N323 Care Plan

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
3-26-21	MW	19 years old	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	White castle and KC sports	Single	No known allergies
Code Status	**Observation Status**	**Height**	**Weight**
Full	Rounding every 15 minutes.	5’6”	115lb

Medical History (5 Points)

Past Medical History: Bipolar Disorder

Significant Psychiatric History: The current admission of the client is the clients second known psychiatric hospitalization. Patient is from Ohio and was previously admitted to OhioHealth Riverside Methodist Hospital. She was given ambilify, however patient was non-compliant with taking the medication.

Family History: Patient states she does not know of any family history.

Social History (tobacco/alcohol/drugs): Patient reports she has never smoked tobacco or used tobacco products. Patient reports drinking alcoholic beverages and using marijuana however is not willing to say how often or how long. Patient currently has a boyfriend but has never been married. Patient also reports she has no children. Patient reports that she currently works at White Castle and KC Sports in Columbus, Ohio. Patient states she has experienced trauma throughout her life.

Living Situation: Patient reports that she previously lived with her friend in an apartment before coming to Illinois.

Strengths: Patient states her biggest strength is listening.

Support System: Patient reports that her biggest support person is her little brother who has always been there for her. She also states that her father has always pushed her to do her best and be the best she could be.

Admission Assessment

Chief Complaint (2 points): Patient states she had nowhere else to go so she went to the hospital. Ed report claims she was in a manic state.

Contributing Factors (10 points):

Factors that lead to admission: Patient reports that she was involved in a sex ring along with her mother. She has no timeline in place and dates it back to 2007 when she was only five years old. Patient states “I know it sounds crazy but it’s true, weird things always happen to me.” Patient was unclear but also stated she has had many issues with her past boyfriends as they have harassed her in the past. The client states “My ex-boyfriend is my pimp, and he is trying to find me, so I had to run away.” There is no clear history on this client due to her being from a different state however she was admitted to the hospital in Columbus, Ohio however denies ever going there when conversing.

History of suicide attempts: Patient states she has no history of suicide attempts.

Primary Diagnosis on Admission (2 points): Bipolar disorder, Type 1, Manic episode, with psychosis.

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Patient states she has experienced a lot of trauma in her life. **Witness of trauma/abuse: Patient states she is a w**itness of her own trauma along with thoughts of her mother's trauma. Patient believes her mother is part of a sex ring however does not know for sure.				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	**---**	**Patient states she was 16 years old.**	**---**	**Pt. states "my ex-boyfriend chocked me, threw me against the wall and verbally abused me in high school."**
Sexual Abuse	**Pt. states it was still currently going on when she left.**	**Pt. states she was around 5 years old when it started.**	**Pt. states she saw her mom get drug into thing**	**Pt. states "I would always have to do these things for these guys, and I feel like my**

			with different guys and was fearful for her.	**mother was involved but more so as a victim and not as a criminal."**
Emotional Abuse	**Patient denies current emotional abuse**	**Patient states that her ex-boyfriends were both manipulative and controlling.**	**---**	**Pt. states "My ex-boyfriends would force me to have sex with them and tell me they were the only ones that mattered. They both made me stop talking to my family while I was with them."**
Neglect	**Patient denies neglect abuse.**	**---**	**---**	**---**
Exploitation	**Patient denies exploitation abuse.**	**---**	**---**	**---**
Crime	**Pt. denies crime**	**---**	**---**	**---**

	trauma.			
Military	**Pt. denies military trauma.**	**---**	**---**	**---**
Natural Disaster	**No natural disaster reported.**	**---**	**---**	**---**
Loss		**14 years old**		**Patient states "I lost my grandfather who passed away when I was 14. I also lost my dad who was deported when I was younger. Him and I were really close."**
Other	**Pt. doesn't state any other trauma.**	**---**	**---**	**---**
Presenting Problems				
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**	
Depressed or sad mood	**Yes**	**No**	**Patients states, "depression**	

			occurs when I'm in a relationship or ending a relationship."
Loss of energy or interest in activities/school	**Yes**	**No**	**Patient states "It does not occur now but when I was in high school, I almost did not graduate."**
Deterioration in hygiene and/or grooming	**Yes**	**No**	
Social withdrawal or isolation	**Yes**	**No**	
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	**The patient recently felt like her home was not safe because of her mother and left. Patient states "I have also had difficult relationships with different men."**
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**	**No**	
Difficulty falling asleep	**Yes**	**No**	
Frequently awakening during night	**Yes**	**No**	
Early morning awakenings	**Yes**	**No**	
Nightmares/dreams	**Yes**	**No**	**Pt. states "I have unpleasant dreams 2-3 times a week."**

Other	**Yes**	**No**	
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	**Yes**	**No**	**Pt. states "I have had a loss of appetite more days than not since being here. Usually, I am the other way around and eat too much."**
Binge eating and/or purging	**Yes**	**No**	
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No**	
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?	**The patient states her current level of depression is a 2-3 on a scale of 1-10.**		
How would you rate your anxiety on a scale of 1-10?	**The patient states her current level of anxiety**		

		is a 2-3 on a scale of 1-10.		
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**		
School	**Yes**	**No**		
Family	**Yes**	**No**	**Patient denies problem with family, however, tells me her and her mother are involved in a sex ring and that she wasn't safe, so she left.**	
Legal	**Yes**	**No**		
Social	**Yes**	**No**		
Financial	**Yes**	**No**	**Patient stats "I am currently struggling with finical problems."**	
Other	**Yes**	**No**		
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
Patient was admitted	**Inpatient**	**Inpatient**	The patient	**No improvement**

sometime in February	OhioHealth Riverside Methodist Hospital in Columbus, Ohio		was admitted for bipolar disorder.	**Some improvement** **Significant improvement**
No other treatments known	**Inpatient** **Outpatient** **Other:**			**No improvement** **Some improvement** **Significant improvement**
No other treatments known	**Inpatient** **Outpatient** **Other:**			**No improvement** **Some improvement** **Significant improvement**
Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Mother	**40**	**Mother**	**Yes**	**No**
Little Brother	**15**	**Brother**	**Yes**	**No**
Brother	**21**	**Brother**	**Yes**	**No**
			Yes	**No**
			Yes	**No**
If yes to any substance use, explain: Pt. denies family members use any substance.				
Children (age and gender): Patient stats she has no children. **Who are children with now?**				
Household dysfunction, including separation/divorce/death/incarceration: Patient states her father was deported back to his home country. Patient also brings up her and her				

mother being in a sex ring quite often.		
Current relationship problems: No current relationship problems with current boyfriend she states. **Number of marriages: none**		
Sexual Orientation: **Straight**	**Is client sexually active?** **Yes No**	**Does client practice safe sex?** **Yes No**
Please describe your religious values, beliefs, spirituality and/or preference: **Pt. states "I believe in a greater power and in evolution but not in a certain religion."**		
Ethnic/cultural factors/traditions/current activity: Pt. states "We celebrate thanksgiving and Christmas." **Describe: Pt. states "it is just my immediate family (mother and siblings) and patient does not see cousins or aunts and uncles."**		
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Patient denies any current or past legal issues.		
How can your family/support system participate in your treatment and care? **Patient does not want her family involved in her care by any means.**		
Client raised by: **Natural parents: Just her mother after her father was deported.** **Grandparents** **Adoptive parents** **Foster parents** **Other (describe):**		
Significant childhood issues impacting current illness: Patient states that she was sexually harassed starting at a younger again however does not remember much detail of the issues.		
Atmosphere of childhood home: **Loving**		

Comfortable **Chaotic** **Abusive** **Supportive** **Other: dysfunctional, Pt. defends mother however tells stories about her mother letting her get sexually abused.**
Self-Care: **Independent: The patient is able to complete all ADLs without any assistance.** **Assisted** **Total Care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) Patient states there is no family history of mental illness.
History of Substance Use: Patient has used marijuana and alcohol however will not tell how much and when.
Education History: **Grade school: Patient states that she went to the same grade school all of her life.** **High school: Patients states she went to three different High schools and moved from one school to another.** **College** **Other:**
Reading Skills: **Yes** **No** **Limited**
Primary Language: English
Problems in school: Pt. states she didn't have troubles in school but later claimed she almost didn't pass her senior year of high school.
Discharge
Client goals for treatment: Patient reported that she wants to find resources to start over. This includes finding a place to live, a therapist and a new job. The patient states she

would like to go to the women's shelter if available.
Where will client go when discharged? Patient states she wants to go to the women's shelter when discharged.

Outpatient Resources (15 points)

Resource	Rationale
1 Job openings in Champaign county. **https://www.indeed.com/jobs?l=Urbana-Champaign,+IL**	**1.** Client states she needs to know what is in the area and what places are hiring. With this being said I thought it was a good idea to

	provide her with a popular website when she can find and apply to different jobs in this area. It is important she gets a job so that she can provide for herself and get back on her feet.
2. Courage Connection, homeless shelter- Champaign, IL **https://courageconnection.org/**	**2.** The client states she has nowhere to go and is wanting to go to a women's homeless shelter if available. Attached is a homeless shelter in Champaign called courage connection. This is a good recourse for the patient because she has nowhere else to go. This will be a place she can stay while she finds a job and starts making money. The client believes a women's shelter is the best option she has however does not know of any in the area. This website will give her access to all of the resources that Courage Connection offers.
3. Rosecrance- Champaign, IL **https:// rosecrance.org**	**3.** The client states she would like to go to counseling or therapy when she is discharged from the hospital. This resource is called Rosecrance and is also located in champaign. Rosecrance offers mental health counseling

	for those who struggle with bipolar disorder. Since my patient was diagnosis with bipolar disorder it is fitting that she goes to counseling somewhere that understand her disorder. This will help the client learn how to deal with her diagnosis. The institution will help her with medication management and allow her to participate in group therapy sessions as well. The patient will be able to learn health coping mechanisms which will help them in their live moving forward.

Brand/Generic	Oxcarbazepine	Risperidone	Benztropine	Haloperidol	lorazepam
Dose	300mg	2mg	2mg	5mg	2mg
Frequency	BID	Nightly	2x daily PRN	Every 4 hours PRN	Every 4 hours PRN
Route	PO	PO	PO/IM	PO/IM	PO/IM
Classification	Central nervous system agent	antipsychotic	anticholinergic	Psycho-therapeutic	central nervous syst agent
Mechanism of Action	Inhibits repetitive neuronal firing, and decreased propagation of neuronal impulses.	Interferes with binding of dopamine to D_2-interlimbic region of the brain, serotonin (5-HT_2) receptors, and alpha-adrenergic receptors in the occipital cortex. It has low to moderate affinity for the other serotonin (5-HT) receptors and no affinity to nondopaminergic sites	Synthetic centrally acting anticholinergic (antimuscarinic) agent. Acts by diminishing excess cholinergic effect associated with dopamine	Decreases psychotic manifestations and exerts strong antiemetic effect.	binds to benzodiaze on the postsynaptic ligand-gated chlori neuron at several sit central nervous syst It enhances the inhi of GABA, which in conductance of chlo the cell.

			deficiency.		
Therapeutic Uses	Monotherapy or adjunctive therapy in the treatment of partial seizures in adults and children age 4–16.	Effective in controlling symptoms of schizophrenia as well as other psychotic symptoms.	Suppresses tremor and rigidity; does not alleviate tardive dyskinesia.	Management of manifestations of psychotic disorders	Antianxiety agent th also causes mild suppression of REM sleep, while increasing total slee
Therapeutic Range (if applicable)	N/a	N/a			
Reason Client Taking	seizures	treatment of bipolar disorder	To relieve extrapyramidal symptoms of haloperidol.	Psychotic disorder	antianxiety
Contraindications (2)	Hypersensitivity to oxcarbazepine and pregnancy	Hypersensitivity to risperidone and elderly with dementia-related psychosis	Narrow angle glaucoma and myasthenia gravis	Alcoholism and severe mental depression	Benzodiazepines an Acute narrow angle glaucoma
Side Effects/Adverse Reactions (2)	Fatigue and chest pain.	Sedation and drowsiness.	Insomnia and hallucinations	Parkinsonian symptoms and dystonia	Depression and sleep disturbance.
Medication/Food Interactions	Carbamazepine, phenobarbital, phenytoin, valproic acid, verapamil.	Carbamazepine Clozapine	alcohol, ricyclic antidepressants, mao inhibitors, phenothiazines	cns depressants, OPIATES, alcohol	Alcohol, cns depres anticonvulsants,
Nursing Considerations (2)	Monitor for and report S&S of: Hyponatremia Periodic serum sodium, T_4 level	Monitor diabetics for loss of glycemic control. Monitor closely neurologic status of older adults.	Monitor I&O Monitor for and report muscle weakness	Monitor patient's mental status daily. Monitor for neuroleptic malignant syndrome	Assess CBC and liv function tests supervise patient who exhibits depre with anxiety closely

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

Brand/Generic	**Trazodone**
Dose	**50 mg**
Frequency	**Nightly PRN**
Route	**PO**
Classification	antidepressant
Mechanism of Action	Centrally acting triazolopyridine derivative antidepressant chemically and structurally unrelated to tricyclic, tetracyclic,

	or other antidepressants. Potentiates serotonin effects by selectively blocking its reuptake at presynaptic membranes in CNS
Therapeutic Uses	Increases total sleep time, decreases number and duration of awakenings in depressed patient, and decreases REM sleep. Has anxiolytic effect in severely depressed patient.
Therapeutic Range (if applicable)	**n/a**
Reason Client Taking	**Increases sleep time**
Contraindications (2)	ventricular ectopy and electroshock therapy
Side Effects/Adverse Reactions (2)	Drowsiness and light-headedness
Medication/Food Interactions	antihypertensive agents alcohol mao inhibitors
Nursing Considerations (2)	Monitor pulse rate and regularity before administration Check patient for symptoms of hypotension

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurse's Drug Handbook* (19th ed.).

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	- well-groomed with hair in braids. - shy, stable, relaxed with her surroundings and interactions with me and in group. -slim -speech is clear however sometimes unbelievable and random. -patient is oriented and listens to others around her. - calm and sleepy attitude. -aroused easily.
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:**	 -Denies homicidal or suicidal ideations -pt. believes she is in a sex ring.

Illusions: **Obsessions:** **Compulsions:** **Phobias:**	-None -None -None - Pt. is afraid her ex-boyfriend is stocking her.
ORIENTATION: **Sensorium:** **Thought Content:**	-Patient is alert and oriented x 4 -none -thoughts are scattered and nondescriptive.
MEMORY: **Remote:**	- Patient Is able to tell stories and when they roughly happened but includes strange details.
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	-Judgement is slightly off. -Patient can countdown by 7's -Patient demonstrates age-appropriate intelligence -None -Patient demonstrates impulse control
INSIGHT:	- patient has confused insight as she claims she is only there because she had nowhere else to go.
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	-Patient has a steady gait without using assistive devices -Patient has good posture -Good muscle tone -Patient has good/normal strength -Motor movements are controlled and free; moves all extremities equally and freely

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen

1430	**52 bpm**	**110/60 in left arm, supine.**	**18**	**98.6 F orally**	**94% on room air.**
1800	**50 bpm**	**112/64 in left arm, supine.**	**16**	**98.8 F orally**	**96% on room air.**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1430	Numeric 0-10 Scale Patient reported a 0	None	None	None	None
1800	Numeric 0-10 Scale Patient reported a 0	None	None	None	None

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast: 100%** **Lunch: 100%** **Dinner: 75%**	**Oral Fluid Intake with Meals (in mL)** **Breakfast: 100 mL** **Lunch: 200 mL** **Dinner: 100 mL**

Discharge Planning (4 points)

Discharge Plans (Yours for the client): The discharge plan includes finding the patient a place to live, she prefers the women's shelter. I then want to provide her with therapist that she can meet with. Lastly, she asked to have some job listing, I would plan to print out some of the nearby listing for her to apply for. Patient also needs to reach out to the recourses listed like Rosecrance and Courage Connection. The patient also needs to stay compliant with medications and follow her medication regimen.

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. Risk for Harm to Others related	This nursing diagnosis was chosen due to	1. Approach the patient	1. Limit patient contact with others during manic	1. Arrange for the patient

to agitation as evidenced by poor impulse control from manic episodes	poor control of actions due to manic episodes. Because this is one of the clients first known manic episodes, we should monitor the patient closely and watch for safety issues.	with a calm and respectful attitude to prevent further agitation. 2. Decrease environmental stimuli that may provoke exacerbation of the patient's agitation. 3. Remove all objects in the immediate environment that could possibly be used as a weapon towards others to ensure the safety of other healthcare professionals	episodes. 2. At the earliest signs of agitation, verbally intervene and remove the patient from the situation causing the agitation. 3. Remove objects in the patient's immediate environment that has the potential to be used as a weapon towards others to ensure the safety of other patients and healthcare professionals.	to have access to medication for treatment/ management of manic episodes. 2. Arrange for the patient to visit Rosecrance in Champaign to receive group therapy for management/ control of manic episodes. 3. When patient is discharged to women's shelter arrange for the removal of access to objects that the patient could use to harm others.
2.Impaired social interaction related to disturbed thought processes.	This nursing diagnosis was chosen due to the client's conversations about being in a sex ring and being stocked by an ex-boyfriend.	1. Solitary activities requiring short attention spans with mild physical exertion are best initially	1.When less manic, the client might join one or two other clients in quiet, hen less manic, the client might join one or two other clients in quiet,	1. provide a therapist to the patient. 2. Provide a safe living environment for the client to live where she can interact with

		2. Let the Patient List Behaviors that Cause them Discomfort 3. provide an environment with minimum stimuli	2. Observe the patient reaction to treatment 3. Verbalize awareness of feelings that lead to impaired social interactions	people in a safe environment. 3. provide resource for group therapy to the client.
3.Ineffective Individual Coping related to ineffective problem-solving strategies/skills.	This nursing diagnosis was chosen due to the client fling from home instead of solving the problems she had there. I think this is an important to know how to deal with problems. She instead went manic and did not deal with any of the issues back home.	1. Assess and recognize early signs of manipulative behavior, and intervene appropriately 2. Observe for destructive behavior toward self or others. Intervene in the early phases of escalation of manic behavior. 3. Have valuables, credit cards, and large sums of money sent home with family or put in hospital safe until the client is discharged.	1. Administer an antimanic medication and PRN tranquilizers, as ordered, and evaluate for efficacy, and side and toxic effects. 2. Maintain a firm, calm, and neutral approach at all times. 3. Provide teaching to the client about her new diagnosis and give her an understanding of what her condition means.	1. Provide the client with pamphlets on effective coping strategies and skills. 2. Have the client state at least 3 coping mechanisms that work for them. 3. Have the client show you her problem-solving skills with an interactive scenario.

Other References (APA):

Swearingen, P. L., & Wright, J. D. (2019). All-In-One Nursing Care Planning Resource: Medical-Surgical, Pediatric, Maternity, and Psychiatric-Mental Health (5th ed.). Elsevier.

Martin, P. (2019, April 11). *6 bipolar Disorder's nursing care plans.* Nurselabs. https://nurseslabs.com/bipolar-disorders-nursing-care-plans/

Concept Map (20 Points):

Subjective Data

Patient states that her ex-boyfriend is stockin her and that is why she came to Illinois. Patier also states her, and her mother were involvec in a sex ring and that she was scared and tirec of dealing with it.

Objective Data

Patients vital signs are WDL: 52bpm, BP 110/60, resp. 18, temp. 98.6F, O2 94%. Rounding is done every 15 minutes on the patient.
Patient was diagnosed with Bipolar disorder, Type 1, Manic episode, with psychosis.

Patient Information

Initials are M.W.
19-year-old
Female.

Nursing Diagnosis/Outcomes

NURSING DIAGNOSIS: Risk for Harm to Others related to agitation as evidenced by poor impulse control from manic episodes.
OUTCOME: Clients manic episode ends and is controlled with medication and therapy.

NURSING DIAGNOSIS: Impaired social interaction related to disturbed thought processes.
OUTCOME: Client will no longer be manic and will be able to hold a normal conversation without abstract thoughts.

NURSING DIAGNOSIS: Ineffective Individual Coping related to ineffective problem-solving strategies/skills.
OUTCOME: Client will be able to cope with her diagnosis and be able to make better choices when it comes to problem-solving and coping with stressful situations.

Nursing Interventions

1. Approach the patient with calm and respectful manner and attitude to prevent further agitation, and intervene early if signs of escalation of manic behavior.
2. Decrease environmental stimuli that may provoke exacerbation of the patient's agitation.
3. Remove all objects in the immediate environment that could possibly be used as a weapon towards others to ensure the safety of other healthcare professionals.

1. Limit patient contact with others during manic episodes.
2. At the earliest signs of agitation, verbally intervene and remove the patient from the situation as needed to prevent agitation.
3. Remove objects in the immediate environment that could possibly be used as a weapon towards others to ensure the safety of other patients and healthcare professionals.

1. Arrange for the patient to have access to medication for treatment/ management of manic episodes.
2. Arrange for the patient to receive group therapy for management of manic episodes.
3. When patient is close to other clients in quiet, arrange for the removal of access to objects that the patient could use to harm others.

1. Assess attention span with appropriate physical exertion are best initially.
2. Observe for destructive behavior toward self or others. Intervene in the early phases of escalation of manic behavior.
3. Provide an environment large sums of money sent home with family or put in hospital safe until the client is discharged.

1. When less manic, the client and PRN) are ordered, and evaluate for effectiveness and side and toxic effects.
2. Maintain a firm, calm, and neutral approach at all times.
3. Provide teaching to the client about her new diagnosis and give her an understanding of what her condition means.

2. Observe the patient reaction to treatment

3. Verbalize awareness of feelings that lead to impaired social interactions