N323 Care Plan

Lakeview College of Nursing

Conor Deering

Demographics (3 points)

Date of Admission 06/21/2021	Patient Initials B. S.	Age 21 y/o	Gender Male
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Single	Allergies NKDA
Code Status Full Code	Observation Status Q 15 min	Height Did not obtain	Weight Did not obtain

Medical History (5 Points)

Past Medical History: No known medical problems

Significant Psychiatric History: Depression, anxiety, Bipolar I

Family History: Mother has depression and anxiety. Father is not known to pt.

Social History (tobacco/alcohol/drugs): Pt smokes marijuana with cigarettes 1-3 times daily and tries to stay high thinking it will make him feel better, cough medicine abuse about a year ago, and methamphetamine abuse 1 or 2 times.

Living Situation: Homeless and from Pinckneyville, IL. Pt may stay in champaign at a homeless shelter but is not sure; he may go back to Pinckneyville.

Strengths: Pt states he "is a good mechanic"

Support System: None

Admission Assessment

Chief Complaint (2 points): "I just wanted to die because I feel useless"

Contributing Factors (10 points):

Factors that lead to admission: Pt believes he was "being exposed on social media" and his mother and friends could see his genitalia. The pt stated repeatedly during the interview that after he was released from inpatient care, his mother was "given an app to watch him." The patient believes they are watching him through his phone and can see his

genitals whenever he watched pornography or did other activities; the patient also stated that his "family disowned him." The pt also claimed that "random people with fake names" would add him on Facebook and be bulling him and "exposing" him.

History of suicide attempts: Pt has been inpatient 6 times for suicide attempts/ideations. The pt stated that he threatened suicide by cutting himself. The patient attempted suicide 2 times in 2020 and one time in 2019 before this admission. I noticed the pt's affect move into shame and reluctance to talk about his past suicide attempts.

Primary Diagnosis on Admission (2 points): Bipolar I

Secondary: Depression, anxiety

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: N/A **Witness of trauma/abuse: patient witnessed abuse from stepfather to mother physical and verbal. Stepfather was an alcoholic and meth user who forced pt to drive when 4 years old because he was drunk.**				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	**None**	**Early**	**None**	**Pt experienced**

		childhood to 15 y/o		**physical abuse 1 time a week before age 15 when it stopped.**
Sexual Abuse	**None**	**N/A**	**N/A**	**N/A**
Emotional Abuse	**None**	**Early childhood – age 15**		**Mother would bring pt and his stepbrother into the middle of arguments with stepfather**
Neglect	**None**	**From 15-18 years old**	**Supported himself and his dog**	**Mother would only come home 1 time a week since age 15 so pt would have to get a job.**
Exploitation	**N/A**	**N/A**	**N/A**	**N/A**
Crime	**No**	**Age 17 – 20**	**N/A**	**Sabotaged ex-girlfriend's car for cheating on him (17 y/o). Theft and vandalism.**
Military	**N/A**	**N/A**	**N/A**	**N/A**

Natural Disaster	**N/A**	**N/A**	**N/A**	**N/A**
Loss	**Yes**	**15 – 21**		**Dog died at 15 in his arms; Step dad left him. Feeling loss now due to his family not contacting him or answering his calls.**
Other	**N/A**	**N/A**	**N/A**	**N/A**

Presenting Problems			
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Depressed or sad mood	**Yes**	**No**	**Depressed constantly and severely every day**
Loss of energy or interest in activities/school	**Yes**	**No**	**For "3 days" before admission 6/21/21. Now he showers and brushes his teeth because he is around others. He engages with others and is on medication.**
Deterioration in hygiene and/or grooming	**Yes**	**No**	**For "3 days" before 6/21/21 but now is grooming self.**
Social withdrawal or isolation	**Yes**	**No**	**Withdrew from his ex-girlfriend in august 2020 who**

			was the only person he had in his life. Constantly feeling isolated due to family not talking to him. Does not want to go back home to Pinckneyville, IL.
Difficulties with home, school, work, relationships, or responsibilities	**<u>Yes</u>**	**No**	**Pt didn't show up to his job 6/18/21 at a pizza restaurant and construction; putting up drywall.**
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**<u>Yes</u>**	**No**	**Pt stayed says he did not sleep for 3 days before being admitted 6/21/21 but since then gets 8 – 10 hours of sleep a day.**
Difficulty falling asleep	**Yes**	**<u>No</u>**	
Frequently awakening during night	**<u>Yes</u>**	**No**	**Pt says when he does sleep, he wakes up 5-6 times every night.**
Early morning awakenings	**<u>Yes</u>**	**No**	**Pt will awake at 4am in the morning daily since being admitted 6/21/21.**
Nightmares/dreams	**<u>Yes</u>**	**No**	**Pt states he has "weird" dreams in-between waking up in the**

			middle of the night. He has 4-5 dreams corresponding with him waking up and going back to sleep.
Other	**Yes**	**<u>No</u>**	
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	**<u>Yes</u>**	**No**	**Pt says he "eats a lot" and always gets second helpings for every mean, he takes advantage of 2 snacks besides meals daily.**
Binge eating and/or purging	**Yes**	**<u>No</u>**	
Unexplained weight loss? **Amount of weight change:**	**Yes**	**<u>No</u>**	
Use of laxatives or excessive exercise	**Yes**	**<u>No</u>**	
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	**<u>Yes</u>**	**No**	**Pt says 1-2 times daily he will be anxious, pace around, and sweat with anxiety.**
Panic attacks	**<u>Yes</u>**	**No**	**Pt says around 6/18/21 he had a panic attack where he "wanted to kill people" and was suicidal.**
Obsessive/compulsive thoughts	**<u>Yes</u>**	**No**	**Pt states he has constant suicidal/homicidal thoughts**

			throughout the day.
Obsessive/compulsive behaviors	**Yes**	**No**	
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**	**No**	**Pt says his depression and anxiety get in the way of his life and he has an inability to focus.**
Rating Scale			
How would you rate your depression on a scale of 1-10?			**10**
How would you rate your anxiety on a scale of 1-10?			**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**	**Pt quit both of his jobs 6/18/21.**
School	**Yes**	**No**	
Family	**Yes**	**No**	**Pt has no family that keep contact with him.**
Legal	**Yes**	**No**	**Pt has a warrant for his arrest in Parry County, IL for $5,000 in fines.**
Social	**Yes**	**No**	**Pt broke up with his girlfriend in august 2020 and has no support system.**
Financial	**Yes**	**No**	**Pt has no money and is homeless. Pt was living in a homeless shelter before**

			admission in Perry County.
Other	**Yes**	**<u>No</u>**	

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
2020	**<u>Inpatient</u> Outpatient Other:**	**St Mary's behavioral health**	**Suicide attempt**	**<u>No improvement</u> Some improvement Significant improvement**
2020	**<u>Inpatient</u> Outpatient Other:**	**Pavilion, champaign**	**Suicide attempt**	**<u>No improvement</u> Some improvement Significant improvement**
2018	**<u>Inpatient</u> Outpatient Other:**	**Gateway, granite city**	**Suicide attempt**	**No improvement Some improvement Significant improvement**

Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Pt is homeless and alone.			**Yes**	**No**
			Yes	**No**

			Yes	**No**
			Yes	**No**
			Yes	**No**
If yes to any substance use, explain:				
Children (age and gender): Pt has no children. **Who are children with now?**				
Household dysfunction, including separation/divorce/death/incarceration: Father was never in home and pt does not know who he is, brother is incarcerated, stepfather does not desire a relationship with pt, pt had a dog that died. Pt tried calling his grandmother, but she does not wish to keep contact. Pt states "his family has disowned him."				
Current relationship problems: Discord with ex-girlfriend **Number of marriages: 0**				
Sexual Orientation: Male/Heterosexual	**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 he is a Baptist Christian and says he "needs to go back to church."				
Ethnic/cultural factors/traditions/current activity: Pt used to go to church with his grandma but has not gone back since he was 19 years old. **Describe: states above**				
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Pt has a warrant out for his arrest in Perry County, IL.				
How can your family/support system participate in your treatment and care? **N/A**				
Client raised by:				

Natural parents – Pt was raised by natural mother and stepfather. **Grandparents** **Adoptive parents** **Foster parents** **Other (describe):**
Significant childhood issues impacting current illness: Abuse/neglect from biological father not being known, neglect from mother, disowned by stepfather.
Atmosphere of childhood home: **Loving** **Comfortable** **Chaotic** **Abusive** **Supportive** **Other:**
Self-Care: **Independent** **Assisted** **Total Care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) **Mother: Depression, Anxiety**
History of Substance Use: Pt states he abused cough medicine and smokes marijuana
Education History: **Grade school** **High school** **College** **Other:**
Reading Skills: **Yes** **No** **Limited**
Primary Language: English
Problems in school: Pt states he had no problems in school.

Discharge
Client goals for treatment: His goals are to get better for him and fix things with his ex-girlfriend.
Where will client go when discharged? Pt states he will go to a homeless shelter but doesn't know at the moment.

Outpatient Resources (15 points)

Resource	Rationale
1. National suicide prevention hotline 800-273-8255	**1. Pt has suicidal ideations and needs a way for immediate support for an exacerbation of his depression.**
2. Perry County Counseling Center. 1016 S Madison St # A, Du Quoin, IL 62832. 618-542-4357	**2. Pt needs a place near his home where he can receive counseling for his depression and anxiety.**
3. Pinckneyville Community Hospital 5383 IL-154, Pinckneyville, IL 62274 618-357-2187	**3. Pt has a lack of resources where he lives, but this hospital is close to his home, so he can go talk to someone in-person fast without a car and can be referred to the appropriate place.**

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

Brand/Generic	**Nicotrol/ Nicotine**	**Thorazine/ chlorpromazine**	**Benadryl/ diphenhydramine**	**Trileptal/ Oxcarbazepine**	
Dose	**21mg**	**100mg**	**50mg**	**300mg**	
Frequency	**Daily**	**Nightly**	**BID**	**BID**	
Route	**Transdermal**	**Oral**	**Oral**	**Oral**	
Classification	**Nicotinic agonist, smoking cessation adjunct**	**Phenothiazine, Antiemetic, antipsychotic, tranquilizer**	**Antihistamine, antianaphylaxis adjunct, antiemetic, sedative – hypnotic**	**Carboxamide derivative, anticonvulsant**	
Mechanism of Action	**Binds to nicotinic receptors in the brain and neuromuscular areas. Provides a lower dose of nicotine than cigarettes to reduce nicotine cravings.**	**Depresses areas of the brain responsible for aggression and activity. Prevents nausea and vomiting by blocking dopamine receptors.**	**Competes with histamine for receptor sites to block histamine, inhibiting GI, respiratory, and smooth-muscle contraction; decreasing capillary permeability to reduce itching.**	**May prevent or halt seizures by closing sodium channels in neuronal cell membrane; slowing nerve impulse transmission to decrease neuron firing rate.**	
Therapeutic Uses	**Relief of nicotine withdraw symptoms**	**To manage symptoms of psychotic disorders or control manic manifestations, control acute manic patients, to treat behavioral problems in children, treat nausea and vomiting, treat**	**Treat hypersensitivity reactions, sleep disorders, provide antitussive effects, treat Parkinson's disease symptoms**	**Partial seizure adjunct, monotherapy for partial seizures.**	

		intractable hiccups.			
Therapeutic Range (if applicable)	**N/A**	**N/A**	**15 – 60min onset peaking in 1-3hrs with a 6-8hr duration**	**N/A**	
Reason Client Taking	**Client is taking to relieve nicotine withdraw symptoms**	**Client is taking to manage symptoms of his Bipolar I disorder**	**Client is taking to increase effectiveness of chlorpromazine, sedative effect**	**Treat adverse reaction (seizures) of chlorpromazine.**	
Contraindications (2)	**Hypersensitivity to nicotine or menthol**	**Comatose states, hypersensitivity to chlorpromazine**	**Breastfeeding, hypersensitivity**	**Hypersensitivity to drug or components**	
Side Effects/Adverse Reactions (2)	**Nervousness, withdrawal symptoms**	**Motor restlessness, seizures**	**Confusion, drowsiness**	**Seizures, status epilepticus**	
Medication/Food Interactions	**Increased effects with caffeine.**	**Alcohol will increase CNS depression.**	**Alcohol use – possibly create CNS depression**	**Alcohol use – possibly exacerbate CNS depression.**	
Nursing Considerations (2)	**Use with caution in patients with peptic ulcers as nicotine delays healing, remove patch before giving pt an MRI due to the possibility of burns**	**Use with caution in patients with respiratory disorders or acute respiratory infections, don't open or crush E.R. capsules.**	**Expect to discontinue drug at least 72 hours before an allergy test, expect to give parenteral form of drug only when oral ingestion is not possible.**	**Monitor pt closely for suicidal thinking or behavior, monitor pt for CNS adverse reactions such as coordination abnormalities, somnolence, or fatigue.**	

Brand/Generic	**Thorazine/ Chlorpromazine**	**Benadryl/ diphenhydramine**			
Dose		**50mg**			

	50mg				
Frequency	**Q 8 hrs PRN**	**Q 8 hrs PRN**			
Route	**IM**	**IM**			
Classification	**Phenothiazine, Antiemetic, antipsychotic, tranquilizer**	**Antihistamine, antianaphylaxis adjunct, antiemetic, sedative – hypnotic**			
Mechanism of Action	**Depresses areas of the brain responsible for aggression and activity. Prevents nausea and vomiting by blocking dopamine receptors.**	**Competes with histamine for receptor sites to block histamine, inhibiting GI, respiratory, and smooth-muscle contraction; decreasing capillary permeability to reduce itching.**			
Therapeutic Uses	**To manage symptoms of psychotic disorders or control manic manifestations, control acute manic patients, to treat behavioral problems in children, treat nausea and vomiting, treat intractable hiccups.**	**Treat hypersensitivity reactions, sleep disorders, provide antitussive effects, treat Parkinson's disease symptoms**			
Therapeutic Range (if applicable)	**N/A**	**Immediate onset, peak for 1-3 hours, duration 6-8 hours**			
Reason Client Taking	**Client is taking to control acute episodes of**	**Client is taking to increase effectiveness of**			

	mania	**chlorpromazine, sedative effect**			
Contraindications (2)	**Comatose states, hypersensitivity to chlorpromazine**	**Breastfeeding, hypersensitivity**			
Side Effects/Adverse Reactions (2)	**Motor restlessness, seizures**	**Confusion, drowsiness**			
Medication/Food Interactions	**Alcohol will increase CNS depression.**	**Alcohol use – possibly create CNS depression**			
Nursing Considerations (2)	**Protect concentrate from light, Protect parenteral solution from light (should be clear and colorless to pale yellow) discard if discolored.**	**Expect to give parenteral for of medication only when oral ingestion isn't possible, Keep elixir container tightly closed/ protect elixir and parenteral forms from light.**			

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2021) 2021 Nurse's Drug Handbook. Burlington, MA

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	 **Pt is euthymic in conversation** **Athletic build** **Cooperative yet paranoid** **Clear** **Respectful and talkative** **Labile** **Eager to talk**
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:**	 **Suicidal, homicidal** **Convinced he is being monitored by "them"** **Pt does not report seeing illusions** **Obsessed with being watched, monitored**

Compulsions: **Phobias:**	**None observed or reported.** **Being watched and monitored, having pictures of his genitals on the internet.**
ORIENTATION: **Sensorium:** **Thought Content:**	 **Pt is AAOx3** **Thinking of suicide and being watched by his mother, friends, and "them"**
MEMORY: **Remote:**	**Remote memory intact**
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	 **Poor judgement** **Distorted calculations** **Average** **Able to comprehend abstract thought** **Poor impulse control**
INSIGHT:	**Poor, not able to plan well.**
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	**Ambulatory and stable** **None** **Upright posture** **Toned** **Strong** **Mildly agitated**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1700	**85**	**134/91**	**16**	**97.3**	**99%**
2023	**91**	**107/55**	**14**	**98.0**	**99%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1700	**No pain/Numeri**	**N/A**	**N/A**	**N/A**	**N/A**

	c				
2023	**No pain/ Numeric**	**N/A**	**N/A**	**N/A**	**N/A**

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast: 100% ate seconds** **Lunch: 100% ate seconds** **Dinner: 100% ate seconds**	**Oral Fluid Intake with Meals (in mL)** **Breakfast: 960ml** **Lunch: 960ml** **Dinner: 960ml**

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

Plans for discharge include pt going back to Pinckneyville, IL by himself; however, pt is undecided. Pt requires continuing medication education due to knowledge deficit as evidenced by him being convinced marijuana is sufficient to help him "stay happy." Pt is to follow up with perry county counseling center in 1 week to reevaluate how he is doing. If pt has suicidal ideations he can call the National Suicide Prevention Hotline. Due to resources in his area being limited, he can go to the nearest medical facility, Pinckneyville Community Hospital if he is not willing to call by phone/ wants to get help in-person immediately.

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. Ineffective coping related to suicidal ideations as evidenced by pt report of ideations.	**Pt voices he thinks about suicide and homicide on a constant basis.**	**1.Provide a safe environment 2. Observe client closely for suicide 3. Set limits on behavior that is destructive**	**1. Use a moderate voice tone when talking to the client. 2. Use silence and active listening skills. 3. Accept the client's feelings as real and give support for pt expression of feelings.**	**1. Assess pt's ability to use public transportation where he lives, access to the internet or phone. 2. Write down information for National Suicide Hotline number for pt to utilize. 3. Arrange for crisis counseling at a counseling center near where pt lives.**
2. Disturbed thought process related to delusions as evidenced by pt feeling like he is being monitored by strangers	**Pt is constantly anxious about being monitored and having suicidal/ homicidal thoughts that "get in the way"**	**1. Assign familiar staff members to work with pt when possible. 2. Show acceptance of pt. 3. Be firm but calm in approaching the client.**	**1. Spend time with the client. 2.Only make promises you can keep. 3. Evaluate client tolerance for group sessions.**	**1. Collaborate with client to discover which coping strategies have been beneficial in the past and which strategies have negative consequences. 2. Teach the client about positive coping**

and his family.				**strategies such as physical exercise or journaling.** **3. Encourage client to express feelings regarding discharge plans. Support realistic plans the client pursues.**
3. Risk for self-mutilation related to impulsive displays of temper as evidenced by pt reporting he "freaked out" on staff.	**Pt voiced that he "freaked out" on staff previously and threatened to cut himself.**	**1. Place the client in a room near the nursing station for easy observation.** **2. Be consistent with the client.** **3. Withdraw your attention as much as possible if the client acts out.**	**1. Encourage client identify feelings of self-harm; encourage him to express those feelings.** **2. Focus on self-responsibility with the client.** **3. Supervise the client's use of sharp objects.**	**1. Asses for client's readiness to discharge.** **2. Help client with a plan to seek help when overwhelmed.** **3. Assess client for support system at discharge and coordinate if possible.**

Other References (APA):

Videbeck, S. L. (2019). *Psychiatric-Mental health nursing* (8th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

Patient says he constantly thinks about suicide and homicide. Pt has anxiety and depression throughout the day. Pt says he has been "disowned by his family" and self-isolates. Pt states that he had no medical problems. Pt states he is not in any pain but has anxiety 1-2 times a day where he paces around and sweats.

Nursing Diagnosis/Outcomes

Ineffective coping related to suicidal ideations as evidenced by pt report of ideations.
Express hostile behavior in a safe manner by talking about frustrations with others peacefully.
Disturbed thought process related to delusions as evidenced by pt feeling like he is being monitored by strangers and his family.
Demonstrate decreased delusions within 3 days.
Risk for self-mutilation related to impulsive displays of temper as evidenced by pt reporting he "freaked out" on staff.
Client will be safe and free from injury during his stay.

Objective Data

Vitals:
@2023
P: 91 BP: 107/55 R:14 T: 98.0 O2: 99%

@1700
P: 85 BP: 134/91 R: 16 T: 97.3 O2: 99%

Pt was agitated during conversation at times but cooperative. Pt would keep eye contact and seemed eager to talk about himself.

Patient Information

21 year old male with a history of Depression, Anxiety, and bipolar I disorder admitted for suicidal ideation and self-harm.

Nursing Interventions

Ineffective coping
Set limits on behavior that is destructive
Provide a safe environment
Disturbed thought process
Be firm but calm in approaching the client.
Show acceptance of pt.
Risk for self-mutilation
Place the client in a room near the nursing station for easy observation.
Encourage client identify feelings of self-harm; encourage him to express those feelings.