

N323 Care Plan
Lakeview College of Nursing
Anthony Morgan

Demographics (3 points)

Date of Admission 10/29/21	Patient Initials P.D.	Age 19	Gender Male
Race/Ethnicity Asian	Occupation Unemployed	Marital Status Single	Allergies None
Code Status Full	Observation Status Every 15 minutes	Height 5'8	Weight 185lbs

Medical History (5 Points)

Past Medical History: Ear infection with slightly perforated tympanic membrane,
abdominal hernia

Significant Psychiatric History: Major depressive disorder

Family History:

Grandparents: Unknown

Father: Hypertension

Mother: Gestational diabetes

Social History (tobacco/alcohol/drugs): Smoking marijuana for a year once a week and
during depressive episodes

Living Situation: College dorm with three other roommates

Strengths: Adaptive, utilizes mental exercises to mitigate depression and suicidal thought.

Support System: Friends and roommates

Admission Assessment

Chief Complaint (2 points): The patient was admitted because they thought about killing
himself.

Contributing Factors (10 points): NO OLDCART

Pranith's friends brought him to Carle Foundation Hospital for having suicidal thought and depression on October 29th. Depression occurred 3-5days prior to admission with the suicidal thought emerging on October 29th. Anhedonia was the main symptom because Pranith's usual tactics to mitigate depression and suicidal thoughts did not work. Other symptoms include lack of motivation, concentration, and loss of appetite. Responsibilities for school such as exams and quizzes made him feel more depressed. His friends and roommates offering support helped Pranith feel slightly better. Carle's resources are limited for mental illnesses thus they sent Pranith to the Pavilion. Pranith has been experiencing suicidal thought since he was 11 years old. The source of his condition stems from the emotional abuse he receives from his parents. His parents are overzealous about success allowing little to no room for relaxation. Pranith's parents make harsh judgements whenever he makes mistakes. His parents force decisions on him if they believe he's making a wrong one. "My parents forced me to major in engineering". School is already difficult and can cause mental issues but being forced added unnecessary stress. Despite his long history of suicidal thought, Pranith has no history of suicide attempts. Treatment for Pranith included sharing thoughts with the Pavilion case manager; he refused antipsychotics.

Primary Diagnosis on Admission (2 points): Major depressive disorder

Psychosocial Assessment (30 points)

History of Trauma

<p>No lifetime experience: False, Pranith’s adolescent life is occupied with emotional abuse</p> <p>Witness of trauma/abuse: No one outside of Pranith and his parents directly witnessed the abuse</p>				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	NO	NO	NO	
Sexual Abuse	NO	NO	NO	
Emotional Abuse	YES	YES – Age 11 and older	NO	Pranith’s parents have been emotionally abusive since age 11 and occurs to the present day.
Neglect	NO	NO	NO	
Exploitation	NO	NO	NO	
Crime	NO	NO	NO	
Military	NO	NO	NO	
Natural Disaster	NO	NO	NO	
Loss	NO	NO	NO	
Other	NO	NO	NO	

Presenting Problems			
Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)
Depressed or sad mood	Yes	No	The client began to have general sadness around the beginning of October. The sadness decreased after spending time with friends. The sadness became unaffected by preferred remedies approximately at the end of October. At this point, Pranith began having suicidal ideation. This episode was continuous and gradually exacerbated from approximately the beginning to the end of October.
Loss of energy or interest in activities/school	Yes	No	Slight lack of motivation and interest in school began approximately at the end of September and gradually decreased until present day. Lack of interest in extracurricular activities and

			entertainment began near the beginning of October and occurred four times throughout the month.
Deterioration in hygiene and/or grooming	Yes	No	
Social withdrawal or isolation	Yes	No	Overall, attempts to persuade Pranith to participate in activities were successful. However, he rejected interaction with others four times throughout his episode. The worse amount of social withdrawal occurred during the last week of October when Pranith avoided contact with most friends.
Difficulties with home, school, work, relationships, or responsibilities	Yes	No	Difficulties with school began around the last week of September and continued until the end of October. The two group projects were difficult to attend because of the lack of motivation and the desire to

			<p>stay away from others.</p> <p>Pranith’s lack of motivation and depression interfered with school in a major way 4-9 times during the depressive episode.</p> <p>Facets interfered with include exams, group projects, class participation, and difficult homework assignments.</p> <p>Relationships with friends remained the same because most of them were understanding of his predicament.</p>
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes	No	<p>Pranith got 4-6 hours of sleep per day 1-5 times per week.</p> <p>This occurred approximately from the beginning to the end of October.</p>
Difficulty falling asleep	Yes	No	<p>Pranith had difficulties falling asleep 1-5 times per week near the start of the month to around</p>

			the end of the month.
Frequently awakening during night	Yes	No	
Early morning awakenings	Yes	No	
Nightmares/dreams	Yes	No	
Other	Yes	No	
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite	Yes	No	Pranith had a loss of appetite starting mid-October to present day. Pranith went from eating 3 times per day to 1-2 times per day with less quantity of food in each meal.
Binge eating and/or purging	Yes	No	
Unexplained weight loss?	Yes	No	
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	Anxiety behaviors experienced by Pranith include fatigue, lack of concentration, and insomnia. General fatigue and insomnia occurred for the majority of

			<p>October 1-5 times per week.</p> <p>Lack of concentration began around the last week of September to the end of the week of October 4-9 times during September and October.</p>
Panic attacks	Yes	No	
Obsessive/compulsive thoughts	Yes	No	<p>During the last week of October, Pranith felt compelled to commit suicide. This was continuous throughout the week.</p>
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?		0 (as of November 8 th)	
How would you rate your anxiety on a scale of 1-10?		0 (as of November 8 th)	
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	The client does not have a job
School	Yes	No	The client is majoring in civil engineering, a difficult major

			that can cause emotional distress without having a mental illness. The major and his depression compound each other. The depressive episode occurs overall the entire month of October.
Family	Yes	No	His parents will not allow him to pursue a career path that's completely his choice. They've also been emotionally abusive toward him since his entire adolescent life and currently as well.
Legal	Yes	No	
Social	Yes	No	
Financial	Yes	No	Pranith is concerned that his parents will be furious when he tells them that he will be changing his major to mathematics. His parents pay a lofty amount of tuition for the civil engineering program at the

			<p>University of Illinois (UIUC).</p> <p>This has been a worry since last year of his freshman year.</p>
Other	Yes	No	

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient

Dates	Inpatient/ Outpatient	Facility/MD/ Therapist	Reason for Treatment	Response/Outcome
2/3/21	Inpatient Outpatient Other:	Turner Student Services	Depression	No improvement Some improvement Significant improvement
3/15/21	Inpatient Outpatient Other:	McKinley Health Center	Depression	No improvement Some improvement Significant improvement
10/28/21	Inpatient Outpatient Other:	Carle Foundation Hospital	Suicidal thought and depression	No improvement Some improvement Significant improvement

Personal/Family History

Who lives with you?	Age	Relationship	Do they use substances?
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Roommate	19	Roommate	Yes	No
Roommate	18	Roommate	Yes	No
Roommate	19	Roommate	Yes	No
			Yes	No
			Yes	No
<p>If yes to any substance use, explain: The third roommate uses marijuana.</p>				
<p>Children (age and gender): N/A, the client does not have offspring.</p> <p>Who are children with now?</p>				
<p>Household dysfunction, including separation/divorce/death/incarceration: No</p>				
<p>Current relationship problems: Pranith has a difficult relationship with his parents.</p> <p>Number of marriages: None</p>				
Sexual Orientation:	Is client sexually active?		Does client practice safe sex?	
Pansexual	Yes No		Yes No	
<p>Please describe your religious values, beliefs, spirituality and/or preference: The patient is of the Hindu religion.</p>				
<p>Ethnic/cultural factors/traditions/current activity:</p> <p>Describe: The client’s race is Asian, and ethnicity is Indian. Education is a core value for Asian culture, so they are often strict to push their children to succeed. Pranith’s favorite activities are play board games, videogames, and watch Anime.</p>				
<p>Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): None</p>				
<p>How can your family/support system participate in your treatment and care? – The client does not want his family to participate in his care. His family doesn’t know he’s being treated at the Pavilion. His friends can continue being supportive by being cautious of suicidal ideology and taking him to the hospital if need be. They can also continue to</p>				

<p>check on him to make sure he is emotionally okay.</p>
<p>Client raised by:</p> <ul style="list-style-type: none"> Natural parents Grandparents Adoptive parents Foster parents Other (describe):
<p>Significant childhood issues impacting current illness: Pranith feels that he didn't get to be a kid much because his parents were stringent on education and stringent on mistake he made.</p>
<p>Atmosphere of childhood home:</p> <ul style="list-style-type: none"> Loving Comfortable Chaotic Abusive Supportive Other: It was not physically abusive. It was mentally abusive. His parents were supportive by raising him into the intelligent young man he is today.
<p>Self-Care:</p> <ul style="list-style-type: none"> Independent Assisted Total Care
<p>Family History of Mental Illness (diagnosis/suicide/relation/etc.) – No other family member has a record for mental illness.</p>
<p>History of Substance Use: None</p>
<p>Education History:</p> <ul style="list-style-type: none"> Grade school High school College - UIUC Other:
<p>Reading Skills:</p>

<p>Yes No Limited</p>
<p>Primary Language: English</p>
<p>Problems in school: Focusing and amotivation</p>
<p>Discharge</p>
<p>Client goals for treatment: Utilize interests and support system to prevent relapse and remain vigilant.</p>
<p>Where will client go when discharged? - Back to the dormitory with his roommates</p>

Outpatient Resources (15 points)

Resource	Rationale
<p>1. Dormitory residential director (RD)</p>	<p>1. The residential directors (RD) on campus are trained to point students to resources for mental health dilemmas and somewhat use therapeutic communication to put students at ease. The RD is one of the people that checks on Pranith and interacts with during student-dorm activities.</p>
<p>2. McKinley Health Center</p>	<p>2. This facility provides health care to UIUC students including counseling services. Pranith has gone here before and that visit yielded positive results.</p>

<p>3. National Suicide Prevention Lifeline</p>	<p>3. This resources is needed incase Pranith’s support system isn’t readily available and suicidal ideation returns.</p>
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Current Medications (10 points)

Complete all of your client’s psychiatric medications

<p>Brand/Generic</p>	<p>Generic: Acetaminophen Brand: Tylenol</p>	<p>Generic: Calcium carbonate Brand: Tums</p>	<p>The patient refused antipsychotic medications</p>	<p>The patient refused antipsychotic medications</p>	<p>The patient refused antipsychotic medications</p>
<p>Dose</p>	<p>650mg</p>	<p>500mg</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>Frequency</p>	<p>Six hours PRN</p>	<p>Every four hours PRN</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>Route</p>	<p>By mouth</p>	<p>By mouth</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>
<p>Classification</p>	<p>Nonsalicylate</p>	<p>Elemental cation</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

Mechanism of Action	Interferes with pain impulse in the nervous system by preventing the enzyme cyclooxygenase from producing prostaglandins which are involved in pain reception	Increases extracellular and intracellular fluid of calcium. Also decreases stomach acid production	N/A	N/A	N/A
Therapeutic Uses	Antipyretic and pain reduction	Calcium replacement Places magnesium and phosphate	N/A	N/A	N/A
Therapeutic Range (if applicable)	650mg to 3,250mg per day	338mg – 1,352mg per day	N/A	N/A	N/A
Reason Client Taking	Pain	Gastrointestinal upset	N/A	N/A	N/A
Contraindications (2)	Hepatic impairment and allergy to acetaminophen	Hypercalcemia Hypophosphatemia	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	Constipation and pancytopenia	Irregular heartbeat Paresthesia	N/A	N/A	N/A
Medication/Food Interactions	Taking with alcohol can increase chance of hepatic injury Foods with vitamin K	Caffeine and high fiber foods decrease calcium absorption	N/A	N/A	N/A

	can decrease possible INR increase due to acetaminophen				
Nursing Considerations (2)	<p>Monitor renal function, long term use can cause acute nephritis</p> <p>Monitor liver enzymes and possible bleeding for acetaminophen overdose</p>	<p>Administer 2 hours before or 6 hours after administering other drugs. Noncompliance of this range can result in overdose or ineffectiveness</p> <p>Inform patient to chew tablets thoroughly for maximum effectiveness</p>	N/A	N/A	N/A

Brand/Generic	The patient refused antipsychotic medications				
Dose	N/A	N/A	N/A	N/A	N/A
Frequency	N/A	N/A	N/A	N/A	N/A
Route	N/A	N/A	N/A	N/A	N/A
Classification	N/A	N/A	N/A	N/A	N/A
Mechanism of Action	N/A	N/A	N/A	N/A	N/A
Therapeutic Uses	N/A	N/A	N/A	N/A	N/A

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

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). Nurse’s Drug Handbook. Composition and Project Management: S4Carlisle Publishing Services.

Mental Status Exam Findings (20 points)

<p>APPEARANCE: Excellent Behavior: Excellent Build: Excellent Attitude: Excellent Speech: Excellent Interpersonal style: Excellent</p>	<p>The patient communicates clearly. They are well-groomed and does not appear to be underweight from lack of appetite. The patient is also positive about recovery and the future.</p>
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Mood: Excellent Affect: Excellent	
MAIN THOUGHT CONTENT: Excellent Ideations: None Delusions: None Illusions: None Obsessions: None Compulsions: None Phobias: None	The patient never experienced hallucinations nor delusions. Suicidal ideation ceased rapidly after treatment with a Pavilion staff. The client expressed no phobias.
ORIENTATION: ANOx4 Sensorium: Excellent Thought Content: Excellent	They are alert and oriented times person, place, time, and situation. No suicidal ideation since treatment. Afferent nervous system appears functional due to intact cranial nerves and peripheral sensory neurons.
MEMORY: Excellent Remote: Good	Sometimes the client’s memory is vague when recalling exact date of onset symptoms but other than that, his memory appears to be intact.
REASONING: Excellent Judgment: Excellent Calculations: Excellent Intelligence: Excellent Abstraction: Excellent Impulse Control: Excellent	The patient often uses logic for reasoning and purpose. They appear to have their emotions in check.
INSIGHT: Excellent	The patient recognizes triggers for his illness and knows how to combat them.
GAIT: Excellent Assistive Devices: Glasses Posture: Excellent Muscle Tone: Good Strength: Good Motor Movements: Excellent	The patient demonstrated excellent range of motion with arms and legs. Balance is equal on both sides.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
15:00	89	121/81	18	98.7F	99%
18:45	85	118/79	18	98.6F	99%

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Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
15:00	0-10	N/A	0	N/A	N/A
18:45	0-10	N/A	0	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed:	Oral Fluid Intake with Meals (in mL)
Breakfast: 80%	Breakfast: 240mL
Lunch: 100%	Lunch: 480mL
Dinner: 100%	Dinner: 480mL

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

The patient will return home with roommates tomorrow according to the discharge list. Home health care needs will include meditation, a routine schedule of chores, and engaging in social activities. A smart phone will be needed for soothing music during meditation (if desired), to contact support group, and utilize an electronic calendar for scheduling chores. Most importantly, the phone is needed to be able to contact the national suicide hotline incase suicidal ideation returns. The patient was given instructions on how to find meditation apps in the app stores. They were also taught to make a group contact with their support group so that they could

be more easily accessed later. Finally, Pranith was taught that keeping an electronic calendar of his chores will keep him on task and the chores will keep him more distracted. Completion of chores makes people feel good and they're distracting from ill-feelings such as sadness. Pranith will follow up with a counselor at McKinley Health center to make sure he is following the plan or to implement changes if needed.

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with "related to" and "as evidenced by" components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Immediate Interventions (At admission)</p>	<p>Intermediate Interventions (During hospitalization)</p>	<p>Community Interventions (Prior to discharge)</p>
<p>Risk for suicide related to suicidal ideation as evidence by scar on right wrist</p>	<p>This diagnosis was chosen because the client admits to having suicidal ideation since his early teens. The suicidal ideation is one of the main reasons he was admitted to the Pavilion. Most importantly the patient admitted contemplating</p>	<ol style="list-style-type: none"> 1. Removal of personal possessions 2. Milieu therapy 3. Suicide risk assessment 	<ol style="list-style-type: none"> 1. Individual therapy 2. Monitoring of patient every 15 minutes 3. Mouth checks during medication administration 	<ol style="list-style-type: none"> 1. Group therapy 2. Provided advice to have support group in a group contact list on his phone so he can easily contact them in an emergency 3. Given phone number for the national suicide hotline

	overdosing or jumping off a building.			
Hopelessness related to major depressive disorder as evidence by withdrawal from others, anhedonia, and amotivation.	This diagnosis was chosen because so many facets are against him, his parents, pricey tuition, difficult classes, etc. Suicide seemed like the only way out the tapestry.	<ol style="list-style-type: none"> 1. Lab work from Carle assessed for abnormalities possibly influencing admission. 2. Used reflective communication to make Pranith feel more comfortable sharing. 3. Utilization of open-ended questions to obtain information about Pranith's condition. 	<ol style="list-style-type: none"> 1. Played chess with him. 2. Engaged in conversation about the interesting topics of mathematics. 3. Discussed activities that brought him pleasure and suggested doing them when he is discharged 	<ol style="list-style-type: none"> 1. Referred him to McKinley Health Center for follow up. 2. Encouraged increased social activities in activities he enjoys. 3. Pranith tends not to share right away keeping his emotions to himself. It was explained to him that people would be more likely to assist him if they knew what was occurring.
Moderate anxiety related to school performance as evidence by change in appetite in the past 5-6 weeks.	The client has manifestations related to anxiety such as change in appetite, insomnia, and lack of concentration (Mayo Clinic, 2021).	<ol style="list-style-type: none"> 1. Administration of calcium carbonate for decreased stomach acid. 2. Administration of acetaminophen for stomach pain (Jones & Bartlett, 2020). 3. Pavilion staff and Pranith identified factors that lead 	<ol style="list-style-type: none"> 1. Case manager allowed time and comfort for Pranith to share feelings. 2. Checking for vitals and monitoring changes in them. 3. Informed client about scholarship opportunities that could potentially alleviate financial anxiety. 	<ol style="list-style-type: none"> 1. Provided education about meditation to mitigate negative emotions. 2. Provided education about structured and scheduled tasks such as chores to keep the mind off of negative emotions. 3. Reminded client to visit

		to anxiety.		Turner’s Student Services on the UIUC campus because they offer counseling and direct students to mental health resources.
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Other References (APA):

Jones & Bartlett Learning. (2020). Nurse’s Drug Handbook. Composition and Project

Management: S4Carlisle Publishing Services.

Mayo Clinic. (2021). *Anxiety Disorders*.

<https://www.mayoclinic.org/diseases-conditions/anxiety/symptoms-causes/syc-20350961>

Concept Map (20 Points):

Subjective Data

Pain rated 0 on a scale of 0-10 during the entire day
Feeling withdrawn from others
Feeling hopeless
Visual learner
Change in appetite prior to admission
Patient has shame and guilt over school
No hallucinations not delusions

Nursing Diagnosis/Outcomes

Diagnosis: Risk for suicide related to suicidal ideation as evidence by scar on right wrist
Outcomes: Elimination of suicidal thought, prepared to combat suicidal ideation if it emerges

Diagnosis: Hopelessness related to major depressive disorder as evidence by withdrawal from others, anhedonia, and amotivation.

Outcomes: The patient doesn't feel as hopeless because they are changing their major from civil engineering to mathematics, the client is more likely to share feelings instead of trapping them

Diagnosis: Moderate anxiety related to school performance as evidence by change in appetite in the past 5-6 weeks.
Outcomes: Using structure with tasks to mitigate negative emotions, engaging in more social activities with friends, utilization of local mental health resources

Nursing Interventions

Removal of personal possessions
Milieu therapy
Suicide risk assessment
Administration of calcium carbonate for decreased stomach acid
Administration of acetaminophen for stomach pain
Individual therapy
Monitoring of patient every 15 minutes
Mouth checks during medication administration
Played chess with him
Engaged in conversation about the interesting topics of mathematics
Case manager allowed time and comfort for Pranith to share feelings.
Provided education about meditation to mitigate negative emotions
Provided education about structured and scheduled tasks such as chores to keep the mind off of negative emotions.
Referred him to McKinley Health Center for follow up
Given phone number for the national suicide hotline

Objective Data

Major depressive disorder
Self-inflicted scar on right wrist
Vitals at 15:00: pulse 89, 121/81 blood pressure, respirations 18, temperature 98.7F, oxygen saturation 99%
Vitals at 18:45: pulse 85, blood pressure 118/79, respirations 18, temperature 98.6F, oxygen saturation 99%
Asian male, Indian ethnicity
Scored moderate risk for suicide during assessment

Patient Information

Initials: P.D.
Age: 19
Gender: Male
Marital Status: Single
Race: Asian
Code status: full code
Weight: 185lbs
Height: 5'8



