

N323 Care Plan #1

Lakeview College of Nursing

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Demographics (3 points)

Date of Admission 09/15/2021	Patient Initials P.S.	Age 57	Gender Female
Race/Ethnicity Caucasian	Occupation n/a	Marital Status Widow	Allergies Morphine, Penicillin
Code Status Full code	Observation Status	Height 71 in	Weight 97.7 kg

Medical History (5 Points)

Past Medical History: Kidney surgery, right shoulder surgery, back surgery

Significant Psychiatric History: N/A

Family History: Sister abuse drugs

Social History (tobacco/alcohol/drugs): current user of Methamphetamine, current smoker

Living Situation: Live at home but will be living with mother when discharged

Strengths: Patient is able to verbalize feelings, cable of living independent

Support System: Mother will be supportive once she is no more using drugs

Admission Assessment

Chief Complaint (2 points): Drug abuse

Contributing Factors (10 points): The patient stated “ I have been using drugs for about 3 and half years once my daughter died in 2017”. The patient was using meth by injecting it in her arms. The patient has been using drugs for about 3 and half years now. While using drugs, the patient she stated that she has been experience depression, anxiety and feeling isolated. There is nothing that see tried to get off drugs until she checking into the addiction facility and the medication she was given is helping her.

Factors that lead to admission: Patient states “I am ready to regain control of my life so I can see my family again”.

History of suicide attempts: suicide attempt when she lost her husband in 2012

Primary Diagnosis on Admission (2 points): Drug addiction to Methamphetamine

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Husband died 2012 and daughter died in 2017				
Witness of trauma/abuse: n/a				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	n/a	n/a	n/a	n/a
Sexual Abuse	Not current	50	Primary trauma	The patient was raped at the age of 50 when some slipped a drug in her drink.

Emotional Abuse	n/a	n/a	n/a	n/a
Neglect	n/a	n/a	n/a	n/a
Exploitation	n/a	n/a	n/a	n/a
Crime				
Military	n/a	n/a	n/a	n/a
Natural Disaster	n/a	n/a	n/a	n/a
Loss	n/a	n/a	n/a	n/a
Other	n/a	n/a	n/a	n/a
Presenting Problems				
Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Depressed or sad mood	Yes		The patient says she is feeling depressed and say every from losing her husband and daughter and from her family abandoning her.	
Loss of energy or interest in activities/school	Yes		The patient has no interest in striving in life since she been using drugs for about 3 years.	
Deterioration in hygiene and/or grooming		No		
Social withdrawal or isolation	Yes		The patient has not been talking to her family since she be abusing drugs.	

Difficulties with home, school, work, relationships, or responsibilities	Yes		The patient has not been able to function in her workplace or with her family since she been using drugs.
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night		No	n/a
Difficulty falling asleep		No	n/a
Frequently awakening during night		No	n/a
Early morning awakenings		No	n/a
Nightmares/dreams	Yes		Yes, the patient states “I have nightmare about my husband and daughter death”.
Other		No	n/a
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite		No	n/a
Binge eating and/or purging		No	n/a
Unexplained weight loss?		No	n/a
Amount of weight change:			
Use of laxatives or excessive exercise		No	n/a
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors,	Yes		Yes the patient have anxiety a

etc.)			few times throughout the week when she thinks about her not seeing her family again
Panic attacks	yes		Yes, the pa
Obsessive/compulsive thoughts		No	
Obsessive/compulsive behaviors		No	
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes		Yes, the patient states that she does not to be in crowded areas so avoid stores.
Rating Scale			
How would you rate your depression on a scale of 1-10?		7	
How would you rate your anxiety on a scale of 1-10?		5	
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		The patient is not able to keep a job since she been abusing drugs
School		No	
Family		No	
Legal		No	
Social	Yes		The patient is isolating herself from her friend and friends
Financial	Yes		The patient cannot keep a sufficient amount of money due

			to her addiction	
Other				
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	Facility/MD/ Therapist	Inpatient/ Outpatient	Reason for Treatment	Response/Outcome
09/06/2021	Inpatient:	inpatient	To go through withdrawal from abusing drugs	Some improvement
09/15/2021	Inpatient	inpatient	To stay at the facility for 28 days to help stay clean off of drugs	Significant improvement
n/a	Inpatient Outpatient Other:			No improvement Some improvement Significant

			improvement	
Personal/Family History				
Who lives with you?	Age	Relationship	Do they use substances?	
N/a	n/a	N/a	Yes	No
			Yes	No
N/a			Yes	No
N/a			Yes	No
N/a			Yes	No
If yes to any substance use, explain:				
Children (age and gender): 2 daughters 30 and 27				
Who are children with now? Her youngest daughter passed away and her oldest daughter live idependently				
Household dysfunction, including separation/divorce/death/incarceration: Her younger daughter died and husband.				
Current relationship problems: n/a				
Number of marriages: 1; widow				
Sexual Orientation: Heterosexual	Is client sexually active? No		Does client practice safe sex? Yes	
Please describe your religious values, beliefs, spirituality and/or preference:				
Christian				
Ethnic/cultural factors/traditions/current activity:				
Describe: She use to enjoy attending church on Sundays before her addiction started				
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): n/a				
How can your family/support system participate in your treatment and care?				

The patient states “ I will like to move back home with my mom, but she will only allow me to when I get clean”.
Client raised by: Natural parents- Mother and Dad
Significant childhood issues impacting current illness: n/a
Atmosphere of childhood home: Loving Comfortable Supportive
Self-Care: Independent
Family History of Mental Illness (diagnosis/suicide/relation/etc.)
History of Substance Use: Her sister is abusing drugs
Education History: Some College
Reading Skills: Yes
Primary Language: English
Problems in school: No problems in school
Discharge
Client goals for treatment: The client plans to continue to take her medication and stay close to her family to help her stay clean.
Where will client go when discharged? 10/13/2021

Outpatient Resources (15 points)

Resource	Rationale
1. Rosecrance	1. The facility offers comprehensive, individual treatment for substance abuse and mental health.
2. Central East alcoholism and drug	2. This facility is also be called the hour house and it allows clients to admit there selves and live at the facility under supervision to help the patient become clean.
3. Carle addiction recovery center	3. This facility offers a variety of resources for people overcoming drug addictio such as addiction counseling, individual , family and group therapy, inpatient detox, and continuing care

Current Medications (10 points)

Complete all of your client’s psychiatric medications

Brand/Generic	Xanax	Topiramate	Cymbalta		
Dose	.5mg	100mg	60mg		
Frequency	Every night	Every night	Every morning		
Route	oral	oral	oral		
Classification	Benzodiazepine(Jones,2020).	Sulfamate-Substitutes Monosaccharide(Jones,2020).	Selective Serotonin And Norepinephrine(Jones,2020).		
Mechanism of Action	May increase GABA and other neurotransmitters which helps control emotions (Jones,2020).	May block the spread of seizure by reducing the length and frequency (Jones,2020).	Elevates mood and inhibit pain signals stemming from peripheral nerves (Jones,2020).		
Therapeutic Uses	Anti panic (Jones,2020).	Anticonvulsant (Jones,2020).	Antidepressants (Jones,2020).		
Therapeutic Range (if applicable)	n/a	Dosage is based on weight (Jones,2020).	Increase weekly after 30 or 60 mg; the max is 120 (Jones,2020). mg daily		
Reason Client Taking	To control her anxiety (Jones,2020).	To prevent from having seizure due to withdrawal effect (Jones,2020).	For depression (Jones,2020).		
Contraindications (2)	Acute angle-closure glaucoma and ketoconazole therapy (Jones,2020).	Recent alcohol use and hypersensitive to topiramate (Jones,2020).	Cirrhosis and hypersensitivity to duloxetine or its components (Jones,2020).		

Side Effects/Adverse Reactions (2)	Agitation and hypotension (Jones,2020).	Encephalopathy and seizures (Jones,2020).	Suicidal ideations and MI (Jones,2020).		
Medication/Food Interactions	Alcohol use is bad and digoxin which can cause toxicity (Jones,2020).	Using with Amitriptyline increase adverse effects and using alcohol (Jones,2020).	CNS drugs increase effects of duloxetine and using thioridazine can lead to death due to ventricular arrhythmias (Jones,2020).		
Nursing Considerations (2)	Warn patient never to stop abruptly and never increase because of the risk of dependency	If medication stop abruptly put patient on seizure precautions and monitor patient for bleeding (Jones,2020).	Should not be giving to patients with severe renal impairment and be careful with patients with delayed gastric emptying (Jones,2020).		

Brand/Generic					
Dose					
Frequency					
Route					
Classification					
Mechanism of					

Action					
Therapeutic Uses					
Therapeutic Range (if applicable)					
Reason Client Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					
Medication/Food Interactions					
Nursing Considerations (2)					

Medications Reference (1) (APA):

Jones, D.W. (2020). Nurse’s drug handbook. (A. Bartlett, Ed.) (19th ed.). Jones & Bartlett Learning.

Mental Status Exam Findings (20 points)

APPEARANCE: Behavior: Build: Attitude: Speech: Interpersonal style: Mood: Affect:	The patient appears to be well groomed and she is very cooperative. The patient stated “ I enjoy talking to you because it helps me sort my thoughts”. The patient was pretty positive and speech was audible and clear. The patient mentioned that she felt good today because she took her first step.
MAIN THOUGHT CONTENT: Ideations: Delusions: Illusions:	The patient has no recent suicide ideation but patient stated “when my husband passes away, I wanted to kill myself”. The patient denies and signs of delusions, illusion, obsessions,

Obsessions: Compulsions: Phobias:	compulsions or phobias.
ORIENTATION: Sensorium: Thought Content:	The patient is eager to get better and be a productive member of the community.
MEMORY: Remote:	The patient not show any signs of difficulty with memory
REASONING: Judgment: Calculations: Intelligence: Abstraction: Impulse Control:	The patient allowed her daughter death to push her to drugs which can mean she has mad judgment. The patient have some college experience. The patient shows no signs of impulsive behaviors.
INSIGHT:	The patient is eager to be clean off drugs. The patient desperately wants to be reconnected with her family because they are all she has.
GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements:	The patient is independent and do not need any support. The patient posture is straight and her muscle tone and strength is strong. I do not notice anything strange with her motor movements.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	96	118/69	18	96.9	97%
1630	93	121/71	16	96.9	98%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1500	1-10	No pain	n/a	n/a	n/a
1630	1-10	No pain	n/a	n/a	n/a

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: 100%	Oral Fluid Intake with Meals (in mL) 504
Breakfast:n/a	mls
Lunch:n/a	Breakfast:n/a
Dinner: chili dog and vegetables	Lunch:n/a
	Dinner: bottle of water

Discharge Planning (4 points)

Discharge Plans (Yours for the client): The client will continue to be clean off drugs. The client will use the support of her family and other supportive members in the community. The patient will actively look for a sponsor to help support in her journey trying to stay clean. The patient will also try to stay away from triggers.

Nursing Diagnosis (15 points)

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

Nursing Diagnosis	Rational	Immediate Interventions (At admission)	Intermediate Interventions (During hospitalization)	Community Interventions (Prior to discharge)
<ul style="list-style-type: none"> • Include full nursing diagnosis with 	<ul style="list-style-type: none"> • Explain why the nursing 			

<p>“related to” and “as evidenced by” components</p>	<p>diagnosis was chosen</p>			
<p>1. Self-Perception related to the patient feeling depression evidenced by the patient expressing her feelings.</p>	<p>I choose this diagnose because it is important for the patient to improve self-perception in order to stay away from addiction.</p>	<p>1. Try to find something she likes about her 2. Ask the patient what motivates her to better person.</p>	<p>1.The patient can work on activities to help her figure out herself . 2. The patient can play games to help to better understand herself 3.</p>	<p>1. The patient can take what she learned during her hospitalization</p>
<p>2. Coping stress/ tolerance related to the patient mentioning she feel helpless evidenced by not be able to control addiction for 3 years</p>	<p>I choose this diagnose because the patient mentioned she feel as if she do not have control over her life which is why she continue to use drugs.</p>	<p>1. Can keep the patient from relapse by providing medication that decreases urges.</p>	<p>1. The patient can learn different coping mechanism during her stay</p>	<p>1. The patient will continue to use the coping mechanism that she learned during her stay.</p>
<p>3.) Role Relationships related to feeling isolated evidenced by the patient family abandoning her.</p>	<p>I choose this diagnose because continuing the roles the patient had with her family is important.</p>	<p>1. The patient should be to contact family 2. Patient should build positive relationships with people among her</p>	<p>1. The patient will should be able to state how she will approve her family relationships.</p>	<p>1. The patient will get in contact with her family when she get out</p>

Other References (APA):

Concept Map (20 Points):

Subjective Data

- 1.)The patient stated “**when my husband passes away, I wanted to kill myself**”.
- 2.) “ **I have been using drugs for about 3 and half years once my daughter died in 2017**”.

Nursing Diagnosis/Outcomes

Self-Perception related to the patient feeling depression evidenced by the patient expressing her feelings.
 Self-Perception related to the patient feeling depression evidenced by the patient expressing her feelings.
 Role Relationships related to feeling isolated evidenced by the patient family abandoning her.
The patient can take what she learned during her hospitalization

Objective Data

The patient was admitted to the hospital for substance abuse
 The patient is taking medication to help with depression and becoming clean.

Patient Information

The patient is a 57 year old female who voluntarily admitted herself for substance abuse in hoping to becoming clean. The patient was admitted on 09/15/2021.

Nursing Interventions

- Try to find something she likes about her
- Ask the patient what motivates her to better person.
- The patient can work on activities to help her figure out herself .**
- The patient can learn different coping mechanism during her stay**



