

N323 Care Plan
Lakeview College of Nursing
Marianna Craighead

Demographics (3 points)

Date of Admission 02/02/2022	Patient Initials AP	Age 33	Gender Female
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Single	Allergies NKA
Code Status Full	Observation Status Full admit	Height 60 inches	Weight 140lbs (63.6 Kg)

Medical History (5 Points)

Past Medical History: Cholecystectomy and Hepatitis C

Significant Psychiatric History: No previous psychiatric history

Family History: Mother: Hypertension; previous abuse of cocaine and marijuana

Father: previous abuse of cocaine and marijuana

Maternal grandparents: Both were healthy as far as she can remember

Paternal grandparents: Both were healthy as far as she can remember

Social History (tobacco/alcohol/drugs): No previous tobacco use, abused alcohol as a bartender, abused substances since the age of 13 used marijuana, heroin, meth, and fentanyl

Living Situation: Moved back home with mother

Strengths: Feels that she is out going, has a positive attitude

Support System: Mother

Admission Assessment

Chief Complaint (2 points): "I'm here for substance abuse"

Contributing Factors (10 points): Feels that her miscarriage and death of her boyfriend contributed to her overdose

Factors that lead to admission: Overdosed on heroin, meth, and fentanyl and decided that she wanted to get help

History of suicide attempts: Denies any attempts of suicide

Primary Diagnosis on Admission (2 points):

Opiate use; Severe

Methamphetamine use; Severe

Anxiety

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: NA				
Witness of trauma/abuse: NA				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	Not currently	Ages 2-12	No	Abused by stepmother contently until age of 12 when she moved with mother full time
Sexual Abuse	No	No pervious abuse	No	NA
Emotional Abuse	Not Currently	Ages 2-12	No	Abused by stepmother contently until age of 12 when she moved with mother full time
Neglect	Not Currently	Age of 2	No	Felt that her mother had abandon her as a child and allowed her

				to be neglected
Exploitation	Not Currently	Ages 20-28	No	Felt exploited by costumers when she was a drug dealer and bar tender
Crime	Yes	NA	No	Charged with 5 drug felonies in Florida: Currently on probation
Military	NA	NA	No	NA
Natural Disaster	NA	NA	NA	NA
Loss	Yes	Age 15 Age 22	No	Lost stepfather from cancer Miscarried first child 1 year ago Boyfriend overdosed on heroin Bother overdosed on heroin at the age of 27
Other	NA	NA	NA	NA

Presenting Problems

Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)
Depressed or sad mood	Yes	No	Not currently experiencing depression or sadness
Loss of energy or interest in activities/school	Yes	No	Not currently experiencing loss of energy or intertest
Deterioration in hygiene and/or grooming	Yes	No	Not currently experiencing lack of hygiene or grooming
Social withdrawal or	Yes	No	Not currently experiencing social

isolation			withdraw
Difficulties with home, school, work, relationships, or responsibilities	Yes	No	Not currently experiencing difficulties with relationships; Is currently working on building her relationships back
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes	No	Not currently experiencing any changes in sleep pattern
Difficulty falling asleep	Yes	No	Not currently having trouble falling asleep
Frequently awakening during night	Yes	No	Not currently experiencing awakening night
Early morning awakenings	Yes	No	Not currently experiencing early morning awakening
Nightmares/dreams	Yes	No	Not currently experiencing nightmares
Other	Yes	No	NA
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite	Yes	No	Not currently experiencing any changes in eating habits
Binge eating and/or purging	Yes	No	Not currently experiencing any binge eating or purging
Unexplained weight loss?	Yes	No	Not currently experiencing any abnormal weight change

Amount of weight change:			
Use of laxatives or excessive exercise	Yes	No	Not currently experiencing any use of laxatives or excessive
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	Yes	No	Becomes anxious almost daily pending her release from the treatment center
Panic attacks	Yes	No	Not currently experiencing any panic attacks
Obsessive/compulsive thoughts	Yes	No	Not currently experiencing any obsessive or compulsive thoughts
Obsessive/compulsive behaviors	Yes	No	Not currently experiencing any obsessive or compulsive behaviors
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes	No	Not currently experiencing any impacts on daily living
Rating Scale			
How would you rate your depression on a scale of 1-10?	Rates her depression at 2; feels that her medication is able to control her depression		
How would you rate your anxiety on a scale of 1-10?	Rates her anxiety at a 0; feels that her medication is able to control her depression		
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	Not currently experiencing any problematic areas with work
School	Yes	No	Not currently experiencing any

			problematic area with school
Family	Yes	No	Not currently experiencing any problematic area with family
Legal	Yes	No	5 drug felonies in the state of Florida; currently on probation
Social	Yes	No	Not currently experiencing any problematic area with social life
Financial	Yes	No	Has no job currently and is feeling anxious about be able to become stable without any income
Other (Relapsing)	Yes	No	When leaving the treatment center she is feeling anxious about relapsing in the new halfway

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient

Dates	Facility/MD/Therapist	Inpatient/Outpatient	Reason for Treatment	Response/Outcome
NA	Inpatient Outpatient Other:	NA	NA	No improvement Some improvement Significant improvement
NA	Inpatient Outpatient Other:	NA	NA	No improvement Some improvement Significant improvement

NA	Inpatient Outpatient Other:	NA	NA	No improvement Some improvement Significant improvement
Personal/Family History				
Who lives with you?	Age	Relationship	Do they use substances?	
Mother	55	Mother	Yes	No (Has pervious use)
NA	NA	NA	Yes	No
NA	NA	NA	Yes	No
NA	NA	NA	Yes	No
NA	NA	NA	Yes	No
If yes to any substance use, explain: Mother had a pervious history of abuse of substance has been clean for since patient was at the age of 14.				
Children (age and gender): NA Who are children with now? NA				
Household dysfunction, including separation/divorce/death/incarceration: Parents have been divorced since she was 2 years old				
Current relationship problems: No current relationship issues Number of marriages: Never previously married				
Sexual Orientation: Heterosexual	Is client sexually active? Yes No		Does client practice safe sex? Yes No	
Please describe your religious values, beliefs, spirituality and/or preference: Is spiritual believes in higher power and will lead you to right path eventually; Believes in God but doesn't follow a certain religion.				
Ethnic/cultural factors/traditions/current activity: Does not follow any of these Describe: NA				
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Patient has 5 drug felonies in the state of Florida: is				

<p>currently on probation. Had probation switched to Illinois to be able to have a support system.</p>
<p>How can your family/support system participate in your treatment and care? My mother is going to be there for me when I need her. She will also be able to provide me with a stable environment.</p>
<p>Client raised by:</p> <p>Natural parents: Raised by father and stepmother until the age of 12 and then was raised by mother and stepfather</p> <p>Grandparents</p> <p>Adoptive parents</p> <p>Foster parents</p> <p>Other (describe):</p>
<p>Significant childhood issues impacting current illness: NA</p>
<p>Atmosphere of childhood home:</p> <p>Loving: Felt her father’s home was not loving and her mother’s home was very loving</p> <p>Comfortable: Felt she was able to feel comfortable in her home</p> <p>Chaotic: No</p> <p>Abusive: States her stepmom was abusive</p> <p>Supportive: Feels that her mother and stepfather were supportive</p> <p>Other:NA</p>
<p>Self-Care:</p> <p>Independent</p> <p>Assisted</p> <p>Total Care</p>
<p>Family History of Mental Illness (diagnosis/suicide/relation/etc.): Family has no pervious history of mental illness</p>
<p>History of Substance Use: Yes since the age of 13; felt that her older brother had influenced her into abusing substance drugs.</p>
<p>Education History:</p> <p>Grade school: completed</p>

<p>High school: Dropped out in the 11th grade</p> <p>College</p> <p>Other:</p>
<p>Reading Skills:</p> <p>Yes</p> <p>No</p> <p>Limited</p>
<p>Primary Language: English</p>
<p>Problems in school: No difficulty</p>
<p>Discharge</p>
<p>Client goals for treatment: To be able to stay clean and live a stable life</p>
<p>Where will client go when discharged? Will be discharged to halfway house in Peoria</p>

Outpatient Resources (15 points)

Resource	Rationale
1. Halfway house	1. The house will be able to help her be able to achieve a stable life
2. NA	2. To be able to continue sobriety and be able to help others achieve sobriety
3. Relapse hotline	3. Able to talk to someone with someone when she feels the carving to do drugs

Current Medications (10 points)

Complete all of your client's psychiatric medications

Brand/Generic	Remeron Mirtazapine	ReVia Naltrexone	NA	NA	NA
Dose	15 mg	50 mg	NA	NA	NA
Frequency	Daily	Daily	NA	NA	NA
Route	PO	PO	NA	NA	NA

Classification	Antidepressants	Opioid antagonist	NA	NA	NA
Mechanism of Action	May inhibit neuronal reuptake of norepinephrine and serotonin	Displaces opioid agonist from binding with receptors	NA	NA	NA
Therapeutic Uses	Major depressive disorder	To prevent relapse of substance abuse	NA	NA	NA
Therapeutic Range (if applicable)	NA	NA	NA	NA	NA
Reason Client Taking	Depression and anxiety	Substance abuse	NA	NA	NA
Contraindications (2)	MAO inhibitor uses within 14 days Avoid abrupt withdrawal	Current opioid use Alcohol use	NA	NA	NA
Side Effects/Adverse Reactions (2)	Suicidal ideation Hypotension	Insomnia Nausea	NA	NA	NA
Medication/Food Interactions	Anxiolytics, Hypnotics	Disulfiram and thioridazine	NA	NA	NA
Nursing Considerations (2)	Use cautiously in elderly patients Drug may lower serum sodium level	To avoid withdrawal symptoms, wait 7-10 days before starting Use cautiously with patients with severe hepatic failure	NA	NA	NA

Brand/Generic	NA	NA	NA	NA	NA
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Dose	NA	NA	NA	NA	NA
Frequency	NA	NA	NA	NA	NA
Route	NA	NA	NA	NA	NA
Classification	NA	NA	NA	NA	NA
Mechanism of Action	NA	NA	NA	NA	NA
Therapeutic Uses	NA	NA	NA	NA	NA
Therapeutic Range (if applicable)	NA	NA	NA	NA	NA
Reason Client Taking	NA	NA	NA	NA	NA
Contraindications (2)	NA	NA	NA	NA	NA
Side Effects/Adverse Reactions (2)	NA	NA	NA	NA	NA
Medication/Food Interactions	NA	NA	NA	NA	NA
Nursing Considerations (2)	NA	NA	NA	NA	NA

Medications Reference **(1)** (APA):

Epocrates. (2014). Epocrates 2013 Mobile Trends Report: Maximizing multi-Screen engagement among clinicians.

Mental Status Exam Findings (20 points)

<p>APPEARANCE: Behavior: Build: Attitude: Speech: Interpersonal style: Mood: Affect:</p>	<p>Appears to be well groomed Appropriate for situation Average built Appears to be happy Appropriate for age Direct in what she is speaking about Pleasant to communicate with Anxious when talking</p>
<p>MAIN THOUGHT CONTENT: Ideations: Delusions:</p>	<p>NA NA</p>

Illusions: Obsessions: Compulsions: Phobias:	NA Substance use Substance use NA
ORIENTATION: Sensorium: Thought Content:	Alert and orientated to person, place, time Senses are appropriately intact Logical and goal orientated .
MEMORY: Remote:	Long term and short-term memory are intact
REASONING: Judgment: Calculations: Intelligence: Abstraction: Impulse Control:	Fair judgment Able to calculate simple multiplication problems Appropriate for age Appropriately understand words and use in correct way Has shown poor impulse control previously
INSIGHT:	She wants to stay clean for a year and after a year go for her GED. She would eventually like to go to college
GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements:	No assistive device used Erect Muscle tone is appropriate Muscle strength is 5/5 and appropriate for age Motor movement is intact and displaces fine tremors

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	75	113/69	16	97.1 (F)	99%
1500	89	120/66	16	98.2 (F)	98%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
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1100	0-10	NA	0	NA	NA
1500	0-10	NA	0	NA	NA

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed:	Oral Fluid Intake with Meals (in mL)
Breakfast: NA	Breakfast: NA
Lunch: NA	Lunch: NA
Dinner: 75%	Dinner: 220mL

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

My discharge plans for my patient would be discharging to a halfway house. Also, I want the client to continue to attend NA anxiety meetings. Lastly, I would want the client to continue taking the current medication that are order. Once she has graduated from the halfway house, I would also express the importance of returning to a stable environment.

Nursing Diagnosis (15 points)

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

Nursing Diagnosis	Rational	Immediate Intervention	Intermediate Interventions	Community Interventions
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 	s (At admission)	(During hospitalization)	(Prior to discharge)

<p>“as evidenced by” components</p>				
<p>1. Risk for imbalanced nutrition related to insufficient dietary intake as evidenced by weight loss.</p>	<p>1. This diagnosis was chosen because the client they weighed 100lbs while abusing substances due to purging of food.</p>	<p>1. Help the client detox safely. 2. Stabilize the clients fluids and electrolytes. 3. Assess what the client’s nutritional intake is like.</p>	<p>1. Client be prescribed Naltrexone. 2. Record clients daily calorie intake. 3. Record the client’s weight weekly to monitor the clients weight gain.</p>	<p>1. Help the client realize realistic goals. 2. Educate the client on proper nutritional. 3. Refer the client to dental consultation.</p>
<p>1. Risk for infective relationship related to substance abuse as evidenced by narcissism.</p>	<p>2. This diagnosis was chosen because the patient only cared for herself when abusing substance and mistreated her family.</p>	<p>1. Help the client detox safely. 2. Review the Clients family history; explore the option in how they may have influenced substance abuse. 3. Determine the client’s ability to cope with what has happened.</p>	<p>1. Client be prescribed Naltrexone. 2. Client must be able to forgive themselves before others can forgive them. 3. Assist the patient’s family to become aware that patient’s abstinent and drug use are not their responsibility.</p>	<p>1. Help the client reestablish relationships. 2. Help the client find NA meetings in the area that they are being discharged to. 3. Explore how the family has coped with the patient’s substance abuse. See if they are willing to help or in denial it every happen.</p>
<p>2. Risk for infective childbearing process related to substance abuse</p>	<p>3. This diagnosis was chosen because the patient was unable to bear the child to full term.</p>	<p>1. Help the client detox safely. 2. Assess the client’s mental status</p>	<p>1. Client be prescribed Naltrexone. 2. Provide the client the opportunity to</p>	<p>1. Educate the client about prenatal care. 2. Have the patient involved in group therapy</p>

<p>evidenced by miscarriage.</p>		<p>for any signs of depression or suicidal ideation.</p> <p>3. Administer antidepressants as necessary for the clients comfort.</p>	<p>express how they feel and how it has impacted their life.</p> <p>3. Encourage the expression of feelings of guilt, shame and anger.</p>	<p>to express their feelings.</p> <p>3. Plan follow-ups with patient to see how they are using coping skills to deal with the issue of miscarriage.</p>
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Other References (APA):

Phelps, L.L (2020). *Sparks and Taylor’s Nursing Diagnosis Reference Manual* (fourth edition).
Wolters Kluwer.

Concept Map (20 Points): On next page

Subjective Data

Patient denies any pain
Patient expresses worries about relapsing once leaving treatment center
Patient states she was recently released from prison and was staying with her mother.

Nursing Diagnosis/Outcomes

Risk for confusion related to substance abuse as evidenced by drug overdose.
The client does not show any signs of confusion.
Risk for ineffective relationship related to substance abuse as evidenced by narcissism.
The client does not show a narcissistic personality and is working on rebuilding relationships with family.
Risk for ineffective childbearing process related to substance abuse evidenced by miscarriage.
The client has remained substance free and has effective coping skills with having the miscarriage.

Objective Data

Vital Signs: Height 60 inches, Weight 140 lbs, BP 113/69, P 75, R 16, T 97.1 F, and 99% on room air.
Medications: Remeron 15mg daily, Naltrexone 50mg daily

Patient Information

33-year-old female admitted for opiate use and Methamphetamine use
PMH: Cholecystectomy and Hepatitis C
Client has a history of abusing alcohol and substance
The client is compliant

Nursing Interventions

Some nursing interventions include:
Identify triggers that could cause a potential relapse to occur.
Assist the patient in finding NA meeting that they would be able to attend.
Provide education about what abusing substance can do to a person's body.
Continue providing counseling to help the client be able to use proper coping skills.
Help the client be able to obtain a stable life.



