		**Client is getting only 4 hours since she had a baby in July 2020.**
Difficulty falling asleep	**Yes**		**She worries a lot most of the time.**
Frequently awakening during night	**Yes**		**The taught wakes her up couple times a week.**
Early morning awakenings	**Yes**		**N/A**
Nightmares/dreams	**Yes**		**She sometimes experiences nightmares.**
Other		**No**	**N/A**
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	**Yes**		**Client eats one meal a day for the past couple months.**
Binge eating and/or purging		**No**	**N/A**
Unexplained weight loss? **Amount of weight change:**	**Yes**		**She lost about 10 lb for the past 2 months.**
Use of laxatives or excessive exercise		**No**	**N/A**
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	**Yes**		**Client states she worries about what other think about her**

			most of the time
Panic attacks	**Yes**		**Sometimes anxiety gets worse**
Obsessive/compulsive thoughts	**Yes**		**N/A**
Obsessive/compulsive behaviors	**Yes**		**She reports that some days she cleans up 8 times.**
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**		**When she cleans up 8 times a day, she cannot do other tasks she planned.**
Rating Scale			
How would you rate your depression on a scale of 1-10?	**7**		
How would you rate your anxiety on a scale of 1-10?	**7**		
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		**No**	**Never miss work except her current hospitalization time.**
School		**No**	**N/A**
Family	**yes**		**She was mad when she found out she was pregnant for the first and the second child. Client does no longer have the desire to be a mother.**
Legal		**No**	**N/A**
Social	**Yes**		**Currently, she does no longer**

			have the feeling to be with others.
Financial	**Yes**		**Since client work parttime, she does not have the ability to pay off all her bills. Most of the time she worries about medical bills.**
Other		**No**	**N/A**

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
August 2020	**Behavior and mental disease at the OSF Peoria**	**Outpatient**	**Anxiety**	**No improvement** **Because client did not follow her treatment has prescribed. She only refilled three bottle and never went back again.**
December 2020	**Behavior counseling in Peoria.**	**Outpatient**	**Anxiety &** **Depression**	**Some improvement. Counselor sent her to the ED.**
N/A		**N/A**	**N/A**	**No improvement** **Some improvement**

				Significant improvement
Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Michael	**24**	**Fiancé**	**Yes**	**Uses marijuana.**
Benjamin	**2 years old**	**child**		**No**
Zoe	**7 months old**	**child**		**No**
N/A	**N/A**	**N/A**	**N/A**	**N/A**
N/A	**N/A**	**N/A**	**N/A**	**N/A**
If yes to any substance use, explain: The fiancé uses marijuana and alcohol. Her fiancé is the one who brings marijuana for the patient at home.				
Children (age and gender): A 2-year-old male and 7 months old female. **Who are children with now? With the fiancé at home.**				
Household dysfunction, including separation/divorce/death/incarceration: N/A				
Current relationship problems: client denied any issue at home with fiancé and states just she has issue in the mind and does not feel comfortable to share them with the fiancé because he will know how she feels and what he might think about her. **Number of marriages: This is the first relationship and planning to get married this coming August, but client does no longer has feeling of getting married.**				
Sexual Orientation: Female	**Is client sexually active? Yes**		**Does client practice safe sex? Yes**	
Please describe your religious values, beliefs, spirituality and/or preference: Client is Christian and believes that there is hope at the end.				
Ethnic/cultural factors/traditions/current activity: Christmas, birthday, and Easter. **Describe: Client does celebrate the above even every year and does not practice any**				

other traditions.
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Client stated that father and mother went to jail due to heavy drinking and this was the most reason caused them to be adopted because there were no one to take care of them.
How can your family/support system participate in your treatment and care? Family is not aware of client's condition.
Client raised by: **Adopted parents.**
Significant childhood issues impacting current illness: N/A
Atmosphere of childhood home: **Client was not happy when growing up in the adopted family because the mother sits on the phone all day and tell them to do all the housework. The adopted mother was not satisfied of their work and called them names, which is embarrassing says the patient. When the patient shared her anxiety with the adopted mother, the adopted mother told her to get over the counter medication and make it an issue that cause the client to leave her house after fight.**
Self-Care: **Independent: She can care for self but does no longer have the desire to take shower.** **Total care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) No one is currently diagnosed with mental illness.
History of Substance Use: Heavy alcohol drinking for both parents

Education History: **Graded from high school:** **College: She started college and drop off because she was not sure what she needs to study.**
Reading Skills: **Yes**
Primary Language: English
Problems in school: N/A
Discharge
Client goals for treatment: The current goals are to help the client to be ability to cope, take care of babies, and think positive. Manage her sleep habit, eat three meal a day, and continue with prescribed medication. Two weeks follow up therapy.
Where will client go when discharged? Home

Outpatient Resources (15 points)

Resource	Rationale
1. Crisis line	**1. Any time the client has thoughts to harm herself or kids.**
2. Support group	**2. Client will relate to other women who are struggling with postpartum depression twice a month, and she will learn coping skills and reduce sense of isolation.**
3. Breastfeeding support	**3. Educate and promote a better**

	understanding of breastfeeding once a month because some medication may have adverse effect on the baby.

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

Brand/ Generic	**Acetaminophen/ Tylenol (Jones & Bartlett, L, 2020, P. 9-12).**	**Albuterol/ Proventil Ventolin 0.083% nebulizer (Jones & Bartlett, L, 2020, P.30-32).**	**Aspirin/ Acetaminophen -caffeine Excedrin (Jones & Bartlett, L, 2020, P. 601-605).**	**Benztropine Mesylate Cogentin (Jones & Bartlett, L, 2020, P. 134-135).**	**Docusate sodium Colace (Jones & Bartlett, L, 2020, P. 355-356).**
Dose	**650 mg**	**2.5 mg**	**1 tablet/ 650mg**	**2mg**	**100mg capsule**
Frequency	**Every 4 hrs. PRN**	**Every 6 hrs. PRN for 2 days**	**Every 6hrs PRN**	**2 times/ day**	**2 times/ day**
Route	**oral**	**Oral**	**oral**	**oral**	**oral**
Classification	**Antipyretic, nonopioid analgesic**	**Adrenergic**	**NSAID**	**Anticholinergic**	**Laxative**
Mechanism of Action	**Inhibit enzyme cyclooxygenase, blocking prosta**	**Attached to beta receptors on bronchial cell**	**Blocks the activity of cyclooxygenase, the enzyme**	**Blocks acetylcholine's action at cholinergic receptor**	**Acts as a surfactant that softens stool by**

	glandin production and interfere with pain.	**membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine triphosphate.**	**needed for prostaglandin synthesis. Anti-inflammatory**	**sites. This restores the brain normal dopamine and acetylcholine, which relaxes muscle movement and decreases drooling, rigidity, and tremor.**	**decreasing surface tension between oil and water in feces.**
Therapeutic Uses	**To treat moderate pain and fever**	**To prevent exercise-induce bronchospasm with airway obstruction.**	**To relieve mild pain, fever, and rheumatoid arthritis.**	**Treats all Parkinson's disease, acute dystonic reactions, and control extrapyramidal symptoms.**	**constipation**
Therapeutic Range (if applicable)	**Parenteral 1000mg for client who weight more than 50lb**	**Two inhalation 15-30 min**	**Adult 300mg four time / day.**	**Start with low dose gradually increase of 0.5mg to 1 mg/daily for 5 or 6 days because it has cumulative action.**	**50-500 mg in 1 to 4 divided doses**
Reason Client Taking	**pain**	**wheezing**	**Headache**	**Agitation caused by psychiatrics medicine like haloperidol.**	**constipation**
Contraindications (2)	**Hypersensitivity and hepatic**	**Hypersensitivity to albuterol &**	**Asthma & bronchospasm**	**`Angle-closure glaucoma**	**Intestinal obstruction &**

	impairment.	**its product & HTN**		**&children less than 3 years old.**	**fecal impaction**
Side Effects/Adverse Reactions (2)	**Agitation & hypotension**	**Drowsiness & bronchospasm**	**Abdomen crumps & GI bleeding**	**Confusion & delusions**	**Syncope & Abdominal cramp**
Medication/ Food Interactions	**Anticholinergic decrease onset of drug and alcohol increase risk of hepatotoxicity.**	**Betablocker inhibit the effect of albuterol, MOA inhibit anti-depressant and possible hypokalemia**	**Antihypertensive decrease the effectiveness of the drug. Aspirin with other NSAID increase the risk of bleeding.**	**Haloperidol: possible increase schizophrenic symptoms & decrease serum haloperidol level. Give before or after meal**	**Increased mineral oil absorption & increased risk for toxicity.**
Nursing Considerations (2)	**Long-term use cause hepatotoxicity and monitor renal impairment.**	**Monitor serum potassium & administer pressured inhalations of albuterol.**	**Use caution in GI bleeding & risk for CHF**	**Administer in IV or IM & assess muscle rigidity.**	**Excessive use cause constipation & electrolyte imbalance**

Brand/ Generic	**Ferrous sulfate** **(Jones & Bartlett, L, 2020, P. 491-494).**	**Haloperidol/ Lactate Haldol** **(Jones & Bartlett, L, 2020, P. 575-577).**	**Oxcarbazepine / Trileptal** **(Jones & Bartlett, L, 2020, P. 928-931).**	**Polyethylene/ Glycol/ Glycolax miralax** **(Jones & Bartlett, L, 2020).**	**Trazodone/ Desyrel** **(Jones & Bartlett, L, 2020, P. 1264-1265).**
Dose	**325 mg**	**5 mg**	**300 mg**	**17 g**	**100 mg**
Frequency	**2/day**	**Every 6 hr**	**2/day**	**Daily PRN**	**nightly**

		PRN			
Route	**oral**	**IM**	**oral**	**oral**	**oral**
Classification	**Antianemic**	**Antipsychotic**	**Carboxamide**	**Osmotic laxative**	**antidepressant**
Mechanism of Action	**Acts to normalize RBC production by binding with hemoglobin cell in the bone marrow, liver, and spleen**	**Blocks postsynaptic c dopamine receptor in limbic system and increase brain turnover of dopamine, producing an antipsychotic effect.**	**Prevent seizure by blocking sodium channel in neuronal cell membrane. slow nerve impulse transmission .**	**Retains water into the bowel lumen to cause elimination of watery stool.**	**Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect.**
Therapeutic Uses	**To prevent iron deficiency and replace iron deficiency.**	**To treat psychotic disorder, psychotic behavior disorders, and Tourette's syndrome,**	**To treat partial seizure and bipolar**	**Constipation**	**To treat major depression**
Therapeutic Range (if applicable)	**Adult weight more than 50 lb 750 mg follow second dose 750 mg given no sooner than 7 days.**	**Adult 0.5-5 mg 2 times/ day**	**Start 300 mg twice/daily and increase by 600 mg/daily every week.**	**34 g /day**	**Start with 150 mg one a day and increase by 75 mg daily every 3 days PRN**
Reason Client Taking	**To treat anemia caused by GI bleeding**	**Agitation, break through psychosis / mania**	**To treat bipolar**	**Constipation**	**Sleep and major depression**
Contraindications (2)	**Hemochromatosis & hemolytic anemia.**	**CNS comatose & depression**	**Hypersensitivity to oxcarbazepine & eslicarbazepi**	**Client with low potassium cause severe**	**Hypersensitivity to trazodone & recovery from MI**

			ne acetate	**ulcerative colitis.**	
Side Effects/Adverse Reactions (2)	**Headache & hemolysis**	**Anxiety & seizure**	**Seizure & suicidal ideation**	**Nausea and diarrhea**	**Agitation & abnormal coordination or dreams**
Medication/ Food Interactions	**Coffee, eggs with bicarbonates, carbonates, oxalates, or phosphates, milk, and decrease iron absorption. Alcohol abuses increase serum level.**	**Alcohol use increased CNS depression, and risk for hypotension. Use concurrent with haloperidol and anticonvulsant decrease blood drug level of haloperidol**	**Carbamazepine decreases blood oxcarbazepine level; cyclosporine decreases the effect of drug. All food XR tables increased risk for side effect and alcohol CNS depression.**	**Trazodone and albuterol can cause irregular heart rhythm,**	**Aspirin increase risk of bleeding & alcohol use increase risk of CNS depression, hypotension, and respiratory depression.**
Nursing Considerations (2)	**Give this Ferrous with a full glass of water & dilute and administer with straw.**	**Haloperidol increases risk of death in elderly & assess for fall risk**	**Monitor sodium & seizure precaution**	**Assess pt for abdominal distention, color and consistency, amount of stool produced.**	**Give tramadol shortly after meal to avoid nausea & give large dose of the day at bedtime if drowsiness occurs.**

Medications Reference (1) (APA):

Jones & Bartless Learning. (2020). 2020 Nurse's drug handbook (19th ed.). Burlington, MA.

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	**The client appears oriented to person, time, and place. Well groomed, with no acute distress. She speaks English well and able to keep the conversation ongoing. She is open minded no agitation noted at this time. Client's mood is not affected.**
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	**Client states that she does not want to harm herself or children, but she worries about what other thinking about her if she tells them how she feels. She had some delusion and illusion. Does no longer want to be mom, cleans 8 times a day and does not longer have the desire to be with others.**
ORIENTATION: **Sensorium:** **Thought Content:**	**She is oriented, no sensorium with negative thought about self.**
MEMORY: **Remote:**	**Memory seems normal because during the interview she was able to recall the past date and past events when the same question was asked more than once and provided same answers.**
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	**Negative reasoning and loss of desire to accomplish task, takes care of the children and hygiene. She was able to count. She is dealing with unrealistic ideas rather than reality. She can control impulse.**

INSIGHT:	**She understands clearly.**
GAIT: Normal **Assistive Devices: None** **Posture: Normal** **Muscle Tone: 5/5** **Strength: equal strength throughout bilateral.** **Motor Movements: Normal fine and gross motor.**	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1810	**92**	**119/77**	**16**	**97.9**	**98%**
1100	**90**	**117/75**	**16**	**97.0**	**97%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1810	**0/10**	**N/A**	**N/A**	**N/A**	**N/A**
1100	**0/10**	**N/A**	**N/A**	**N/A**	**N/A**

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast: 100%** **Lunch: 100%**	**Oral Fluid Intake with Meals (in mL)** **Breakfast: 120 ml** **Lunch: 240 ml**

Dinner: 100%	**Dinner: 360 ml**

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

Client and children safety is matter. Having her call the crisis hotline at any time she has thoughts to harm herself or kids is crucial.

2. Client will relate to other women who are struggling with postpartum depression twice a month, and she will learn coping skills and reduce sense of isolation. Education and learning from others who overcome depression will help her change negative thoughts to positive and will help her to cope with depression and anxiety.

3. Educate and promote a better understanding of breastfeeding once a month because some medication may have adverse effect on the baby. She states the baby is not getting enough food and attention needed. Breastfeeding education will help baby to benefit from better care.

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

Nursing Diagnosis	Rational	Immediate Interventions (At admission)	Intermediate Interventions (During hospitalization)	Community Interventions (Prior to discharge)
• Include full nursing diagnosis with "related to" and "as evidenced by"	• Explain why the nursing diagnosis was chosen			

components				
1. **Impaired parenting related to inability to perform activities of daily living related to secondary postpartum depression as evidence by no providing adequate care to children (Belleza, 2017).**	**This diagnosis was chosen because the client doe no longer has desire of being a mom.**	**1. Take time to talk with the client while using therapeutic communication.** **2. Ask open ended questions to allow client to share their feelings.** **3. Include client in the plan of care.**	**1.Assist client in planning for her daily activities including nutrition, exercise, and sleep.** **2. Give client breaks, so she can get some sleep during hospitalization.** **3. Take care the patient as whole.**	**1. Educate client about social circle, which serves as a support system.** **2. Recommend support groups to client, so she can have a system where she can share her feelings.** **3. Advice the client to take some time off for herself every day so she can have a break from regular baby care.**
2. **Risk for injury related to negative thoughts as evidence as self-cut on wrist (Videbeck, 2017)**	**This diagnosis was chosen because safety of client is a priority.**	**1. Provide safe environment for client and others.** **2. Repeatedly assess the client for suicide ideation.** **3. When conversing with client, be comfortable sitting with client and let client know you are available to converse.**	**1. Discuss with client about benefit of participating in group therapy.** **2.Reassure client that you are there to help.** **3. Allowing client to express verbal and nonverbal feelings**	**1. Provide information on suicide precaution and printed material.** **2. Provide information and phone number of suicide hotline at anytime client has thoughts to harm self or others.** **3.**

3. Ineffective coping related to inadequate choices of practiced responses as evidence by heavy alcohol intake (Videbeck, 2017).	**This diagnosis is chosen because client exhibit poor self-concept**	**1. Provide meal to the client.** **2. Set up a schedule for ADLs by respecting patient' autonomy.** **3. Make sure patient has access to the toilette and shower.**	**1. Assess client for previous coping method.** **2. Evaluate client's tolerance for group activity.** **3. Encourage client's appropriate expression of feeling regarding treatment.**	**1. Teach the client about problem solving process.** **2. Provide positive feed back at each step of the process.** **3. Teach client about coping strategy**

Other References (APA):

Concept Map (20 Points):

Videbeck, S. L. (2017). ***Psychiatric-mental health nursing*****. (7th ed.). Wolters Kluwer.**

Belleza, M. (2017). ***Postpartum depression*****. https://nurseslabs.com/postpartum-depression/.**

Subjective Data

I no longer have the desire to be a mother.
I want to be alone.
I am not interested getting married this coming August.
I feel like I am judged.
I do not enjoy life as I used to.
I am worried about what others think about me.

Nursing Diagnosis/Outcomes

Impaired parenting
Outcome: Client can perform daily living activity and provide adequate care to the kids.
Risk for injury
Outcome: Client recognized the importance of counseling and regularly attends one, as result client no longer attempted self-harm.
Ineffective coping
Outcome: Client quit using marijuana and heavy alcohol intake when she is stressed.

Objective Data

Client seemed sad and cried during interview.
She is cooperative.
She is aware of self and the environment.
She sits in the group room about 5 hours.

Patient Information

A 24 years old, African American female was admitted to the ED for postpartum depression started 4 days after she gave birth in July 2020. Client has a history of anxiety, bipolar, DM, OM, and constipation

Nursing Interventions

Check the patient every 15 min.
Provide safe environment.
Encourage client to share her feelings.
Encourage client to participate in group therapy.
Assess coping mechanism.
Assess suicide ideation.
Providing food, toilette, and shower.
Schedule ADLs according to the patient ‘s autonomy.