

N323 Care Plan  
Lakeview College of Nursing  
Bailey Pierce

## N323 CARE PLAN

**Demographics (3 points)**

<b>Date of Admission</b> 06/30/2021	<b>Patient Initials</b> B.W.	<b>Age</b> 31	<b>Gender</b> M
<b>Race/Ethnicity</b> Caucasian	<b>Occupation</b> Unemployed, previously worked at U of I in finances	<b>Marital Status</b> Single	<b>Allergies</b> Penicillin, Lexapro
<b>Code Status</b> Full Code	<b>Observation Status</b> Every 15 Min	<b>Height</b> 6'0"	<b>Weight</b> 82.6 kg (181.7 lbs)

**Medical History (5 Points)**

**Past Medical History:** Anxiety, Depression, Heart disease, Cardiomyopathy, Hypertension, Seizures, Liver disease, Hepatitis C, Attention deficit hyperactivity disorder (ADHD), Asthma

**Significant Psychiatric History:** Major depressive disorder (MDD), Bipolar, Substance abuse, 4 suicide attempts.

**Family History:** Mother (Bipolar, Anger/mood swings, uses crack/cocaine), Father (Depression, died one month ago from alcoholism), two uncles on fathers' side have committed suicide.

**Social History (tobacco/alcohol/drugs):** Vapes 21 mg a day, drank 1/5th of vodka a day for 3 years, began drinking alcohol @ age 10 (European lifestyle), Heroin IV daily 3g (has not used in 13 mo.), Xanax oral daily 8 mg (last used 2 weeks ago, was given this dose by a family physician/friend), Cocaine nasal daily 3g, 5g, 7g (age 15-1 mo. ago), Ecstasy oral 2 pills (2007-present, on and off), "Molly" 1/2g (2007-present, off and on), Ketamine nasal 1/4g (1x, 2020).

**Living Situation:** Lives by himself in an apartment in Springfield, IL. Was living with an ex-boyfriend until 2 months ago.

**Strengths:** Patient states he is highly motivated, educated, and musically gifted.

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**Support System:** The patient's only means of support now is his 91-year-old uncle. He has always been a good support system and was accepting up his sexuality when he opened about being gay to the family.

### Admission Assessment

**Chief Complaint (2 points):** "I tried to overdose on my Gabapentin."

**Contributing Factors (10 points):**

**Factors that lead to admission:** Patient states he was overwhelmed. His father passed away one month ago from alcoholism. He had only recently become close with his father because his grandparents were never accepting of the father, and they were the patient's main provider. One month prior to the death of his father, the patient ended a 2-year relationship with an abusive boyfriend. The boyfriend blacked both of his eyes and tried to drown him.

**History of suicide attempts:** The patient has attempted suicide four times. First attempt was 9 months ago. This was due to the patient's grandparent dying. Patient tried to overdose on pills. Second attempt was 3 months ago. Patient took 44 Xanax bars. Third attempt was one month ago. Patient tried to overdose on pills after learning of the death of his father. Most recent attempt was 06/29, patient tried to overdose on Gabapentin and 1/5th of vodka. Patient states he was feeling overwhelmed again with the death of his father and end of an abusive relationship.

**Primary Diagnosis on Admission (2 points):** Suicide w/ attempt via Gabapentin/ 1/5th of vodka.

**Secondary Diagnosis:** MDD, Alcohol Detox

### Psychosocial Assessment (30 points)

History of Trauma
<b>No lifetime experience:</b> Patient was raped in prison (2013) Ex-boyfriend of 2 years was abusive. He

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<p>blackened both of his eyes and tried to drown him prior to ending their relationship. In 2015, patient found his girlfriend dead from a heroin overdose. She was 9 months pregnant with their child.  <b>Witness of trauma/abuse:</b> Patient states his mother was in and out of abusive relationships.</p>				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
<b>Physical Abuse</b>	N/A	29-30	Abusive relationship with Ex-Boyfriend. He says now he feels more anxiety than in the past.	Ex-boyfriend attempted to drown and gave him black eyes prior to ending the relationship. He would also lie about what drugs they were taking to convince the patient to take them.
<b>Sexual Abuse</b>	N/A	23	Patient states he felt vulnerable the remainder of his time in prison. Since then, he has had no issues with the law.	Patient was raped in prison.
<b>Emotional Abuse</b>	N/A	Until the death of his grandparents in 2020.	Patient states he was well cared for, but grandparents would ignore him if he did not do what they thought was acceptable.	Grandmother forced him to weigh himself every day in front of her to make sure he was the ideal weight. When he expressed, he was gay, grandparents continued to support him financially, but not emotionally.
<b>Neglect</b>	N/A	N/A	N/A	N/A
<b>Exploitation</b>	N/A	18-22	Patient states he was just going through the motions in life and had no cares.	Patient sold himself for sex. Mother encouraged him to do so.
<b>Crime</b>	N/A	19-21	N/A	At ages 19 and 24 the patient was arrested for theft. Age 20, he was arrested for possession. At age 21, he was arrested for forgery.
<b>Military</b>	N/A	N/A	N/A	N/A
<b>Natural</b>	N/A	N/A	N/A	N/A

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<b>Disaster</b>				
<b>Loss</b>	Lost father 1 month ago.	Grandparents (30)  2 uncles (24, 27)	Patient states he has suffered from depression since the death of his father.	Father died one month ago from complications due to alcoholism.  Both uncles from his father's side committed suicide.
<b>Other</b>	N/A	N/A	N/A	N/A
<b>Presenting Problems</b>				
<b>Problematic Areas</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>	
<b>Depressed or sad mood</b>	<b>Yes</b>	<b>No</b>	Patient states he feels depressed or sad constantly every day. He said this began 13 months ago when he stopped taking opioids. He rates his anxiety a 7-8 on a scale of 1-10. He believes his medications are off.	
<b>Loss of energy or interest in activities/school</b>	<b>Yes</b>	<b>No</b>	Patient states every day, all day, he feels like he has no energy or interest in doing things. This started about 1s month ago when his father died. He rates his loss of interest a 9 on a scale of 1-10.	
<b>Deterioration in hygiene and/or grooming</b>	<b>Yes</b>	<b>No</b>	Patient states he has let himself go since the death of his father. He is usually clean shaven and dressed nicely. Patients' hair was uncombed, and his shirt was not buttoned correctly today.	
<b>Social withdrawal or isolation</b>	<b>Yes</b>	<b>No</b>	Patient states he has been socially withdrawn for the past 12 years when he began to drink more heavily and do drugs more often. Patient states he would like to get clean and get his medications back on track so he can move to countryside location and make new friends.	
<b>Difficulties with home, school, work, relationships, or responsibilities</b>	<b>Yes</b>	<b>No</b>	Patient lost his inheritance from his family due to his drug/alcohol abuse and immature lifestyle. He says he was never forced to grow up, so he has acted entitled and spoiled his whole life. He lost the only 2 jobs he has ever had because he did not value them. He states he would skip work sometimes and show up drunk to others. He always had money, so he did not really need a job anyways. He wishes he would have taken more control over his life and embraced the opportunity he was given.	
<b>Sleeping Patterns</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>	
<b>Change in numbers of</b>	<b>Yes</b>	<b>No</b>	Patient says he has been averaging at only 4 hrs of sleep for the last month. He says he could	

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hours/night			probably sleep 18+ hours since being admitted to the Pavilion.
Difficulty falling asleep	Yes	No	Patient reports he has difficulty falling asleep 3-4 nights a week. When he does fall asleep, he is often only able to sleep for 4 hrs at a time.
Frequently awakening during night	Yes	No	Patient states he wakes up approximately 3 times a night every night.
Early morning awakenings	Yes	No	Patient states he wakes up every morning at 6am no matter what.
Nightmares/dreams	Yes	No	N/A
Other	Yes	No	N/A
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite	Yes	No	Patient states he has not eaten well in the last month. He says he eats less than ½ of his meal from the pavilion. He is vegetarian and did not really care for the food from the Pavilion. He states he has had a history of anorexia in the past due to his grandmother weighing him daily.
Binge eating and/or purging	Yes	No	N/A
Unexplained weight loss?	Yes	No	Patient states he has lost 10 lbs. in the last month due to depression related to the loss of his father.
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	Patient states he has tremors, paces, rocks back and forth since quitting opioids 13 months ago. He states he has been on opioids for over 12 years. I was able to observe all these anxiety behaviors during our interview.
Panic attacks	Yes	No	Panic attacks began 1 month ago after the death of his father. He said the onset lasts around 5 minutes and the panic attack itself lasts around 20 min. He states he experiences these 3-4 times

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			a week. He experiences chest pain, sweating, the room spins, and has passed out 2x times.
<b>Obsessive/ compulsive thoughts</b>	<b>Yes</b>	<b>No</b>	N/A
<b>Obsessive/ compulsive behaviors</b>	<b>Yes</b>	<b>No</b>	N/A
<b>Impact on daily living or avoidance of situations/objects due to levels of anxiety</b>	<b>Yes</b>	<b>No</b>	Patient states he has become agoraphobic and claustrophobic since stopping opioids 13 months ago.
<b>Rating Scale</b>			
<b>How would you rate your depression on a scale of 1-10?</b>	9		
<b>How would you rate your anxiety on a scale of 1-10?</b>	8		
<b>Current Stressors of Areas of Life Affected by Presenting Problem (work, school, family, legal, social, financial)</b>			
<b>Problematic Area</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>
<b>Work</b>	<b>Yes</b>	<b>No</b>	Patient states his lifestyle has prevented him from both seeking and holding employment. His family has always provided for him financially, so he has never had to hold a job. 2014 was the last time he was employed.
<b>School</b>	<b>Yes</b>	<b>No</b>	Patient would like to go back to school to get his master's degree. He states that after he completes New Choice, he is going to sign up for classes in the fall and pursue a degree that will enable him to help others with addiction problems.
<b>Family</b>	<b>Yes</b>	<b>No</b>	Patient has lost most of his family. His mother is in hospice right now. He only has one remaining uncle who is 91 years old. He says that his lifestyle kept him from having a positive relationship with his family.
<b>Legal</b>	<b>Yes</b>	<b>No</b>	N/A
<b>Social</b>	<b>Yes</b>	<b>No</b>	N/A
<b>Financial</b>	<b>Yes</b>	<b>No</b>	N/A
<b>Other</b>	<b>Yes</b>	<b>No</b>	N/A

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Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	Facility/MD/ Therapist	Inpatient/ Outpatient	Reason for Treatment	Response/Outcome
2014	<b>Inpatient</b> <b>Outpatient</b> <b>Other:</b> Gateway	Inpatient	Patient was admitted for 122 days for Heroin use. He states he was clean for 2 years following this admission. He wishes he would stay this length of time again.	<b>No improvement</b> <b>Some improvement</b> <b>Significant improvement</b>
2018	<b>Inpatient</b> <b>Outpatient</b> <b>Other:</b> Gateway	Inpatient	Patient was inpatient for 28 days for heroin use. He was able to stay clean for 6 months following his discharge.	<b>No improvement</b> <b>Some improvement</b> <b>Significant improvement</b>
2019,2021 (2 months ago)	<b>Inpatient</b> <b>Outpatient</b> <b>Other:</b> Lutheran Social Services	Inpatient	Patient was inpatient for 28 days for alcohol use. Patient states he switched to drinking more because it was at least legal. He said he was doing good until his father passed and then he began drinking heavily again.	<b>No improvement</b> <b>Some improvement</b> <b>Significant improvement</b>
Personal/Family History				
Who lives with you?	Age	Relationship	Do they use substances?	
Lives alone			<b>Yes</b>	<b>No</b>
			<b>Yes</b>	<b>No</b>

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			<b>Yes</b>	<b>No</b>
			<b>Yes</b>	<b>No</b>
			<b>Yes</b>	<b>No</b>
<b>If yes to any substance use, explain:</b>				
<b>Children (age and gender):</b> No children <b>Who are children with now?</b>				
<b>Household dysfunction, including separation/divorce/death/incarceration:</b> Ended a 2-year relationship with an abusive ex-boyfriend 2 months ago.				
<b>Current relationship problems:</b> Single <b>Number of marriages:</b> 0				
<b>Sexual Orientation:</b> Gay	<b>Is client sexually active?</b> Yes <b>No</b>		<b>Does client practice safe sex?</b> <b>Yes</b> No	
<b>Please describe your religious values, beliefs, spirituality and/or preference:</b> Patient states he is Lutheran and spiritual. He states religion gives him a sense of hope and guidance.				
<b>Ethnic/cultural factors/traditions/current activity:</b> <b>Describe:</b> None				
<b>Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates):</b> At ages 19 and 24 the patient was arrested for theft. Age 20, he was arrested for possession. At age 21, he was arrested for forgery.				
<b>How can your family/support system participate in your treatment and care?</b> Uncle is very supportive. He encouraged him to stay and go to New Choice. His uncle does not allow alcohol in his home.				
<b>Client raised by:</b>  <b>Natural parents</b> <b>Grandparents-</b> Patient was raised by his grandparents. His mother abandoned him when he was an infant. She was on crack when she was pregnant with him. Father tried to get custody, but grandparents fought him due to an altercation between the mother and father in the past. The mother ended up with a black eye and the grandparents never forgave his father. Patient states his grandparents had more money, so his father never stood a chance.  <b>Adoptive parents</b> <b>Foster parents</b> <b>Other (describe):</b>				
<b>Significant childhood issues impacting current illness:</b> Patient states he was loved and cared for, but believes he was emotionally neglected. He felt he was raised to not have to work for anything and developed a sense of entitlement and never matured. He also mentioned that his mother felt more like a sibling instead of a mother figure because they were both raised by the grandparents, so he never really had a mother/father connection growing up.				
<b>Atmosphere of childhood home:</b> <b>Loving-</b> <b>Comfortable</b>				

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<p><b>Chaotic</b>  <b>Abusive</b>  <b>Supportive</b>  <b>Other: Neglectful</b></p> <p>Patient states he feels as though his grandparents loved him and provided for him, but they neglected him when he did not do as they approved of. He feels the emotional neglect he experienced as a child has affected him to this day.</p>
<p><b>Self-Care:</b>  <b>Independent</b> (Patient states he can perform self-care independently)  <b>Assisted</b>  <b>Total Care</b></p>
<p><b>Family History of Mental Illness (diagnosis/suicide/relation/etc.)</b> The Patient's mother is bipolar and had anger issues/mood swings. She is currently in hospice due to her crack/cocaine abuse. Mother became a prostitute at the age of 16 and left home. The Patient's father suffered from depression and passed 1 month ago from complications due to alcoholism. Patient has 2 uncles on his father's side that committed suicide.</p>
<p><b>History of Substance Use:</b> Patient's history of substance abuse includes:  -Vaping 21 mg a day for past month  -Drinking 1/5th of vodka a day for 3 years  -Drinking alcohol @ age 10 (European lifestyle)  -Heroin IV daily 3g (has not used in 13 mo.). Patient has overdosed on heroin 43 times in the last 12 years including 9 intubations, 5 defibrillations, and 2 code blues.  -Xanax oral daily 8 mg (last used 2 weeks ago, was given this dose by a family physician/friend) - Cocaine nasal daily 3g, 5g, 7g (age 15-1 mo. ago)  -Ecstasy oral, 2 pills (2007-present, on and off)  - "Molly" 1/2g (2007-present, off and on)  -Ketamine nasal 1/4g (1x, 2020).</p>
<p><b>Education History:</b>  <b>Grade school</b>  <b>High school</b>-Graduated in 2008.  <b>College</b>-Graduated from St. Louis University in 2012  <b>Other:</b></p>
<p><b>Reading Skills:</b>  <b>Yes</b>  <b>No</b>  <b>Limited</b></p>
<p><b>Primary Language:</b> English, patient says he has dabbled in Spanish and Latin.</p>
<p><b>Problems in school:</b> No problems reported. Patient states he was a straight A student and enjoyed language arts. He scored a 32 on his ACT.</p>
<b>Discharge</b>
<p><b>Client goals for treatment:</b> Patient states his goal for treatment is to get medically stable. He believes his medications are off. He would like to feel a sense of contentment and functionality.</p>
<p><b>Where will the client go when discharged?</b> Patient is planning on going to New Choice. After that</p>

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he would like to seek employment and residence somewhere in the countryside.
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### Outpatient Resources (15 points)

Resource	Rationale
<b>1. AA Group Meetings</b> <a href="http://aaspringfield.org/?post_type=tsml_meeting">http://aaspringfield.org/?post_type=tsml_meeting</a>	1. This website contains a list of group meetings in the area. There are meetings several times a day with at least one meeting at noon every day. This website includes the contact information, date, location, and time for each meeting.
<b>2. 24/7 online support group</b> <a href="https://www.smartrecovery.org/smart-recovery-toolbox/smart-recovery-online/">https://www.smartrecovery.org/smart-recovery-toolbox/smart-recovery-online/</a>	2. Patient request information about Smart Recovery. It is an online support group where participants can talk to each other in forums, as well as professionals. Includes daily online meetings, discussion boards, and live chat.
<b>3. National Suicide Prevention Hotline</b> <b>800-273-8255</b>	3. Patient has committed suicide 4 times in the last year. This hotline is available 24/7. It would give the patient someone to talk with in case he has these feelings again.

### Current Medications (10 points)

**\*Complete all your client's psychiatric medications\***

Brand/Generic	Aripiprazole (Abilify)	Clonidine (Catapres)	Duloxetine (Cymbalta)	Multivitamin (One A Day)	Nicotine (Habitrol)
Dose	5 mg	0.1mg	30mg	1 tablet	21mg
Frequency	Daily (AM)	TID	Daily (AM)	Daily	24hr
Route	PO	PO	PO	PO	Transdermal
Classification	Antipsychotic (Jones & Bartlett Learning, 2019)	Analgesic, antihypertensive, behavior modifier  (Jones & Bartlett Learning, 2019)	Antidepressant (Jones & Bartlett Learning, 2019)	Vitamin and mineral combination (Wisdom Jobs, 2019)	Smoking cessation adjunct  (Jones and Bartlett Learning, 2019)

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<b>Mechanism of Action</b>	Partial agonist at dopamine and serotonin receptors. Drug acts as a 5-HT <sub>2A</sub> serotonin receptor site.  (Jones & Bartlett Learning, 2019)	Stimulates peripheral alpha-adrenergic receptors in the CNS to produce transient vasoconstriction and stimulate receptors in the brain to decrease heart rate, peripheral vascular resistance, and blood pressure. (Jones & Bartlett Learning, 2019)	Block's dopamine, neuronal serotonin, and norepinephrine reuptake to potentiate noradrenergic and serotonergic activity in the CNS.  (Jones & Bartlett Learning, 2019)	Provide vitamins and minerals not obtained through diet. (Wisdom Jobs, 2019)	Binds to nicotinic-cholinergic receptors at the autonomic ganglia of the adrenal cortex, neuromuscular junctions, and in the brain.  (Jones & Bartlett Learning, 2019)
<b>Therapeutic Uses</b>	Treatment for bipolar disease. (Jones & Bartlett Learning, 2019)	manage ADHD and hypertension . (Jones & Bartlett Learning, 2019)	treat MDD and generalized anxiety. (Jones & Bartlett Learning, 2019)	vitamin deficiency replacement due to illness and poor nutrition. (Wisdom Jobs, 2019)	relieve nicotine withdrawal . (Jones & Bartlett Learning, 2019)
<b>Therapeutic Range (if applicable)</b>	15 mg daily (Jones & Bartlett Learning, 2019)	0.1-0.4mg (Jones & Bartlett Learning, 2019)	40-60mg (Jones & Bartlett Learning, 2019)		11-22mg (Jones & Bartlett Learning, 2019)
<b>Reason Client Taking</b>	Mood Stabilizer	MDD	MDD	Detox Protocol	Smoking cessation
<b>Contraindications (2)</b>	hypersensitivity to aripiprazole or its components	anticoagulant therapy, hypersensitivity to	chronic liver disease, glomerular filtration rate	hypersensitivity to any of its components,	life-threatening arrhythmias, skin

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	(Jones & Bartlett Learning, 2019)  Concurrent use with HIV medications such as protease inhibitors (The College of Psychiatric and Neurologic Pharmacists, 2020)	clonidine or its components.  (Jones & Bartlett Learning, 2019)	less than 30mL/min.  (Jones & Bartlett Learning, 2019)	use with other vitamins or multivitamins. Too much can lead to toxicity.  (Wisdom Jobs, 2019)	disorders  (Jones & Bartlett Learning, 2019)
<b>Side Effects/Adverse Reactions (2)</b>	homicidal ideation, delusions  (Jones & Bartlett Learning, 2019)	angioedema, nausea (Jones & Bartlett Learning, 2019)	aggression, hypertensive crisis. (Jones & Bartlett Learning, 2019)	upset stomach, headache. (Wisdom Jobs, 2019)	dry mouth, Nausea/vomiting (Jones & Bartlett Learning, 2019)
<b>Medication/Food Interactions</b>	Enhanced antihypertensive effects when taken with antihypertensives. Increased CNS depression when taken with alcohol.  (Jones & Bartlett Learning, 2019)	Taken with alcohol can increase CNS depression. taken with antihypertensives can decrease antihypertensive capabilities of clonidine.  (Jones & Bartlett Learning, 2019)	Use of NSAIDS, aspirin, & warfarin may increase risk of bleeding. MAOI inhibitors may cause hyperthermia. Used with alcohol can lead to increased risk of hepatotoxicity. (Jones & Bartlett Learning, 2019)	Antacids, diuretic, and Sulfa drugs may affect the absorption and distribution.  (Drugs.com, n.d.)	Avoid acidic beverages as they may decrease the effectiveness of chewing gum. May increase the effects of caffeine. upset stomach, headache. (Drugs.com, n.d.)
<b>Nursing Considerations</b>	Monitor for signs of Tardive	If severe bradycardia	Obtain patient's	Administer with food to	Transdermal patch

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(2)	dyskinesia in patients with prolonged use (The College of Psychiatric and Neurologic Pharmacists, 2020).  Monitor for signs of worsening depression (Jones & Bartlett Learning, 2019).	occurs, administer IV atropine.  Be aware that extended-release tablets are not interchangeable with immediate release tablets. (Jones & Bartlett Learning, 2019)	baseline blood pressure can cause hypotension. Monitor liver function may lead to hepatotoxicity. (Jones & Bartlett Learning, 2019)	promote absorption. Some GI disorders may affect the absorption of multivitamin . (Wisdom Jobs, 2019)	should not be used in patients with a history of diabetes, peptic ulcer, or seizures. Remove patch before MRI to avoid possible burns.  (Jones & Bartlett Learning, 2019)
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Brand/Generic	Thiamine (Biamine)	Diazepam (Valium)	diphenhydramine (benadryl)	hydroxyzine (Atarax)	ondansetron (Zofran)
<b>Dose</b>	100mg	5-10mg	25 mg	50 mg	8mg
<b>Frequency</b>	Daily	PRN	PRN HS	PRN q8h	PRN q8h
<b>Route</b>	PO	PO	PO	PO	PO
<b>Classification</b>	Vitamin B1 supplement (Wikipedia contributors, 2021)	Anticonvulsant, anxiolytic, sedative-hypnotic, skeletal muscle relaxant. (Jones & Bartlett Learning, 2019)	sedative-hypnotic, antianaphylactic adjunct, antidyskinetic, antiemetic (Jones & Bartlett Learning, 2019)	anxiolytic, antiemetic, antihistamine, sedative-hypnotic. (Jones & Bartlett Learning, 2019)	Antiemetic (Jones & Bartlett Learning, 2019)
<b>Mechanism of Action</b>	Aids pyruvic acid in the	May potentiate	Binds to central and	Competes with	Blocks serotonin

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	conversion to acetyl-CoA so that it can enter the Krebs cycle. (Wikipedia contributors, 2021)	effects of gamma-aminobutyric acid and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in the cortical and limbic areas of the CNS. (Jones & Bartlett Learning, 2019)	peripheral H1 receptors competing with histamine for the sites and preventing it from reaching its site of action. (Jones & Bartlett Learning, 2019)	histamine for histamine1 receptor sites on surfaces of effector cells, suppressing results of histaminic activity. (Jones & Bartlett Learning, 2019)	receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestines. (Jones & Bartlett Learning, 2019)
<b>Therapeutic Uses</b>	Replace vitamin B1 deficiency due to illness or nutritional deficiency. (Wikipedia contributors, 2021)	Treat symptoms of acute alcohol withdrawal. (Jones & Bartlett Learning, 2019)	Treat sleep disorders, prevent motion sickness. (Jones & Bartlett Learning, 2019)	Relieve anxiety. (Jones & Bartlett Learning, 2019)	prevent nausea and vomiting. (Jones & Bartlett Learning, 2019)
<b>Therapeutic Range (if applicable)</b>		10 mg 3x daily, then 5 mg 3-4 times daily (Jones & Bartlett Learning, 2019)	50 mg 20 min before bed (Jones & Bartlett Learning, 2019)	50-100mg 4 times daily (Jones & Bartlett Learning, 2019)	8mg (Jones & Bartlett Learning, 2019)
<b>Reason Client Taking</b>	Detox Protocol	Alcohol Detox	Sleep	Anxiety	Nausea
<b>Contraindications (2)</b>	hypersensitivity to thiamine, kidney impairment.	acute angle-closure glaucoma, untreated open-angle glaucoma.	breastfeeding, hypersensitivity to diphenhydramine or	prolonged QT interval, hypersensitivity to cetirizine, hydroxyzine,	concomitant use of apomorphine, congenital long QT

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	(Wikipedia contributors, 2021)	(Jones & Bartlett Learning, 2019)	similar antihistamines. (Jones & Bartlett Learning, 2019)	or its components. (Jones & Bartlett Learning, 2019)	syndrome. (Jones & Bartlett Learning, 2019)
<b>Side Effects/Adverse Reactions (2)</b>	Restlessness, itching.  (Wikipedia contributors, 2021)	anxiety, sleepiness (Jones & Bartlett Learning, 2019)	confusion, dizziness (Jones & Bartlett Learning, 2019)	drowsiness, hallucinations (Jones & Bartlett Learning, 2019)	hypotension, serotonin syndrome (Jones & Bartlett Learning, 2019)
<b>Medication/Food Interactions</b>	Azithromycin, Erythromycin (Wikipedia contributors, 2021)	antacids may alter absorption. Antidepressants and alcohol may increase CNS depression and risks for falls. (Jones & Bartlett Learning, 2019)	Alcohol may increase CNS depression. MAOIs increase CNS depression. (Jones & Bartlett Learning, 2019)	Alcohol use may increase CNS depression, ondansetron may increase risk of QT prolongation. (Jones & Bartlett Learning, 2019)	Alcohol may cause increased stimulant and sedative effects. (Jones & Bartlett Learning, 2019)
<b>Nursing Considerations (2)</b>	Parenteral production may contain aluminum, used in caution with patients with renal failure.  GI disorders may affect the absorption of Thiamine. (Wikipedia contributors, 2021)	Use cautiously in patients with hepatic or renal failure. watch for signs of physical and psychological dependence. (Jones & Bartlett Learning, 2019)	Expect to give parenteral form of diphenhydramine when oral ingestion is not possible. Keep the elixir container tightly closed. Protect elixir containers tightly	Do not give subcutaneously or IV due to tissue necrosis. Observe for oversedation if a patient takes another CNS depressant. (Jones & Bartlett Learning, 2019)	Monitor patient closely for serotonin syndrome. Ondansetron may mask symptoms of adynamic progressive ileus or gastric distention after abdominal

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			closed and away from light. (Jones & Bartlett Learning, 2019)		surgery. (Jones & Bartlett Learning, 2019)
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**Medications Reference (1) (APA):**

College of Psychiatric and Neurologic Pharmacists. (2020, February). *Aripiprazole (Abilify)*

| *NAMI: National alliance on mental illness.* NAMI.

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**Mental Status Exam Findings (20 points)**

<b>APPEARANCE:</b>	Patient acts and appears appropriate for age. He is friendly,
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## N323 CARE PLAN

<b>Behavior:</b> <b>Build:</b> <b>Attitude:</b> <b>Speech:</b> <b>Interpersonal style:</b> <b>Mood:</b> <b>Affect:</b>	<p>very intellectual, thin, co-operative, and makes eye-contact. Clothing is appropriate for setting, although his shirt was buttoned incorrectly. Patient's hair is unruly, as he constantly runs his hands through it. Patient appears clean and no odor is present. Patient's attitude is very pleasant and welcoming. Patient's speech is clear and excitable. Patient had a willingness to express his life stories. Patient's mood was happy. He did express behaviors of anxiety and asked if he could get his medication before completing the last half of the interview. Patient's affect was not appropriate for the situation. He seemed happy and elated with talking about his history of overdoses and suicide attempts.</p>
<b>MAIN THOUGHT CONTENT:</b> <b>Ideations:</b> <b>Delusions:</b> <b>Illusions:</b> <b>Obsessions:</b> <b>Compulsions:</b> <b>Phobias:</b>	<p>Patient denies any ideations, delusions, illusions, or obsessions. He did state he has claustrophobia and agoraphobia. Patient's thought processes are well thought-out, relevant, and logical.</p>
<b>ORIENTATION:</b> <b>Sensorium:</b> <b>Thought Content:</b>	<p>Patient is alert and oriented to person, place, time, and situation. His sensorium is normal and shows no signs of disturbance. The Patient's level of consciousness is normal and alert.</p>
<b>MEMORY:</b> <b>Remote:</b>	<p>Patient has a very specific memory. He can recall specific dates, ages, and number of overdoses consistently. Pt shows no signs of inattention or disorganized thinking.</p>
<b>REASONING:</b> <b>Judgment:</b> <b>Calculations:</b> <b>Intelligence:</b> <b>Abstraction:</b> <b>Impulse Control:</b>	<p>Patient's current state of judgement is good. He can come up with appropriate conclusions and decisions. Patient was attentive and able to concentrate during the interview. Patients' impulses could be altered now due to detoxing from alcohol. He states it normally takes him 3-5 days before he feels back to normal.</p>
<b>INSIGHT:</b>	<p>Patient has good incite. He can recognize his problems and has goals on how to better his future. Patient is hopeful that treatment will enable him to pursue a new path to help others in his situation.</p>
<b>GAIT:</b> <b>Assistive Devices:</b> <b>Posture:</b> <b>Muscle Tone:</b> <b>Strength:</b> <b>Motor Movements:</b>	<p>Patient denies use of assistive devices. Patient is independent and does not need assistance with activities of daily living. Patient can stand and walk without the need of any assistance or equipment. Patient is a fall risk due to alcohol detox but does appear to be a fall risk aside from</p>

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	that. Patient can maintain proper balance independently. Patient ambulates well and has a smooth gait. Patients hand grips and pedal pushes are equal and strong (2+) bilaterally.
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**Vital Signs, 2 sets (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1300	101	112/74	18	98.1	98
1900	89	106/78	16	97.7	100

**Pain Assessment, 2 sets (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
1830	1-10	N/A	0	N/A	None
1945	1-10	N/A	0	N/A	None

**Dietary Data (2 points)**

Dietary Intake	
<b>Percentage of Meal Consumed:</b> <b>Breakfast: 25%</b> <b>Lunch:100%</b> <b>Dinner: 30%</b>	<b>Oral Fluid Intake with Meals (in mL)</b> <b>Breakfast: 240mL orange juice</b> <b>Lunch:240mL Kool aid</b> <b>Dinner:240mL Kool aid</b> <b>Pt states he drinks approx. 4-5 cups of Kool aid outside of meals (960-1200mL)</b>

**Discharge Planning (4 points)****Discharge Plans (Yours for the client):**

1. After discharge, patient will join a 28-day detox program such as New Choice.
2. Patient is then going back to his apartment but has his uncle for a support system.

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3. Patient should attend group meetings regularly. A list has been provided for locations, dates, and times.
4. Patient should continue to take medications as prescribed. Patient mentioned he would like to talk to someone about a 30-day injection of naltrexone to help aid in alcohol maintenance.
5. Educate patient on the importance of self-care, both physically and mentally. Patient will be given 2 additional resources with options of live chat, discussion boards, and phone number to talk through his feelings. Patient was also made aware that his liver enzymes were elevated and what the chronic alcohol use is doing to his body.
6. Patient will follow up with a psychiatrist. Patient agrees he needs assistance making plans for his future and straightening out his thoughts.

**Nursing Diagnosis (15 points)**

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

<b>Nursing Diagnosis</b> ● Include full nursing diagnosis with “related to” and “as evidenced by” components	<b>Rational</b> ● Explain why the nursing diagnosis was chosen	<b>Immediate Interventions (At admission)</b>	<b>Intermediate Interventions (During hospitalization)</b>	<b>Community Interventions (Prior to discharge)</b>

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<p>1. Anxiety related to cessation of alcohol intake and physiological withdrawal as evidence by anxiety behaviors such as pacing and rocking back and forth.</p>	<p>I chose this nursing diagnosis because the patient stated he was anxious during our interview and needed a breath to get his medication. He was pacing the room and walking back and forth for most of the interview.</p>	<p>1.monitor patients vital signs.  2.Assess for pain. Medicate accordingly.  3. Provide a safe environment for the patient.</p>	<p>1. monitor patient for signs of anxiety.  2. Help the patient develop coping mechanisms to relieve and prevent anxiety.  3. Use therapeutic communication.</p>	<p>1. discuss counseling for the patient after admission.  2. Discuss medications that may reduce anxiety.  3. Give patient different support system information such as hotline numbers and forums where he can talk about what he is feeling.</p>
<p>2. Ineffective coping related to death of father as evidence by patient trying to commit suicide via gabapentin and alcohol overdose.</p>	<p>I chose this nursing diagnosis because the patient directly said the death of his father was what pushed him over the edge and led him to trying to kill himself.</p>	<p>1. Ensure the patient remains safe.  2. Use therapeutic communication  3. Establish if the patient is still having suicidal ideations.</p>	<p>1. Use therapeutic communication.  2. Help the patient develop coping mechanisms.  3. Encourage the patient participate in group.</p>	<p>1. Find the patient a psychiatrist to follow up with after discharge to discuss how he feels.  2. Encourage the patient to use his strengths to get through hard times.  3. Educate the patient on the importance of taking his medications as directed.</p>
<p>3. Risk for suicide related to ineffective coping as evidence</p>	<p>I chose this nursing diagnosis based on the patient's previous</p>	<p>1. Ensure the patient is safe.  2. Establish if the patient is still having</p>	<p>1. Ensure the patient is in a safe environment.  2. Use therapeutic communication.</p>	<p>1. Find the patient a psychiatrist to follow up with after discharge to discuss how</p>

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<p>by patient stating his suicide attempts have been linked to death and separation .</p>	<p>history of suicide attempts. The patient stated death and separation from an ex-boyfriend were 3 of the causes of his 4 attempted suicides.</p>	<p>suicidal ideations.</p> <p>3. Use therapeutic communication.</p>	<p>3. Encourage the patient to participate in group and express what he is feeling.</p>	<p>he feels.</p> <p>2. Help the patient find the information he needs to begin taking classes again.</p> <p>3. Provide the patient with Suicide hotline number.</p>
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**Other References (APA):****Concept Map (20 Points):**

### Subjective Data

"I tried to overdose on mu Gabapentin."

Patient states he suffers from anxiety and depression.  
Patient reports his father passed one month ago.

Patient states he ended a 2-year abusive relationship 2 months ago.

Patient reports his only support person is his 91-year-old uncle.

Patient states he has overdosed on heroin 43 times.

### Nursing Diagnosis/Outcomes

1. Anxiety related to cessation of alcohol intake and physiological withdrawal as evidence by anxiety behaviors such as pacing and rocking back and forth.
  - a. Patient will be able to identify potential triggers and effectively communicate ways to prevent them.
    - i. Goal Met: Patient was able to identify his current lifestyle as a trigger for his anxiety. He states he would like to move somewhere quite like the countryside.
2. Ineffective coping related to death of father as evidence by patient trying to commit suicide via gabapentin and alcohol overdose.
  - a. Patient will be able to identify better coping mechanisms for dealing with stressful situation.
    - i. Goal met: Patient states he would like to utilize Smart recovery to discuss how is he feeling in the group discussion boards.
3. Risk for suicide related to ineffective coping as evidence by patient stating his suicide attempts have been linked to death and separation.
  - a. Patient will verbalize who he can reach out before he acts if he feels thoughts of suicidal ideations.
    - i. Goal partially met: Patient verbalized he would like to utilize Smart recovery to express his feelings within the group discussion post.

### Objective Data

-Patient paced the room and walked back and forth during the interview.

-Patient was administered medication for his anxiety.

-Patients affect did not match the situation when speaking about his family issues, substance abuse, and suicide attempts. Patient appeared happy.

### Patient Information

B.W. is a 31-year-old Male who presents to the Pavilion after being hospitalized for attempted suicide via overdose on gabapentin. Patient states that he was overwhelmed due to his father's death and separation from an abusive ex-boyfriend. Patient states this is his 4<sup>th</sup> suicide attempt. Pt has been in rehab 4 times. Patient is compliant and hopeful.

### Nursing Interventions

1. monitor patient for signs of anxiety.
2. Help the patient develop coping mechanisms to relieve and prevent anxiety.
3. Use therapeutic communication.

1. Use therapeutic communication.
  2. Help the patient develop coping mechanisms.
  3. Encourage the patient participate in group.
- 
1. Ensure the patient is in a safe environment.
  2. Use therapeutic communication.
  3. Encourage the patient to participate in group and express what he is feeling.



