

N323 Care Plan
Lakeview College of Nursing
Brooke Valles

Demographics (3 points)

Date of Admission 02/20/2022	Patient Initials TP	Age 34	Gender Male
Race/Ethnicity African American and Caucasian	Occupation Factory employee	Marital Status Divorced	Allergies No known allergies
Code Status Full code	Observation Status Calm and collected	Height 5 feet 11 inches	Weight 220 pounds

Medical History (5 Points)

Past Medical History: Tonsillectomy at 5 years old, Hepatitis C.

Significant Psychiatric History: Multiple psychiatric hospital stays, multiple suicide attempts, past history of psychiatric delusions.

Family History: No family history applicable.

Social History (tobacco/alcohol/drugs): Cocaine, heroin, methamphetamine, alcohol, and tobacco use.

Living Situation: Lives in an apartment with a roommate.

Strengths: Pleasant, cooperative, and willing to participate in treatment.

Support System: Client does not have a support system.

Admission Assessment

Chief Complaint (2 points): The client states upon admission “My medication stopped working”. The client presents to the pavilion by police escort having delusions of being poisoned and everyone trying to kill him.

Contributing Factors (10 points):

Factors that lead to admission: The client had severe psychiatric delusions.

History of suicide attempts: The client has a past history of 4 suicide attempts in his lifetime.

Primary Diagnosis on Admission (2 points):

Schizoaffective disorder, bipolar type.

Cocaine use disorder, severe.

Opioid use disorder, severe.

Methamphetamine use disorder, severe.

Hepatitis C.

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Trauma				
Witness of trauma/abuse: No				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	No	No	No	N/A
Sexual Abuse	No	Yes, ages 7-11.	No	The client's older sister molested him while she was living in a home with him.
Emotional Abuse	No	Yes, ages 7-13.	No	The client was bullied by peers severely in middle

				school.
Neglect	No	No	No	N/A
Exploitation	No	No	No	N/A
Crime	Yes	Yes, 13-present age.	No	The client is a registered sex offender, is currently on probation for conduct disorderly, and has an active cause of assault. The patient has history of multiple battery and assault misdemeanors.
Military	No	No	No	N/A
Natural Disaster	No	No	No	N/A
Loss	Yes	Yes, 2-present age.	No	The client lost his mother at 2 years old and then went to live with both of his grandparents. The patient lost his

				grandmother at the age of 22 and then lost his grandfather at the age of 28.
Other	No	No	No	N/A
Presenting Problems				
Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Depressed or sad mood		No	N/A	
Loss of energy or interest in activities/school		No	N/A	
Deterioration in hygiene and/or grooming		No	N/A	
Social withdrawal or isolation		No	N/A	
Difficulties with home, school, work, relationships, or responsibilities		No	N/A	
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Change in numbers of hours/night		No	N/A	
Difficulty falling asleep	Yes		The client has difficulty falling asleep every night and has had trouble falling asleep since he was 20 years old. The client states that “he just thinks too much”. The client does not believe this is a severe problem but is more of a moderate	

			problem.
Frequently awakening during night	Yes		The client wakes up about 3-4 times a night and this has been going on since he was 25. The client does fall back asleep after awakening and the client states “I wake up when I need to change positions”.
Early morning awakenings	Yes		The client wakes up around 0600 every day to go to work. The client states “I would sleep longer if I didn’t have to wake up to go to work”. The client has had this job for about 6 months and plans to stay there until he retires.
Nightmares/dreams		No	N/A
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, etc.)	Yes		The clients paces side-to-side and fidgets every day. The client states these behaviors are displayed “at all times”. The client does not know when these behaviors started but states “I do not remember a time when I wasn’t fidgeting”. The client displays intense fidgeting with hands.
Panic attacks	Yes		The client has had about 3-4 panic attacks in his life and states “This is not a frequent occurrence, it happened when I lost someone I loved”. The client had to me sedated during these episodes and does recall much of the experience.
Obsessive/compulsive thoughts		No	N/A
Obsessive/compulsive behaviors		No	N/A
Impact on daily living or avoidance of situations/objects due to levels of anxiety		No	N/A
Rating Scale			
How would you rate your depression on a scale of 1-10?	0		

How would you rate your anxiety on a scale of 1-10?		5-6	
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		No	N/A
School		No	N/A
Family		No	N/A
Legal	Yes		The client has an ongoing case for aggravated assault and states “I am worried they will lock me back up”. The client states this is an “intense and constant” stressor in his life and has been going on for about 6 months.
Social		No	N/A
Financial	Yes		The client states “I do not get paid enough for what I do”. This stressor has been ongoing for about 5 years. The client states this is a “constant but mild” stressor in his life.
Other		No	N/A

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	Facility/MD/Therapist	Inpatient/Outpatient	Reason for Treatment	Response/Outcome
August 2020	Inpatient	Inpatient	Opioid use disorder and psychiatric delusions.	No improvement
October 2021	Inpatient	Inpatient	Cocaine use disorder and schizoaffective disorder.	Some improvement
N/A	N/A	N/A	N/A	N/A
Personal/Family History				
Who lives with you?	Age	Relationship	Do they use substances?	
Roommate	31	Friend		No
N/A	N/A	N/A	Yes	No
N/A	N/A	N/A	Yes	No
N/A	N/A	N/A	Yes	No
N/A	N/A	N/A	Yes	No
If yes to any substance use, explain: N/A				
Children (age and gender): 7-year-old female.				
Who are children with now? The client’s child is living with his ex-wife.				
Household dysfunction, including separation/divorce/death/incarceration: Divorce,				

Death, and incarceration.		
Current relationship problems: N/A		
Number of marriages: 1		
Sexual Orientation: Heterosexual	Is client sexually active? Yes	Does client practice safe sex? Yes
Please describe your religious values, beliefs, spirituality and/or preference: The client is Muslim but states “I do not practice any traditional beliefs. I only claim myself as Muslim because my family is”.		
Ethnic/cultural factors/traditions/current activity: N/A		
Describe: N/A		
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): The client is a registered sex offender, has had multiple arrests for battery and aggravated assault, has been charged with multiple battery and aggravated assault misdemeanors, has a pending charge for aggravated assault on a police officer, has had one divorce, and has a probation officer while being on probation currently.		
How can your family/support system participate in your treatment and care? The client does not have a support system.		
Client raised by: Grandparents		
Significant childhood issues impacting current illness: Sexual abuse trauma, emotional abuse trauma, and grief of lost loved ones.		
Atmosphere of childhood home: Comfortable		
Self-Care: Independent		
Family History of Mental Illness (diagnosis/suicide/relation/etc.): No family history		

applicable.
History of Substance Use: Heroin, methamphetamine, cocaine, alcohol, and tobacco.
Education History: College, the client has 128 college credits but no degree.
Reading Skills: Yes
Primary Language: English
Problems in school: Nothing applicable.
Discharge
Client goals for treatment: The client states his goals for discharge are to “stay stable with medications and strive for healthy living.
Where will client go when discharged? The client will go back to living in his apartment with his roommate upon discharge.

Outpatient Resources (15 points)

Resource	Rationale
1. Rosecrance Sober Living	1. This is a beneficial resource for my patient to continue being sober in an outpatient setting.
2. Birch Tree Counseling	2. Birch Tree Counseling is a local behavioral therapy counseling center that would benefit my patient to control his psychotic episodes and aggressive behaviors.
3. Suicide prevention hotline (800)-273-8255	3. The suicide hotline is available twenty-four

	hours a day with crisis counselors answering the phones. This would be beneficial information for my patient due to his past suicide attempts.
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Current Medications (10 points)

Complete all of your client’s psychiatric medications

Brand/Generic	Circadian/ melatonin	methadone	NicoDerm/ nicotine transdermal system	Risperdal/ risperidone	Senokot/ senna
Dose	3 mg	200 mg	21 mg	3 mg	8.6 mg
Frequency	Every HS	Every AM	Every AM	BID	Every AM
Route	PO	PO	Transdermal	PO	PO
Classification	Acetamide. (Jones, 2020)	Opioid agonist. (Jones, 2020)	Smoking cessation adjunct. (Jones, 2020)	Antipsychotic . (Jones, 2020)	Stool softener. (Jones, 2020)
Mechanism of Action	Regulation of sleep/wake rhythm through binding actions on melatonin receptors. (Jones, 2020)	Binds with and activates opioid receptors in spinal cord and higher levels of CNS to produce analgesia and euphoric effects. (Jones, 2020)	Binds to nicotinic- cholinergic receptors at neuromuscul ar junctions in the brain. Provides a lower dose of nicotine that subsides cravings for a higher dose. (Jones, 2020)	Selectively blocks serotonin and dopamine receptors in the mesocortical tract of the central nervous system. (Jones, 2020)	Keeps water in the intestines to promote movement inside the intestines and out of the bowel. (Jones, 2020)
Therapeutic Uses	Used to treat delayed sleep phase,	Used for pain relief and substance	Used for smoking cessation and	Used to treat schizophrenia , bipolar	Used to treat constipation, cleanse the

	circadian rhythm sleep disorders, and insomnia relief. (Jones, 2020)	addiction. (Jones, 2020)	tobacco withdrawal disorder. (Jones, 2020)	disorder, and irritability associated with autistic disorder. (Jones, 2020)	intestines before examination or surgery, and to irritate the inside of the bowels. (Jones, 2020)
Therapeutic Range (if applicable)	Not applicable	Not applicable	Not applicable	25 to 80 µg/L. (Jones, 2020)	Not applicable
Reason Client Taking	Sleep disturbances	Opioid use disorder	Tobacco use disorder	Schizoaffective disorder	Constipation
Contraindications (2)	Pregnancy and breastfeeding, autoimmune conditions, renal dosing, and hepatic dosing. (Jones, 2020)	Acute or severe bronchial asthma. Hypersensitivity to methadone or its components. (Jones, 2020)	Hypersensitivity to nicotine or its components. Hypersensitivity to menthol or soy. (Jones, 2020)	Hypersensitivity to risperidone. Hypersensitivity to paliperidone and its components. (Jones, 2020)	Gastrointestinal obstruction, ulcerative colitis, Crohn's disease, and fecal impaction. (Jones, 2020)
Side Effects/Adverse Reactions (2)	Headache, dizziness, drowsiness, and nausea. (Jones, 2020)	Agitation, amnesia, anxiety, confusion, and insomnia. (Jones, 2020)	Dream disturbances, headache, irritability, amnesia, and confusion. (Jones, 2020)	Aggressiveness, agitation, anxiety, depression, and dream disturbances. (Jones, 2020)	Abdominal cramping, nausea, diarrhea, and weakness. (Jones, 2020)
Medication/Food Interactions	Anticoagulants, anticonvulsant, contraceptive drugs, and central nervous system depressants. (Jones, 2020)	Rifampicin, fluconazole, ketoconazole, and fluoxetine. (Jones, 2020)	Citrus juices, coffee, soft drinks, tea, and wine. Increased caffeine intake. (Jones, 2020)	Bepridil, bromopride, cisapride, and metoclopramide. (Jones, 2020)	Avoid taking medication within 2 hours of any other medication, antacids, or milk. (Jones, 2020)

<p>Nursing Considerations (2)</p>	<p>Instruct patient to take medication at bedtime. Caution patient to avoid driving while taking this medication. (Jones, 2020)</p>	<p>Make sure opioid antagonist and oxygen equipment are around before administration. Assess client's current drug use, including prescription and over the counter drugs before administration. (Jones, 2020)</p>	<p>Use with caution in patients with active gastric or peptic ulcers. Remove patch if patient has an MRI. (Jones, 2020)</p>	<p>Monitor for orthostatic hypotension. Antipsychotic medications should be continued for 3 weeks following a long-acting intramuscular dose. (Jones, 2020)</p>	<p>Evaluate for decreased constipation. Monitor for rectal bleeding or cramping. (Jones, 2020)</p>
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Brand/Generic	Flexeril/ Cyclobenzaprine	Hydroxyzine	N/A	N/A	N/A
Dose	5 mg	50 mg	N/A	N/A	N/A
Frequency	BID PRN	QID PRN	N/A	N/A	N/A
Route	PO	PO	N/A	N/A	N/A
Classification	Skeletal muscle relaxant (Jones, 2020)	Anxiolytic (Jones, 2020)	N/A	N/A	N/A
Mechanism of Action	Acts in the brain stem to reduce or abolish tonic muscle hyperactivity. (Jones, 2020)	Competes with histamine for histamine receptor sites on surfaces of effector cells.	N/A	N/A	N/A

		This inhibits edema, flare, or pruritis. (Jones, 2020)			
Therapeutic Uses	Helps relieve pain, stiffness in muscles, strains, sprains, and muscle injuries. (Jones, 2020)	Used to treat anxiety, rashes, itching, sleep difficulties, and vomiting. (Jones, 2020)	N/A	N/A	N/A
Therapeutic Range (if applicable)	Not applicable	Not applicable	N/A	N/A	N/A
Reason Client Taking	Acute muscle tremors	Anxiety disorder	N/A	N/A	N/A
Contraindications (2)	Acute recovery of an MI. Hypersensitivity to cyclobenzaprine or its components. (Jones, 2020)	Hypersensitivity to cetirizine. Prolonged QT interval. (Jones, 2020)	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	Aggression, agitation, anxiety, and confusion. (Jones, 2020)	Hallucinations, headache, seizures, tremors, and rash. (Jones, 2020)	N/A	N/A	N/A
Medication/Food Interactions	Linezolid, phenelzine, rasagiline, selegiline, and tranylcypromine . (Jones, 2020)	Amiodarone, citalopram, clozapine, droperidol, and fluoxetine. (Jones, 2020)	N/A	N/A	N/A
Nursing Considerations (2)	Take safety precautions to prevent falls. Be cautious when using this medication in patients with a low seizure threshold. (Jones, 2020)	Do not give hydroxyzine by subcutaneous or intravenous route due to tissue necrosis. If given intramuscularly, inject into deep muscle using the Z-track	N/A	N/A	N/A

		method. (Jones, 2020)			
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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)

<p>APPEARANCE: Disheveled Behavior: Calm and collected Build: Athletic Attitude: Positive Speech: Clear Interpersonal style: Passive Mood: Positive Affect: Appropriate</p>	<p>The client displays with a disheveled appearance with a calm and collected behavior. The client has a positive attitude, positive mood, and appropriate affect. The client is of athletic build with clear speech and displays a passive interpersonal style.</p>
<p>MAIN THOUGHT CONTENT: Ideations: N/A Delusions: Psychotic and paranoid Illusions: N/A Obsessions: N/A Compulsions: N/A Phobias: N/A</p>	<p>The client does not present ideations, illusions, obsessions, compulsions, or phobias. The client displays psychotic and paranoid delusions of people poisoning or trying to kill him.</p>
<p>ORIENTATION: Sensorium: Intact Thought Content: Paranoid delusions</p>	<p>The client’s sensorium is intact with a thought content of paranoid delusions.</p>
<p>MEMORY: Remote: Short term memory</p>	<p>The client has impaired short term memory and needs questions or statements repeated multiple time. The clients long term memory is intact.</p>
<p>REASONING: Judgment: Poor Calculations: Appropriate Intelligence: Hyperintelligent Abstraction: Appropriate Impulse Control: Poor</p>	<p>The client has poor judgement and impulse control but displays appropriate calculations with an appropriate abstraction. The client is hyperintelligent especially in mathematics and displays above average intelligence in all other fields.</p>
<p>INSIGHT: Poor</p>	<p>The client displays poor insight.</p>

<p>GAIT: Assistive Devices: None Posture: Slouched Muscle Tone: Appropriate Strength: Even bilaterally in all extremities Motor Movements: Intact in all extremities bilaterally</p>	<p>The client uses no assistive devices with all motor movements intact in all extremities bilaterally. The clients muscle tone is appropriate, and strength is even bilaterally in all extremities but displays a slouched posture.</p>
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Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1400	82	124/64	18	98.1	98
1610	84	120/60	20	98.5	98

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400	0/10	N/A	N/A	N/A	N/A
1610	0/10	N/A	N/A	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
<p>Percentage of Meal Consumed:</p> <p>Breakfast: N/A</p> <p>Lunch: N/A</p> <p>Dinner: 90%</p>	<p>Oral Fluid Intake with Meals (in mL)</p> <p>Breakfast: N/A</p> <p>Lunch: N/A</p> <p>Dinner: 340 mL</p>

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

The plans for my patient I have set upon discharge are to regulate his delusions, his addictions, and his aggressive behaviors. The first plan for my patient is to stay on top of his medications and continue to take them. He should also update his provider with any changes with his medications or any reactions he may experience. The second plan for my client is to apply for sober living to extend his sober environment around him. Sober living is the best option for my patient due to his failed attempts of rehab before with no sober living follow up. The final plan I have for my patient is to obtain a relationship with an outpatient therapist and attend therapy for his behaviors or psychotic delusions. My patient has a long road of recovery and New Choice is only the first step for him.

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>1. Risk for injury to self or others related to schizoaffective disorder as related to assault charges and multiple suicide attempts.</p>	<p>This diagnosis was chosen due to the client’s past aggressive behaviors towards others and past suicide attempts.</p>	<p>1. Redirect violent behavior. 2. Use a calm and firm approach. 3. Decrease environmental stimuli.</p>	<p>1. Maintain a consistent approach. 2. Provide a structured environment. 3. Frequently assess client’s behavior for signs of agitation.</p>	<p>1. Recommend consistent outpatient therapy for aggressive and self-harming behaviors. 2. Cognitive behavioral therapy. 3. Recommend</p>

				staying consistent with medications and reporting any changes in behavior to primary provider.
2. Ineffective individual coping related to impulsive use of extreme solutions as evidenced by use of cocaine, heroin, methamphetamine, alcohol, and tobacco.	This diagnosis was chosen due to the lack of coping skills and impulse with substance use.	<ol style="list-style-type: none"> 1. Assess client's strengths. 2. Assess client's positive coping skills if applicable. 3. Assess client's negative coping skills. 	<ol style="list-style-type: none"> 1. Assess need for assertiveness training. 2. Identify situations that trigger impulsiveness or cravings of substances. 3. Assess client's social supports. 	<ol style="list-style-type: none"> 1. Recommend outpatient rehab facility to stay on track of sobriety. 2. Recommend sober living facilities to be surrounded by a sober community. 3. Recommend continuing use of methadone and nicotine patches to suppress craving of substances.
3. Disturbed thought process related to panic level of anxiety as evidenced by psychotic and paranoid delusions.	The diagnosis was chosen due to the client's long history of continuing psychotic and paranoid delusions.	<ol style="list-style-type: none"> 1. Attempt to understand the significance of these beliefs to the patient upon admission. 2. Recognizes the client's 	<ol style="list-style-type: none"> 1. Explain all procedures thoroughly to client. 2. Ensure the client understands all components of procedures. 	<ol style="list-style-type: none"> 1. Educate the client on skills to cope with fear in a healthy way. 2. Educate the client on skills to bring themselves back to reality

		<p>delusions are their own reality.</p> <p>3. Identify the client delusions display fear.</p>	<p>3. Try and distract client of delusions and bring them back to reality.</p>	<p>in severe episodes of fear.</p> <p>3. Encourage the client to maintain healthy living such as rejecting substance abuse, maintaining medication regimen, and self-care.</p>
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Other References (APA):

Concept Map (20 Points):

Subjective Data

The client displays aggressive behavior towards others.
The client displays self-harming behaviors.
The client states his anxiety is an 8 on a 0-10 numeric scale.
The client has anxiety driven fidgets and behaviors such as pacing.
The client is under severe legal stressors.
The client is under severe financial stressors.

Nursing Diagnosis/Outcomes

Risk for injury to self or others related to schizoaffective disorder as related to assault charges and multiple suicide attempts.
Ineffective individual coping related to impulsive use of extreme solutions as evidenced by use of cocaine, heroin, methamphetamine, alcohol, and tobacco.
Disturbed thought process related to panic level of anxiety as evidenced by psychotic and paranoid delusions.

Objective Data

Schizoaffective disorder, bipolar type.
Opioid use disorder, severe.
Cocaine use disorder, severe.
Methamphetamine use disorder, severe.
Past misdemeanor charges of battery and aggravated assault.

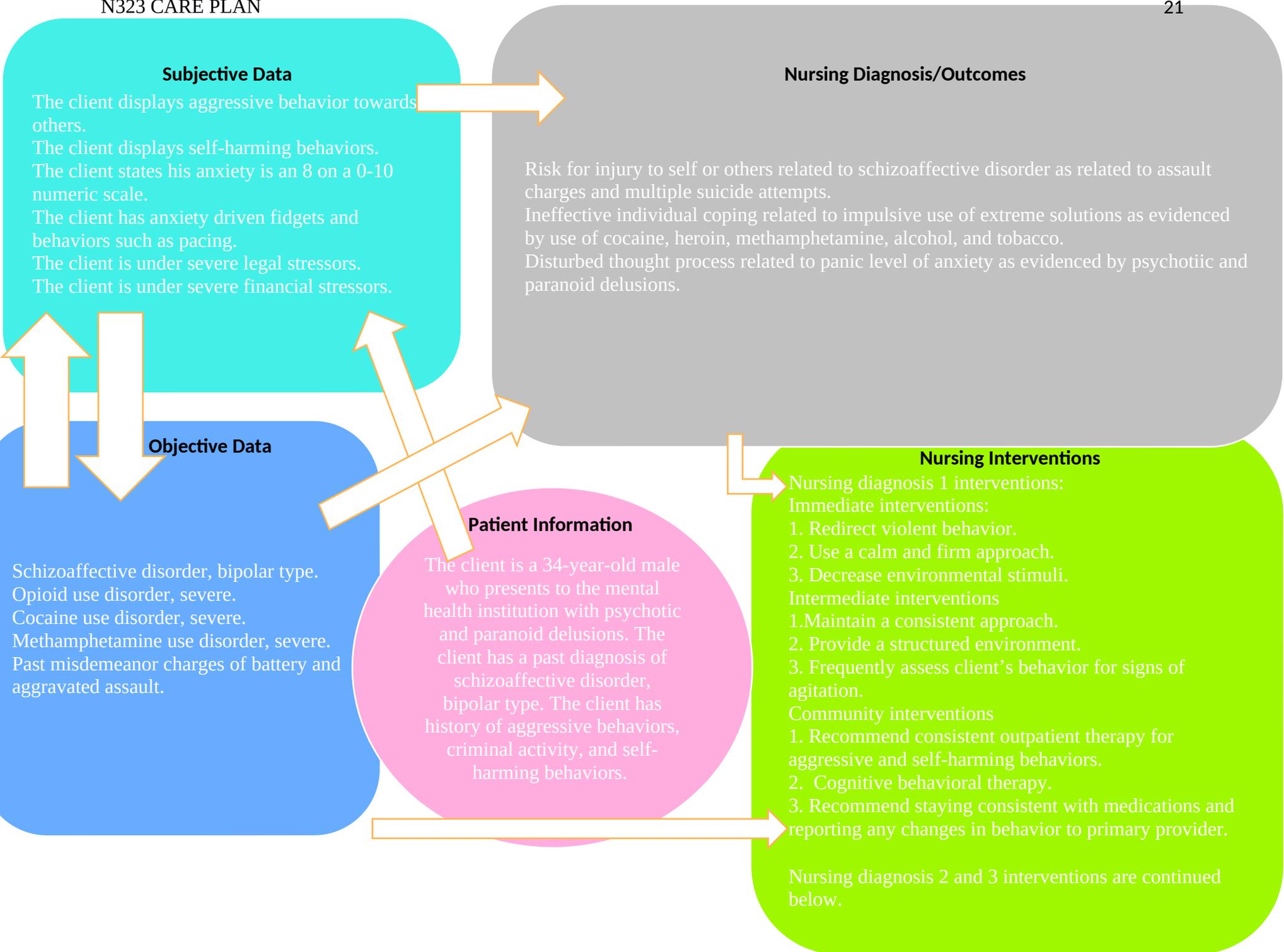
Patient Information

The client is a 34-year-old male who presents to the mental health institution with psychotic and paranoid delusions. The client has a past diagnosis of schizoaffective disorder, bipolar type. The client has history of aggressive behaviors, criminal activity, and self-harming behaviors.

Nursing Interventions

Nursing diagnosis 1 interventions:
Immediate interventions:
1. Redirect violent behavior.
2. Use a calm and firm approach.
3. Decrease environmental stimuli.
Intermediate interventions
1. Maintain a consistent approach.
2. Provide a structured environment.
3. Frequently assess client's behavior for signs of agitation.
Community interventions
1. Recommend consistent outpatient therapy for aggressive and self-harming behaviors.
2. Cognitive behavioral therapy.
3. Recommend staying consistent with medications and reporting any changes in behavior to primary provider.

Nursing diagnosis 2 and 3 interventions are continued below.



Nursing diagnosis 2 interventions:**Immediate interventions**

1. Assess client's strengths.
2. Assess client's positive coping skills if applicable.
3. Assess client's negative coping skills.

Intermediate interventions

1. Assess need for assertiveness training.
2. Identify situations that trigger impulsiveness or cravings of substances.
3. Assess client's social supports.

Community interventions

1. Recommend outpatient rehab facility to stay on track of sobriety.
2. Recommend sober living facilities to be surrounded by a sober community.
3. Recommend continuing use of methadone and nicotine patches to suppress craving of substances.

Nursing diagnosis 3 interventions:**Immediate interventions**

1. Attempt to understand the significance of these beliefs to the patient upon admission.
2. Recognizes the client's delusions are their own reality.
3. Identify the client delusions display fear.

Intermediate interventions

1. Explain all procedures thoroughly to client.
2. Ensure the client understands all components of procedures.

3. Try and distract client of delusions and bring them back to reality.

Community interventions

1. Educate the client on skills to cope with fear in a healthy way.

2. Educate the client on skills to bring themselves back to reality in severe episodes of fear.

3. Encourage the client to maintain healthy living such as rejecting substance abuse, maintaining medication regimen, and self-care.

