N323 Care Plan

Lakeview College of Nursing

Cecilia Duong

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
02/24/2022	K.C.	36	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	Construction Worker	Single	Iodine
Code Status	**Observation Status**	**Height**	**Weight**
Full Code	A & O x 4	162.56cm	54kg

Medical History (5 Points)

Past Medical History: Diagnosed with Schizophrenia, Anxiety, Depression, Cholecystectomy, Ectopic Pregnancy Surgery

Significant Psychiatric History: Hospitalized at OSF and was previously diagnosed with Schizophrenia and Bipolar 1 Disorder.

Family History: Alcohol abuse (Mother and Father)

Social History (tobacco/alcohol/drugs): Patient smokes 2 and a half packs per day for 10 years. Patient is an occasional drinker, 18-pack a day, last drink was 6 days ago for how 10 years. Patient admits methamphetamine use in September 2020 for one month.

Living Situation: Patient lives alone in a house.

Strengths: Patient is pleasant, cooperative, and highly motivated to participate in treatment.

Support System: Patient's support system is her 4 kids and her little sister.

Admission Assessment

Chief Complaint (2 points): Patient presented to the mental health clinic with symptoms of schizophrenia.

Contributing Factors (10 points):

The patient mentioned factors that led her to admit herself to the mental health clinic are worsening symptoms of psychosis and auditory paranoid delusions. The patient said a current

court case for the custody of her youngest child has been influencing her anxiety and depression. The patient mentions experiencing depressive episodes stemming from the emotional abuse of her ex-fiancé. The patient describes her little sister as her best friend and her only support system. The patient stated, “I don’t like police officers.” The patient said she had not had any suicide attempts. The patient mentioned only having suicide ideations but did not have a plan.

Primary Diagnosis on Admission (2 points): Schizophrenia: Paranoid type

Secondary Diagnosis on Admission: Generalized Anxiety Disorder

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: No **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	Yes	10 years old	No	Patient was physically abused by mother and father.
Sexual Abuse	No			
Emotional Abuse	Yes	25 years old	No	Patient was emotionally abused by ex-fiancé.
Neglect	Yes	10	No	Patient was neglected by

				mother and father.
Exploitation	No			
Crime	Yes	20 years old	No	Patient did not want to disclose.
Military	No			
Natural Disaster	No			
Loss	Yes	Father, Brother	No	Patient stated father passed due to pancreatic cancer and brother was murdered.
Other	None Stated	None Stated	None Stated	None Stated

Presenting Problems			
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Depressed or sad mood	**Yes**	**No**	Patient stated she feels depressed sometimes. Patient mentioned it happens 1-2 times a month, mild intensity, and has always been a part of her life.
Loss of energy or interest in activities/ school	**Yes**	**No**	Patient stated she finds it hard to stick to activities. Patient mentioned it happens 1-2 times a month, mild intensity, and has happened since she was little.
Deterioration in hygiene and/or grooming	**Yes**	**No**	
Social withdrawal or isolation	**Yes**	**No**	
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**	**No**	Patient stated she has decreased the number of hours due to anxiety. Patient mentioned it happens 1-2 times a week, moderate intensity, and has happened within the last 5 years.

Difficulty falling asleep	**Yes**	**No**	Patient stated she has trouble falling asleep at night sometimes. Patient mentioned it happens 1-2 times a week, moderate intensity, and has happened within the last 5 years.
Frequently awakening during night	**Yes**	**No**	Patient stated she often wakes up at night because her mind will constantly overthink. Patient mentioned it happens 1-2 times a week, moderate intensity, and has happened within the last 5 years.
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**	Patient stated she loses her appetite occasionally. Patient mentioned it happens 1-2 times a month, mild intensity, and has happened in the last 5 years.
Binge eating and/or purging	**Yes**	**No**	
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No**	
Use of laxatives or excessive exercise	**Yes**	**No**	
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	**Yes**	**No**	
Panic attacks	**Yes**	**No**	Patient stated her panic attacks are occasional. Patient mentioned it happens rarely, mild intensity, and has happened within the last 5 years.
Obsessive/ compulsive thoughts	**Yes**	**No**	Patient stated she has obsessive thoughts like Obsessive Compulsion Disorder (OCD). Patient stated she has reoccurring thoughts that do not leave

			her alone. Patient mentioned it happens 3-4 times a week, moderate intensity, and has always been a part of her life.
Obsessive/ compulsive behaviors	**Yes**	**No**	Patient stated she has obsessive behaviors like Obsessive Compulsion Disorder (OCD). Patient stated she sometimes does not know why she does certain behaviors but needs to do it anyways. Patient mentioned it happens 3-4 times a week, moderate intensity, and has always been a part of her life.
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?	7		
How would you rate your anxiety on a scale of 1-10?	9		
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**	
School	**Yes**	**No**	
Family	**Yes**	**No**	Patient stated she has problems with her ex-fiancé and was never close to her mother. Patient mentioned she always felt neglected by her family, and it was severe intensity. The duration was all her life. Patient did not want to talk about occurrence and why it happened.
Legal	**Yes**	**No**	Patient stated she currently is fighting with DCFS for the custody of her youngest child. Patient mentioned it played a big part on her attitude every day and was severe intensity.
Social	**Yes**	**No**	Patient stated she finds it hard to interact with others in group sometimes because she feels anxious.

Financial	**Yes**	**No**		
Other	**Yes**	**No**		
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/ MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/ Outcome**
2019	**Facility:** Springfield Clinic **Psychiatrist** : None Stated	Outpatient	Addiction to alcohol, methamphetamine, and cocaine.	**No improvement** **Some improvement** **Significant improvement**
N/A	**N/A**	**N/A**	**N/A**	**No improvement** **Some improvement** **Significant improvement**
N/A	**N/A**	**N/A**	**N/A**	**No improvement** **Some improvement** **Significant improvement**
Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
The patient lives alone.	**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**
N/A	**N/A**	**N/A**	**Yes**	**No**

If yes to any substance use, explain: None Stated

Children (age and gender): Sunny (18 years old, Male), Samantha (17 years old, Female), Olivia (13 years old, Female), Kolby (4 months old, Male)

Who are children with now? Grandparents

Household dysfunction, including separation/divorce/death/incarceration: No

Current relationship problems: No

Number of marriages: 2, Patient stated she is currently single.

Sexual Orientation:	**Is client sexually active?**	**Does client practice safe sex?**
Heterosexual	**Yes** **No**	**Yes** **No**

Please describe your religious values, beliefs, spirituality and/or preference:

Patient stated, “I am not religious.”

Ethnic/cultural factors/traditions/current activity: None Stated

Describe: None Stated

Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Patient stated, “I am currently fighting for the custody of my 4-month-old with DCFS to get my child back.”

How can your family/support system participate in your treatment and care?

Patient stated, “My baby sister is my best friend and I call her as much as I can.”

Client raised by:

Natural parents
Grandparents
Adoptive parents
Foster parents
Other (describe):

Significant childhood issues impacting current illness: Patient stated, “The death of my father and brother really impacted my depression.”
Atmosphere of childhood home: **Loving** **Comfortable** **Chaotic** **Abusive** **Supportive** **Other:** Confusing, sad, broken, and lonely
Self-Care: **Independent** **Assisted** **Total Care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) Patient stated, “My mother and father had alcohol abuse.”
History of Substance Use: Alcohol, Tobacco, and Cocaine
Education History: **Grade school:** Patient stated, “I was held back in 4th grade.” **High school:** Patient stated, “I have a high school diploma.” **College** **Other:**
Reading Skills: **Yes** **No** **Limited**
Primary Language: English
Problems in school: None Stated
Discharge
Client goals for treatment: Patient stated, “My goals for treatment is to get better so I can leave and get my kids back. I am ready to take back my life and do it all for them.”
Where will client go when discharged? Patient stated, “When I get discharged, I am going

back home to my kids.”

Outpatient Resources (15 points)

Resource	Rationale
1. Psychotherapy	**1.** Help transition from a mental health facility and offer medical care and group therapy where patient will be encouraged to express her emotions.
2. Cognitive Behavior Therapy	**2.** Patient will be able to minimize her reactions to psychotic symptoms and thus stay more oriented and present during group therapy sessions.
3. Rehab for Drug and Alcohol Use	**3.** Offers professional support and accountability the patient will need and help balance treatment after discharge from the mental health clinic.

Current Medications (10 points)
Complete all of your client’s psychiatric medications

Generic/Brand	cetirizine hydrochloride/ Zyrtec	diphenhydramine hydrochloride/ Benadryl	sertraline hydrochloride/Zoloft	ibuprofen/ Advil	triamcinolone/ Zilretta
Dose	10 mg	25 mg	100mg	600 mg	0.5%
Frequency	Daily for 14 days	Q6H PRN	Daily	Q6H PRN	TID PRN
Route	PO	PO	PO	PO	Transdermal
Classification	Pharmacologic class: Histamine-1	Pharmacologic class: Antihistamine	Pharmacologic class: Selective	Pharmacologic class: NSAID	Pharmacologic class: Glucocorticoid

	(H-1) receptor antagonist Therapeutic class: Antihistamine (Jones, 2021).	Therapeutic class: Antianaphylactic adjunct, antiemetic, antihistamine (Jones, 2021).	serotonin reuptake inhibitor (SSRI) Therapeutic class: Antianxiety, antidepressant, antiobsessant, antipanic (Jones, 2021).	Therapeutic class: Analgesic, anti-inflammatory, antipyretic (Jones, 2021).	Therapeutic class: Corticosteroid (Jones, 2021).
Mechanism of Action	The antihistaminic activity of cetirizine is mediated via selective inhibition of peripheral H1-receptors to alleviate urticaria (Jones, 2021).	Binds to central and peripheral H1 receptors, competing with histamine for these sites and preventing it from reaching its site of action (Jones, 2021).	Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses (Jones, 2021).	Blocks activity of cyclooxygenase, the enzyme needed to synthesize prostaglandins, which mediate inflammatory response and cause local pain, selling, and vasodilation (Jones, 2021).	Inhibits the release of leukotrienes and prostaglandins, thus reducing immediate and late-phase allergic responses in chronic asthma (Jones, 2021).
Therapeutic Uses	Temporarily relieve the symptoms of hay fever and allergy to other substances (Jones, 2021).	Relieve red, irritated, itchy, watery eyes; sneezing; and runny nose caused by hay fever, allergies, or the common cold (Jones, 2021).	Treat depression, panic attacks, obsessive-compulsive disorder, post-traumatic stress disorder, and social anxiety	Relieve pain from various conditions such as headache, dental pain, menstrual cramps, muscle aches, or arthritis (Jones, 2021).	Treat the itching, redness, dryness, crusting, scaling, inflammation, and discomfort of various skin conditions, including psoriasis (Jones, 2021).

			disorder (Jones, 2021).		
Therapeutic Range (if applicable)	3.4 to 6.2 mg/day (Jones, 2021)	25 - 112 ng/mL (Jones, 2021).	25mg-50mg per day (Jones, 2021).	10mg-50mg/L (Jones, 2021).	40mg-80 mg (Jones, 2021).
Reason Client Taking	To treat acute urticaria	To treat allergies and itching	To treat depression	To treat pain level greater than 6.	To treat rashes and other allergy reactions.
Contraindications (2)	Hypersensitivity to cetirizine, hydroxyzine, levocetirizine, or their components (Jones, 2021).	Breastfeeding; hypersensitivity to diphenhydramine, similar antihistamines, or their components; use in newborns or premature infants (Jones, 2021).	Concurrent use of disulfiram (oral solution) or pimozide; hypersensitivity to sertraline or its components; use within 14 days of an MAO inhibitor (Jones, 2021).	For all forms except ibuprofen lysine: Angioedema, asthma, bronchospasm, nasal polyps, rhinitis, or urticaria caused by hypersensitivity to aspirin or other NSAIDs (Jones, 2021).	Acute status asthmaticus, administered as an intrathecal injection, hypersensitivity to triamcinolone or its components, live-virus vaccine therapy, systemic fungal infection (Jones, 2021).
Side Effects/Adverse Reactions (2)	Dizziness, fatigue, feeling hot, headache, insomnia, irritability, paresthesia, presyncope, and sedation (Jones, 2021).	Confusion, dizziness, drowsiness, arrhythmias, palpitations, tachycardia, blurred vision, and diplopia (Jones, 2021).	Abnormal dreams, aggressiveness, agitation, amnesia, anxiety, apathy, ataxia, cerebrovascular spasm, coma, and confusion (Jones, 2021).	Aseptic meningitis, CVA, dizziness, headache, nervousness, seizures, heart failure, fluid retention, peripheral edema, and tachycardia (Jones, 2021).	Increased intracranial pressure with papilledema, insomnia, malaise, neuritism, neuropathy, paresthesia, and heart failure (Jones, 2021).
Medication/Food Interactions	CNS depressants:	Barbiturates: possibly	Aspirin: increased	Aspirin: possibly	Digitalis glycosides:

	Increased CNS impairment, theophylline: possibly decreased clearance of cetirizine, increasing plasma cetirizine levels (Jones, 2021).	increased CNS depression, MAO inhibitors: increased anticholinergic and CNS depressant effects of diphenhydramine (Jones, 2021).	anticoagulant activity and risk of bleeding, atomoxetine: possibly increased blood levels of these drugs, leading to increased risk of arrhythmias (Jones, 2021).	decreased cardioprotective and stroke-preventive effects of aspirin; increased risk of GI bleeding and adverse GI effects, cyclosporine: increased risk of nephrotoxicity (Jones, 2021).	increased risk of arrhythmias and digitalis toxicity, rifampin: increased triamcinoclone metabolism with decreased effectiveness (Jones, 2021).
Nursing Considerations (2)	Know that Quzyttir is a single-use injectable product for intravenous administration only. Be aware that intravenous use is not recommended in children less than 6 years of age impaired hepatic or renal failure (Jones, 2021).	Expect to give parenteral form of diphenhydramine only when oral ingestion isn't possible. Keep elixir container tightly closed. Protect elixir and parenteral forms from light (Jones, 2021).	Be aware that sertraline should not be given to patient with bradycardia, congenital long QT syndrome, hypokalemia or hypomagnesemia (Jones, 2021).	Be aware that ibuprofen should not be used in pregnant women starting at 30 weeks gestation because premature closure of the ductus arteriosus may occur in the fetus. Be aware that NSAIDs like ibuprofen should be avoided in patients with a arecent MI because risk of reinfarction increases	Be aware that high doses of corticosteroids such as triamcinoclone arent recommended for patients with cranial trauma who don't recquire a corticosteroid for another condition because they increase risk of death. Be aware that specialized training may be needed to administer parenteral triamcinolone (Jones, 2021).

				with NSAID therapy (Jones, 2021).	

Brand/Generic	lorazepam/ Ativan	hydroxyzine hydrochloride/ Atarax	N/A	N/A	N/A
Dose	2 mg	25 mg	N/A	N/A	N/A
Frequency	Once	BID PRN	N/A	N/A	N/A
Route	PO	PO	N/A	N/A	N/A
Classification	Pharmacologic class: Benzodiazepine Therapeutic class: Anxiolytic (Jones, 2021).	Pharmacologic class: Piperazine derivative Therapeutic class: Anxiolytic, antiemetic, antihistamine (Jones, 2021).	N/A	N/A	N/A
Mechanism of Action	May potentiate the effects of gamma-aminobutyric (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors	Competes with histamine for histamine 1 receptor sites on surfaces of effector cells. This suppresses results of histaminic activity, including edema, flare,	N/A	N/A	N/A

	in cortical and limbic areas of CNS (Jones, 2021).	and pruritis (Jones, 2021).			
Therapeutic Uses	Treatment of anxiety, insomnia, or sleep difficulty due to anxiety or stress (Jones, 2021).	Treat itching caused by allergies, may also be used short-term to treat anxiety or to help you feel sleepy/relaxed (Jones, 2021).	N/A	N/A	N/A
Therapeutic Range (if applicable)	2 to 6 mg/day (Jones, 2021).	50mg-100mg/day (Jones, 2021).	N/A	N/A	N/A
Reason Client Taking	To treat anxiety.	To treat anxiety.	N/A	N/A	N/A
Contraindications (2)	Hypersensitivity to lorazepam, other nexodiazepines, or their components; For parenteral form: intra-arterial delivery premature infants, severe respiratory insufficiency (Jones, 2021).	Early pregnancy; hypersensitivity to cetirizine, hydroxyzine, levocetirizine or their components; prolonged QT interval (Jones, 2021).	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	Amnesia, anxiety, ataxia, coma, confusion,	Drowsiness, hallucinations, headache, involuntary	N/A	N/A	N/A

	delusions, depression, dizziness, drowsiness (Jones, 2021).	motor activity; seizures, torsades de pointes (Jones, 2021).			
Medication/Food Interactions	Aminophylline: possibly reduced sedative effects of lorazepam, clozapine: increased risk of ataxia, delirium, excessive salivation, hypotension, respiratory arrest (Jones, 2021).	Antibiotics such as azithromycin, erythromycin, methadone, petntamidine: increased risk of QT prolongation, CNS depressants: increased CNS depression (Jones, 2021).	N/A	N/A	N/A
Nursing Considerations (2)	Monitor patient's respirations every 5 to 15 minutes and keep emergency resuscitation equipment readily available. Use drug cautiously in patients with a history of alcohol or drug abuse or a personality disorder because of	Don't give hydroxyzine by subcutaneous or IV route because tissue necrosis may occur. Inject IM form deep into large muscle, using Z-track method (Jones, 2021).	N/A	N/A	N/A

	increased physical and psychological dependence (Jones, 2021).				

Medications Reference (1) (APA):

Jones, D.W. (2021). *Nurse's drug handbook.* (A. Bartlett, Ed.) (20th ed.). Jones & Bartlett Learning.

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	**Behavior:** Patient's behavior was appropriate and cooperative **Build:** Patient's build is skinny **Attitude:** Patient had a good attitude and was responsive **Speech:** Patient's speech was clear and loud **Interpersonal style:** Patientt showed a relaxed communication style, attentive communication style, and friendly communication style **Mood:** Patient's mood was happy and hopeful **Affect:** Patient's affect was appropriate to mood
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	**Ideations:** None present **Delusions:** Patient mentioned experiencing auditory hallucinations **Illusions:** None present **Obsessions:** None present **Compulsions:** None present **Phobias:** None present

ORIENTATION: **Sensorium:** **Thought Content:**	**Sensorium:** Patient was alert and oriented x 4. She knew her name, where she is, time, and why she was in the mental health clinic. **Thought Content:** Pt's thoughts were clear and oriented
MEMORY: **Remote:**	**Remote:** Patient's memory was normal for age.
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	**Judgment:** Normal for age **Calculations:** Normal for age **Intelligence:** Intelligence was normal for age **Abstraction:** Pt presented with normal abstraction and was able to visually describe her past to me **Impulse Control:** None present
INSIGHT:	Patient presented with determination and motivation. Patent mentioned she was willing to do whatever to get better so she can turn over a new leaf.
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	**Assistive Devices:** No, N/A **Posture**: Upright, Normal for age **Muscle Tone:** Strong, normal for age **Strength:** Strong, normal for age **Motor Movements:** Strong, normal for age

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1400	82 bpm	128/76 mmHg	18 breaths per minute	36 C (T)	100% on room air
1614	108 bpm	109/81 mmHg	16 breaths per minute	36.8 C (T)	94% on room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1400	Numeric	N/A	0	N/A	N/A
1614	Numeric	N/A	0	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast:** 100% **Lunch:** 100% **Dinner:** 100% **Total Percentage of Meal Consumed:** 100%	**Oral Fluid Intake with Meals (in mL)** **Breakfast:** None reported in chart **Lunch:** None reported in chart **Dinner:** None reported in chart **Total Fluid Intake with Meals:** None reported in chart

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

The patient will be going home to her children when discharged from the mental health clinic. The patient's home health care needs include taking medications as prescribed, eating a balanced diet, keeping active, and asking for help when needed. The patient does not require equipment needs for her care. The patient's follow-up plans include telephone calls to help daily

structure life, follow-up outpatient appointments, and an emergency response phone number to help during hardships and temptations. Education needs regarding the patient's Schizophrenia Psychosis and Generalized Anxiety Disorder include teaching the patient about the illness of these disorders, identifying early warning signs of an occurrence, and discussing the importance of support systems. The patient should also consult with her support system (baby sister) about follow-up appointments and managing sobriety. It is essential for the patient to feel safe and in control to avoid relapse towards substance abuse and depression. Thus, therapy and medication compliance can help decrease the likelihood of severe anxiety and depression episodes.

Nursing Diagnosis (15 points)
Must be NANDA approved nursing diagnosis and listed in order of priority

Nursing Diagnosis ● Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** ● Explain why the nursing diagnosis was chosen	**Immediate Interventions (At admission)**	**Intermediate Interventions (During hospitalization)**	**Community Interventions (Prior to discharge)**
1. Disturbed Sensory Perception: Auditory/Visual (Vera, 2019).	Related to altered sensory perception as evidenced by auditory hallucinations and psychological stress.	**1.** Identify the level of intensity of hallucinations and explore how they are experienced by the client (Vera, 2019). **2.** Check availability of required supply and medications needed (Vera, 2019).	**1.** Provide a safe and trusting environment for the client (Vera, 2019). **2.** Be alert for signs of increasing fear, anxiety, or agitation (Vera, 2019). **3.** Help the client identify times that might underlie the hallucination and when they are	**1.** Encourage client to validate reality and identify situations that are threatening (Vera, 2019). **2.** Allow client to express all emotions including crying, anger, and frustration (Vera, 2019). **3.** Use silence and active

		3. Assess patient's mental health status using the Hamilton Rating Scale for depression (Vera, 2019).	most prevalent and frightening (Vera, 2019).	listening when interacting with the client so they feel heard (Vera, 2019).
2. Disturbed Thought Process (Vera, 2019).	Related to chemical alterations and repressed fears as evidenced by substance abuse and unsafe childhood experience.	**1.** Determine client's level of cognitive functioning (Vera, 2019). **2.** Assess the client's potential for suicide and intensity of depression and anxiety (Vera, 2019). **3.** Identify the level of suicide precaution needed to safely monitor the patient's care (Vera, 2019).	**1.** Allow clients to have time to think and respond appropriately (Vera, 2019). **2.** Avoid asking the patient brief questions. Encourage open-ended questions to promote critical thinking and memory recollection (Vera, 2019). **3.** Observe the client for signs of depression, anxiety, or paranoia (Vera, 2019).	**1.** Encourage healthy habits to optimize functioning like maintaining self-care and medication regimens (Vera, 2019). **2.** Help the client identify negative thoughts and teach the client how to react positively and effectively (Vera, 2019). **3. I**nteract with the client about coping strategies during hardships (Vera, 2019).
3. Anxiety (Vera, 2019).	Related to lack of knowledge regarding symptoms and situational crises as evidenced by restlessness and delusions.	**1.** Assess the client for signs of hyperactivity and restlessness (Vera, 2019). **2.** Assess patients' relaxation techniques when reducing	**1.** Assist the patient in determining the controllable aspects in their lives to ease anxiety (Vera, 2019). **2.** Administer antidepressants	**1.** Provide reassurance and comfort measures so the patient gains control over their feelings (Vera, 2019). **2.** Educate patient about

		their own anxiety levels (Vera, 2019). **3.** Conduct suicidal assessment to identify potential suicidal risk (Vera, 2019).	and other medications as indicated by the provider (Vera, 2019). **3.** Maintain a calm, non-threatening manner while working with the client (Vera, 2019).	crisis intervention and the importance of support systems (Vera, 2019). **3.** Express hope to the patient with genuine comments about their strengths and achievements (Vera, 2019).

Other References (APA):

Vera, M. (2019, April 11). *7 Anxiety and Panic Disorders Nursing Care Plans*. Nurseslabs. https://nurseslabs.com/anxiety-panic-disorders-nursing-care-plans/

Concept Map (20 Points):

Subjective Data

Patient stated having auditory hallucinations and increased anxiety and depression due to her current court case and childhood trauma.

Objective Data

Vital Signs: P: 82, B/P: 128/76, R: 18, T: 36 C (T), O: 100%, Pain: 0/10
P: **108**, B/P: **109/81**, R: 16, T: 36.8 C (T), O: 94%, Pain: 0/10

I&O: Percentage of meal consumed for breakfast, lunch, dinner = 100% consumed.

Patient Information

36-year-old Caucasian female presented to the mental health clinic due to issues with schizophrenia. Patient has a history of a previous diagnosis of schizophrenia, cholecystectomy, and ectopic pregnancy surgery, anxiety, and depression. Patient's psychiatric history includes previously diagnosed with schizophrenia at OSF and Bipolar 1 disorder.

Nursing Diagnosis/Outcomes

Disturbed sensory perception of auditory/visual related to altered sensory perception as evidenced by auditory hallucinations and psychologic stress "(Vera, 2019).
Goal met, the client's response to the intervention was positive because she reported there was a decrease in auditory hallucinations and a greater control over her stress.
"Disturbed thought process related to chemical alterations and repressed fears as evidenced by substance abuse and unsafe childhood experience" (Vera, 2019).
Goal met, the client responded positively to the intervention because she was able to express her feelings openly and recall memories thoroughly and vividly.
"Anxiety related to lack of knowledge regarding symptoms and situational crises as evidenced by restlessness and delusions" (Vera, 2019).
Goal met, the client's response to the interventions was positive because she was able to relieve her anxiety with effective coping strategies and voice her concerns and reasons behind her anxiety.

Nursing Interventions

Immediate Interventions (At admission):
"Identify level of intensity of hallucinations and explore how they are experienced by the client" (Vera, 2019).
"Check availability of required supply and medications needed" (Vera, 2019).
"Assess patient's mental health status using the Hamilton Rating Scale for depression" (Vera, 2019).
"Determine client's level of cognitive functioning" (Vera, 2019).
"Assess the client's potential for suicide and intensity of depression and anxiety" (Vera, 2019).
"Identify level of suicide precaution needed to safely monitor the patient's care" (Vera, 2019).
"Assess the client for signs of hyperactivity and restlessness" (Vera, 2019).
"Assess patient's relaxation techniques when reducing own anxiety levels" (Vera, 2019).
"Conduct suicidal assessment to identify potential suicidal risk" (Vera, 2019).
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Nursing Interventions

Intermediate Interventions (During hospitalization):

1. **“**Provide a safe and trusting environment for the client” (Vera, 2019).
2. “Be alert for signs of increasing fear, anxiety, or agitation” (Vera, 2019).
3. “Help the client identify times that might underlie the hallucination and when they are most prevalent and frightening” (Vera, 2019).
4. “Allow client to have time to think and respond appropriately” (Vera, 2019).
5. “Avoid asking the patient brief questions. Encourage open-ended questions to promote critical thinking and memory recollection” (Vera, 2019).
6. “Observe the client for signs of depression, anxiety, or paranoia” (Vera, 2019).
7. **“**Assist the patient in determining the controllable aspects in their lives to ease anxiety” (Vera, 2019).
8. “Administer antidepressants and other medications as indicated by the provider” (Vera, 2019).
9. “Maintain a calm, non-threatening manner while working with the client” (Vera, 2019).

Community Interventions (Prior to discharge):

1. “Encourage client to validate reality and identify situations that are threatening” (Vera, 2019).
2. “Allow client to express all emotions including crying, anger, and frustration” (Vera, 2019).
3. “Use silence and active listening when interacting with the client so they feel heard” (Vera, 2019).
4. **“**Allow client to have time to think and respond appropriately” (Vera, 2019).
5. “Avoid asking the patient brief questions. Encourage open-ended questions to promote critical thinking and memory recollection” (Vera, 2019).
6. “Observe the client for signs of depression, anxiety, or paranoia” (Vera, 2019).
7. **“**Provide reassurance and comfort measures so the patient gains control over their feelings” (Vera, 2019).
8. “Educate patient about crisis intervention and the importance of support systems” (Vera, 2019).
9. “Express hope to the patient with genuine comments about their strengths and achievements” (Vera, 2019).