

N323 Care Plan

Lakeview College of Nursing

Name: Christina Oakley

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Demographics (3 points)

Date of Admission 3-18-22	Patient Initials B.C.	Age 46	Gender Male
Race/Ethnicity White	Occupation Truck Driver	Marital Status Divorced	Allergies N/a
Code Status Full Code	Observation Status Inpatient	Height 5'8"	Weight 128 lbs

Medical History (5 Points)

Past Medical History: Hypertension, Depression, Anxiety, COPD, History of alcohol abuse, and history of marijuana use.

Significant Psychiatric History: History of previous psychiatric hospitalizations, history of suicidal attempts by hanging himself and also overdosing, history of substance abuse, history of being in rehab.

Family History: Kidney failure (Mom) and stomach cancer (Father).

Social History (tobacco/alcohol/drugs):

Tobacco Use: Current Some Day smoker

Packs/day: 0.10

Years: 28 years

Types: Cigarettes

Alcohol Use: Currently not using

Drugs: Methamphetamine (doesn't know amount)

Years: 2 years

Living Situation: Lives by himself in a van.

Strengths: Is aware of his addiction. He takes responsibility for his addiction and wants to quit using methamphetamine.

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Support System: His 5 children.

Admission Assessment

Chief Complaint (2 points): “I want to do substance abuse treatment”.

Contributing Factors (10 points):

Patient has been rejected from 2 other programs for substance abuse. Patient took 1 gram of methamphetamine and overdosed as a suicide attempt because of being turned away from other programs. There is no strong support system for the patient besides his children. Patient states that he tries not to involve his children with his substance abuse problems. Patient has also been experiencing anxiety and depression since his divorce approximately 5 years ago.

Factors that lead to admission: Suicide attempt, anxiety and depression, and substance abuse.

History of suicide attempts: 2 previous suicide attempts. Overdosed on methamphetamine on March 15, 2022. Attempted to hang himself approximately 5 years ago.

Primary Diagnosis on Admission (2 points): Bipolar Disorder II

Psychosocial Assessment (30 points)

History of Trauma
No lifetime experience: No lifetime experience of trauma.

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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	N/a	N/a	N/a
Sexual Abuse	No	N/a	N/a	N/a
Emotional Abuse	Yes	6-7 years old	N/a	Patient was sometimes left alone as a child which caused emotional distress due to responsibility.
Neglect	No	N/a	N/a	N/a
Exploitation	No	N/a	N/a	N/a
Crime	Yes	45	N/a	Patient was involved in a drug bust last year.
Military	No	N/a	N/a	N/a
Natural Disaster	No	N/a	N/a	N/a
Loss	No	N/a	N/a	N/a

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Other	N/a	N/a	N/a	N/a
Presenting Problems				
Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Depressed or sad mood	Yes	No	Constant feeling of depression that started approximately 5 years ago after his divorce. His depression hasn't gotten any better since his diagnosis 5 years ago.	
Loss of energy or interest in activities/school	Yes	No	Patient doesn't enjoy fishing anymore. Patient also has lost interest in dating. His loss of interest in activities started after his divorce.	
Deterioration in hygiene and/or grooming	Yes	No	Patient states that he has let himself go. The past year he constantly hasn't had any interest in personal hygiene.	
Social withdrawal or isolation	Yes	No	Patient isolates himself while on methamphetamine. Patient stops isolation when he's not taking methamphetamine.	

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			Patient started taking methamphetamine approximately 2 years ago.
Difficulties with home, school, work, relationships, or responsibilities	Yes	No	Patient states that he has an inconsistent relationship with his children that started once he started taking methamphetamine approximately 2 years ago.
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes	No	On methamphetamine it's harder to fall asleep. When off methamphetamine it's harder to stay asleep every night. Patient only gets a few hours of sleep every night. Methamphetamine use started approximately 2 years ago.
Difficulty falling asleep	Yes	No	Patient has trouble sleeping every single night because of methamphetamine use that started approximately 2 years ago.

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Frequently awakening during night	Yes	No	Patient wakes up in the middle of night nearly every night that he's asleep. Patient takes seroquel 100 mg to help stay asleep. Inconsistent sleep pattern started once he started taking methamphetamine approximately 2 years ago.
Early morning awakenings	Yes	No	Patient states that he wakes up at the crack of dawn every morning. This started once he started taking methamphetamine approximately 2 years ago.
Nightmares/dreams	Yes	No	Night terrors of his daughter screaming almost every night. This started since his daughter's death approximately 4 years ago.
Other	Yes	No	N/a
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite	Yes	No	Patient states that he is hungry all the time. He states that he is

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			undereating at the Pavilion. He has been experiencing constant hunger and undereating since his admission to the Pavilion.
Binge eating and/or purging	Yes	No	N/a
Unexplained weight loss? Amount of weight change:	Yes	No	Patient states that he has lost 12 pounds so far this year from an unknown cause.
Use of laxatives or excessive exercise	Yes	No	N/a
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	Yes	No	Patient has been experiencing pacing and tremors as long as he could remember. Patient states that anxiety gets worse with age and with use of methamphetamine.
Panic attacks	Yes	No	Patient states that his panic attacks started 4 years ago. He experiences panic attacks 2-3 times a month. Patient states that the less frequent that he experiences the panic attacks, the longer in duration they are.

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Obsessive/compulsive thoughts	Yes	No	N/a
Obsessive/compulsive behaviors	Yes	No	A compulsive behavior that the patient experiences is vacuuming carpets. Patient states that once he sees dirt on carpet, he can't stop vacuuming. This behavior started approximately 2 years ago.
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes	No	The patient's anxiety has made him experience feelings of overwhelmness when around many people at one time. Patient has been experiencing anxiety for as long as he could remember.
Rating Scale			
How would you rate your depression on a scale of 1-10?	3		
How would you rate your anxiety on a scale of 1-10?	5		
Current Stressors of Areas of Life Affected by Presenting Problem (work, school, family, legal, social, financial)			
Problematic Area	Presenting?		Describe (frequency, intensity, duration, occurrence)
Work	Yes	No	Patient experiences stress and anxiety from the commotion

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			<p>from the radio that consists of loud noises and screaming.</p> <p>Patient has been experiencing stress and anxiety during work for approximately a year.</p>
School	Yes	No	N/a
Family	Yes	No	<p>Patient experiences stress from his sister and 2 brothers who use methamphetamine. The patient's stress from siblings began approximately 3 years ago.</p>
Legal	Yes	No	<p>Patient states that he is experiencing anxiety over the drug raid that happened last year that will also possibly result in a felony/misdemeanor.</p>
Social	Yes	No	<p>Patient states that he is socially awkward ever since he started using methamphetamine approximately 2 years ago.</p>
Financial	Yes	No	<p>Patient states that he stopped paying insurance on his van</p>

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			and started using his insurance money to buy methamphetamine. This behavior started approximately a year ago.
Other	Yes	No	Patient states that using methamphetamine has affected every aspect of his life.

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient

Dates	Facility/MD/Therapist	Inpatient/Outpatient	Reason for Treatment	Response/Outcome
Approximately 3 years ago at the Pavilion	Inpatient Outpatient Other:	Inpatient	Substance abuse (Alcohol)	No improvement Some improvement Significant improvement
N/a	Inpatient Outpatient Other: N/a	N/a	N/a	No improvement Some improvement N/a Significant improvement
N/a	Inpatient Outpatient Other: N/a	N/a	N/a	No improvement Some improvement Significant

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				improvement N/a
Personal/Family History				
Who lives with you?	Age	Relationship	Do they use substances?	
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: N/a				
Children (age and gender): 5 children; Sons are 22 and 5, Daughters are 18,14, and 11				
Who are children with now? All Children are with their Mother.				
Household dysfunction, including separation/divorce/death/incarceration: Divorced parents and 2 older brothers are incarcerated.				
Current relationship problems: Patient is single and not interested in dating.				
Number of marriages: 1				
Sexual Orientation: Straight	Is client sexually active? Yes No		Does client practice safe sex? Yes No N/a	
Please describe your religious values, beliefs, spirituality and/or preference:				
Christian values				
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): Divorce and 1 pending charge.				
How can your family/support system participate in your treatment and care?				

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Children and brother being present and supportive in his life.
Client raised by: Natural parents Grandparents Adoptive parents Foster parents Other (describe):
Significant childhood issues impacting current illness: Parents divorce and being left alone often as a child.
Atmosphere of childhood home: Loving Comfortable Chaotic Abusive Supportive Other:
Self-Care: Independent Assisted Total Care
Family History of Mental Illness (diagnosis/suicide/relation/etc.): Unknown
History of Substance Use: Patient has a history of alcohol and methamphetamine abuse.
Education History: Grade school High school College Other:
Reading Skills: Yes No Limited
Primary Language: English

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Problems in school: N/a
Discharge
Client goals for treatment: Stay sober and to regain sanity.
Where will client go when discharged? Patient would like to admit himself to another 90 day program or a year long program.

Outpatient Resources (15 points)

Resource	Rationale
1. Rosecrance Danville, Champaign & Vermilion Counties	1. Rosecrance offers addiction treatment that would be useful with the patient's addiction to methamphetamine.
2. Suicide Prevention Hotline	2. The patient could utilize the suicide prevention hotline when experiencing suicide ideations.
3. Drugfree.org	3. The patient could utilize this hotline to help with his methamphetamine addiction if he doesn't want to attend anything in person.

Current Medications (10 points)

Complete all of your client’s psychiatric medications

Brand/Generic	Seroquel (Quetiapine)	Abilify (Aripiprazole)	N/a	N/a	N/a
Dose	100 mg	10 mg	N/a	N/a	N/a
Frequency	1 tablet at night	1 tablet every morning	N/a	N/a	N/a
Route	Oral	Oral	N/a	N/a	N/a
Classification	Pharmacologic class: Dibenzothiazepine derivative Therapeutic class: Antipsychotic	Pharmacologic class: Atypical antipsychotic Therapeutic class: Antipsychotic	N/a	N/a	N/a
Mechanism of Action	May produce antipsychotic effects by interfering with dopamine binding to dopamine type 2-receptor sites in the brain and by antagonizing serotonin 5-HT₂, dopamine type 1, histamine H₁, and adrenergic alpha₁ and alpha₂ receptors.	May produce antipsychotic effects through partial agonist and antagonist actions. Aripiprazole acts as a partial agonist at dopamine receptors and serotonin receptors. The drug acts as an antagonist at 5-HT_{2A} serotonin receptor sites.	N/a	N/a	N/a
Therapeutic Uses	To treat schizophrenia	To treat acute schizophrenia; to maintain stability in patients with schizophrenia	N/a	N/a	N/a
Therapeutic Range (if applicable)	N/a	N/a	N/a	N/a	N/a

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Reason Client Taking	Client is taking for schizophrenia	Client is taking for schizophrenia	N/a	N/a	N/a
Contraindications (2)	Hypersensitivity to quetiapine and breast cancer	Hypersensitivity to aripiprazole or its components and patients with diabetes	N/a	N/a	N/a
Side Effects/Adverse Reactions (2)	Anorexia and constipation	Abdominal gait and blurred vision	N/a	N/a	N/a
Medication/Food Interactions	St. John's Wort and grapefruit juice	Grapefruit juice and alcohol	N/a	N/a	N/a
Nursing Considerations (2)	Use quetiapine cautiously in patients who have a history of cardiovascular disease. Know that quetiapine should not be given to patients who have a history of cardiac arrhythmias, such as bradycardia.	Know that aripiprazole shouldn't be used to treat dementia-related psychosis in the elderly because of an increased risk of death. Use cautiously in elderly patients because of increased risk of serious adverse cerebrovascular effects, such as stroke and transient ischemic attack.	N/a	N/a	N/a

Brand/Generic	N/a	N/a	N/a	N/a	N/a
Dose	N/a	N/a	N/a	N/a	

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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, LLC. (2021). 2021 Nurse's Drug Handbook (twentieth).

Mental Status Exam Findings (20 points)

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APPEARANCE: Behavior: Cooperative Build: Slim Attitude: Positive Speech: Coherent Interpersonal style: Passive Mood: Anxious Affect: Appropriate	Patient is cooperative. The appearance of the patient is slim. Patient expressed a positive attitude. Patient's speech was also coherent and expressed a passive interpersonal style. Patient was also expressing an anxious mood.
MAIN THOUGHT CONTENT: Ideations: Suicide Delusions: N/a Illusions: Hoarse Obsessions: N/a Compulsions: Vacuuming Phobias: N/a	Patient has a history of suicide ideations. Patient has been experiencing illusions of a hoarse running around. Patient also experiences compulsions when it comes to vacuuming. Patient states that they have no history of delusions, obsessions, or phobias.
ORIENTATION: Sensorium: Normal Thought Content: Normal	Patient experienced normal sensorium and a normal thought process.
MEMORY: Remote: Normal	Patient has normal remote memory.
REASONING: Judgment: Appropriate Calculations: N/a Intelligence: Appropriate Abstraction: Normal Impulse Control: Normal	Patient has appropriate judgment and intelligence. Patient has normal abstraction and impulse control.
INSIGHT:	The patient's behaviors and history explains his Bipolar II disorder.
GAIT: Normal Assistive Devices: N/a Posture: Normal Muscle Tone: Mild Strength: Weak Motor Movements: Normal	Patient has a normal GAIT, posture, and motor movements. Patient doesn't use any assistive devices. Patient also has weak strength and mild muscle tone.

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Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
10:00 AM	92	131/96	18	97.7 F	98%
5:30 PM	87	137/106	18	97.5 F	98%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
10:00 AM	1-10	Kidneys	7	Stabbing pain	iBuprofen
5:30 PM	1-10	Kidneys	8	Stabbing pain	iBuprofen

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed:	Oral Fluid Intake with Meals (in mL)
Breakfast: 100%	Breakfast: 1 Liter
Lunch: 100%	Lunch: 1 Liter
Dinner: 100%	Dinner: N/a

Discharge Planning (4 points)**Discharge Plans (Yours for the client):**

Patient is discharged from the Pavilion and continues substance abuse therapy at a different facility for 90 days as his follow up plan. Patient is accompanied to the facility by his oldest son. No equipment is necessary. After the 90 day substance abuse therapy, the patient is free to go home and live with his children. Education on substance abuse will be

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provided to the client. Client will be educated on the health effects associated with using methamphetamine.

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. Risk for suicide related to substance abuse as evidenced by feelings of hopelessness.	The nursing diagnosis was chosen because the patient has previous suicide attempts and has shown feelings of hopelessness.	1. Encourage the patient to avoid decisions during the time of crisis until alternatives can be considered. 2. Weapons and pills are removed from the patient. 3. Encourage the patient to talk freely about feelings and help plan alternative ways of handling disappointment, anger, and frustration.	1. Keep records of the client’s behaviors. 2. Put client on suicide precautions. 3. Follow unit protocol for suicide.	1. Provide local group therapy. 2. Seek family or friends that can support patient. 3. Patient will have links to self-help groups in the community.
2. Ineffective individual	This nursing diagnosis was chosen because the	1. Explain program rules and expectations.	1. Encourage verbalization of feelings, fears, and anxiety.	1. Patient will stay with friend or family if risk

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<p> coping related to personal vulnerability as evidenced by decreased ability to handle stress of hospitalization.</p>	<p>patient is experiencing ineffective individual coping from being hospitalized for attempted suicide.</p>	<p>2. Determine understanding of the patients current situation.</p> <p>3. Be aware of the staff attitudes, feelings, and enabling behaviors.</p>	<p>2. Have patient explore alternative coping strategies.</p> <p>3. Use peer support to examine ways of coping with drug hunger.</p>	<p>for suicide.</p> <p>2. Patient will have access to different suicide hotlines.</p> <p>3. Patient will keep an appointment for the next day with a crisis counselor.</p>
<p>3. Impaired social interaction related to altered thought processes as evidenced by verbalized discomfort in social situations .</p>	<p>I chose the nursing diagnosis of impaired social interactions because the patient stated that he is socially awkward because of his previous methamphetamine use and his high levels of anxiety.</p>	<p>1. Involve patient in one-to-one interactions.</p> <p>2. Help patient feel comfortable in the facility.</p> <p>3. Ask patient questions to establish history of impaired social interactions.</p>	<p>1. Patient will identify feelings that lead to poor social interactions.</p> <p>2. Eventually involve the client in group activities</p> <p>3. Initially, provide activities that require minimal concentration</p>	<p>1. Patient will participate in certain community social activities.</p> <p>2. Patient will interact with family and friends.</p> <p>3. Refer the patient and family to self-help groups in the community.</p>

Other References (APA): Phelps, L. L. (2020). Sparks & Taylor's Nursing diagnosis reference manual. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

Subjective Data:
-Patient has pain in his kidneys that he rates as a 8.

Nursing Diagnosis/Outcomes

Nursing Diagnosis/Outcomes:
Risk for suicide related to substance abuse as evidenced by feelings of hopelessness.
Ineffective individual coping related to personal vulnerability as evidenced by decreased ability to handle stress of hospitalization.
Impaired social interaction related to altered thought processes as evidenced by verbalized discomfort in social situations.

Objective Data

Objective data:
Pulse: 87
Blood Pressure: 137/106
Respiratory Rate: 18
Temperature: 97.5
Oxygen: 98%

Patient Information

Patient information:
Initials: B.C.
Age: 46
Gender: Male
Allergies: N/a
Height: 5'8"
Ethnicity: White
Code Status: Full Code

Nursing Interventions

- Immediate Interventions (At admission)
1. Encourage the patient to avoid decisions during the time of crisis until alternatives can be considered.
 2. Weapons and pills are removed from the patient.
 3. Encourage the patient to talk freely about feelings and help plan alternative ways of handling disappointment, anger, and frustration.
1. Explain program rules and expectations.
2. Determine understanding of the patients current situation.
3. Be aware of the staff attitudes, feelings, and enabling behaviors. Involve patient in one-to-one interactions.
2. Help patient feel comfortable in the facility.
 3. Ask patient questions to establish history of impaired social interactions.



