

N323 Care Plan
Lakeview College of Nursing
Whitney Simlin

Demographics (3 points)

Date of Admission 3/24/2022	Patient Initials G. D.	Age 21 years old	Gender Male
Race/Ethnicity Black/ African American	Occupation Unemployed	Marital Status Single	Allergies NKA
Code Status Full Code	Observation Status Every 15 minutes	Height 5'8"	Weight 210lb.

Medical History (5 Points)

Past Medical History: Alcohol use disorder-severe, dependent, Nicotine use disorder, Marijuana use disorder, Premature Ventricular contractions, ADHD

Past Surgical History: Appendectomy at age 9 years old, Nasal bone fracture (11/10/2020), Multiple sites; Mandible open fracture (11/10/2020)

Significant Psychiatric History: Intentional drug overdose 7/4/19, Bipolar Affective Disorder, Current Episode Depressed, Hx of cutting, Suicidal ideation, PTSD, Social Anxiety Disorder. Patient has a history of 3 psychiatric stays in his lifetime.

Family History: Mother has a history of bipolar – “When she was taking her meds, she would go off”, Father has a history of cocaine use, alcohol use disorder, Uncle has a history of alcohol use disorder, Paternal Grandmother has a history of similar symptoms of the patient, including bipolar affective disorder, depression suicidal ideation, anxiety disorder. Patient states “She had the same symptoms I do. Suicidal, Bipolar, Social Anxiety Disorder”, Half-Brother has no known psychiatric history which has been diagnosed but patient states “he has tics”.

Social History (tobacco/alcohol/drugs): Cigarettes – 3 per day, “I used to smoke a pack every day, but I got it down to just smoking 3 because I can’t afford to buy them. I started smoking cigarettes when I was 12 and weed when I was 13.” Marijuana: 1-2 grams/day “when I can get it”, Alcohol: 1 pint per day. “I started drinking when I was age 9 with my dad.”

Living Situation: The patient lives with two roommates.

Strengths: “I’m a hard worker when I do work. I am a workaholic when I can hold down a job.”

Support System: His parents and roommates are supportive.

Admission Assessment

Chief Complaint (2 points): Patient’s chief complaint is alcohol use and dependence and suicidal ideation with no plan to carry out.

Contributing Factors (10 points): “I came to the hospital on January 10, 2021 in the early morning. I was feeling extremely depressed, so I went to drink some liquor. In the process of all my drinking, I lost my keys and my wallet. I passed out on a bench outside. It was cold. I guess I could have frozen to death but then I woke up. I came to the realization that I needed help. I walked from the Champaign Walmart to The Pavilion. They probably did not want to accept me because I was drunk and thought that all I wanted was meds to detox. I’m glad they did so I can get help.”

Factors that lead to admission: Patient was out drinking and lost his wallet and keys and could not get back into his apartment. His roommates were out of town. He has a current suspended license due to a DUI. He walked to the Pavilion where he was admitted for treatment. Patient has not been compliant with medications due to not being able to afford them.

History of suicide attempts: Twice; Hanging (a few years ago) “I tried to hang myself but the rope I used broke easy and it didn’t work. I realized I didn’t want to put that burden on other people like my family”. Intentional Overdose (7/4/2019)

Primary Diagnosis on Admission (2 points): The primary diagnoses upon admission are Alcohol Abuse Disorder/Dependence and suicidal ideation.

Psychosocial Assessment (30 points)

History of Trauma				
<p>No lifetime experience: When G. D. was 14 years of age, his aunt passed away. “Aunt Shantel (my dad’s sister) was shot in the face by her ex-husband. He then turned the gun on himself. It messed with my whole family. But I was really close to her”.</p> <p>When patient was 18 years of age, he rolled his car 4 times; “I was drunk and high, and I totaled my car”.</p> <p>Bullied in high school. “When I would get bullied, I would drink more and smoke more”.</p> <p>Witness of trauma/abuse:</p>				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	N/A	N/A	N/A	N/A
Sexual Abuse	N/A	N/A	N/A	N/A
Emotional Abuse	N/A	Verbally abused by mother: started around 5 th grade; age 11-12	N/A	“I was verbally abused because I looked like my dad. I’m also hard-headed and when I knew something was right, I will argue that until I could get my point to her”.
Neglect	N/A	Age 5 to 18	N/A	“The child support that my dad paid my mom for me was never used for me. I never had new clothes or new shoes. My mom would use the money on my

				brother but not me.
Exploitation	N/A	18 years	N/A	“I felt like I was exploited by my friends in high school. I would get drugs and alcohol for my friends and never paid for these things”
Crime	N/A	October 2020; April 2020 – age 19	N/A	October 2020: “I was arrested for resisting a police officer. But I think my charges will get dropped because they would not show the body cam in court. They said I spit on the police officer, but I don’t think I really did”. April 2020: “I was arrested at Walmart for retail theft of alcohol. I was at work and went and stole two bottles of liquor to drink after work. I went and left work before my shift and got drunk. Then I went back there thinking maybe I could steal more by acting like I was at work on night shift. So, I went, and I must have passed out on the wheelchair carts because the police woke me up and found 2 bottles of liquor in my pockets”.
Military	N/A	N/A	N/A	N/A

Natural Disaster	N/A	N/A	N/A	N/A
Loss	N/A	Summer 2019	N/A	“I lost my license due to my accident and DUI I got. I also lost my car because it was totaled in the accident”.
Other	N/A	N/A	N/A	N/A
Presenting Problems				
Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Depressed or sad mood	Yes	Yes	Good mood. “My mom called me and told me she is sending me more clothes while I am here. Also, Monday, I am getting glasses so I can see”.	
Loss of energy or interest in activities/school	No	No	Depends on the day; “Some days, I don’t feel like getting out of bed; some days I feel really upbeat and full of energy”.	
Deterioration in hygiene and/or grooming	Yes	Yes	Most of the time, “I take a shower and get cleaned up, no matter how crappy I feel”.	
Social withdrawal or isolation	No	No	Patient reports this a true. “I sometimes won’t answer the phone, because I don’t want to talk, even if it’s my mom”	
Difficulties with home, school, work, relationships, or responsibilities	No	No	Patient reports this in the past: in high school: “I had bad grades in high school. But I had fairly good grades in grade school and junior high”.	
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Change in numbers of hours/night	No	No	Patient reports he sleeps only 5-6 hours of sleep per night. Does lay in bed to try to fall back asleep after being awakened.	
Difficulty falling asleep	No	No	Patient reports he is restless a lot of the time.	

Frequently awakening during night	No	No	Patient reports waking up more frequently during alcohol withdrawal.
Early morning awakenings	Yes	No	Patient reports that usually after going to bed around 10:00pm, he states he wakes up around 3:00 or 4:00 in the morning.
Nightmares/dreams	Yes	No	He does report having vivid dreams and nightmares. He states he wakes up due to having them which is partially why he cannot get back to sleep at night.
Other	Yes	No	N/A
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite	Yes	No	Patient reports that he drinks coffee often. He states he usually only eats one meal per day when he is at home. While staying at The Pavilion, he reports that he eats two meals per day.
Binge eating and/or purging	Yes	No	In the past, patient reports he was a binge eater. He states he no longer does this.
Unexplained weight loss? Amount of weight change:	Yes	No	Patient reports when he was on drugs often, he noticed weight loss. Before he overdosed, he noticed weight loss, but now, he states he has gained weight.
Use of laxatives or excessive exercise	Yes	No	Patient reports he does not use laxatives. However, he states he does try to work out and lift weights especially when he is stressed. "I will go to the gym and work out for hours when I am stressed".
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	Yes	No	Patient reports he does have tremors when he is in active withdrawal. He also states he paces the room a lot when he has a lot of stress or things on his mind.
Panic attacks	Yes	No	N/A

Obsessive/compulsive thoughts	Yes	No	Patient states that he does suffer from obsessive/compulsive disorder.
Obsessive/compulsive behaviors	Yes	No	Patient states things must be done a certain way when he is at home.
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes	No	Patient states sometimes he does not want to clean his apartment or get out of bed depending on his anxiety that day.
Rating Scale			
How would you rate your depression on a scale of 1-10?	"I would rate my depression as a 3/10". When asked why such a low number, patient states "The medication helps but it gets out of hand when I am home because when I run out of the medication, I can't afford to purchase another prescription, so I don't take it".		
How would you rate your anxiety on a scale of 1-10?	"I would rate my anxiety at a 4-5/10. Depending on the day".		
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 is currently unemployed. Finds it difficult to hold down a steady job.
School	Yes	No	N/A
Family	Yes	No	Patient states that he and his mother have a stressful relationship.
Legal	Yes	No	Patient states he does have legal issues. He missed a court date on January 11, 2021. He also states he is on probation from his DUI in 2019.
Social	Yes	No	Patient feels abandoned by his friends. "They don't seem like they want anything to do with me after all I have done for them".
Financial	Yes	No	Patient feels like his financial problems are extremely stressful due to not having money and not having a job.

Other	Yes	No	N/A	
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	Facility/MD/Therapist	Inpatient/Outpatient	Reason for Treatment	Response/Outcome
exact dates unknown; around Summer 2020	Inpatient Pavilion Psychiatric Hospital Outpatient Other: Dr. Repetto	Inpatient	Drug Abuse. Patient states he did not fully complete this program.	No improvement Some improvement Significant improvement
exact date unknown; around April 2020	Inpatient Pavilion Psychiatric Hospital Outpatient Other: Dr. Repetto	Inpatient	Suicidal ideation, bipolar, anxiety, depression	No improvement Some improvement Significant improvement
March 2022	Inpatient Pavilion Rehab Program Outpatient Other: Dr. Su	Inpatient	Alcohol abuse; suicidal ideation	No improvement Some improvement Significant improvement
Personal/Family History				
Who lives with you?	Age	Relationship	Do they use substances?	
Roommate A	22	roommate	Yes	No

Roommate B	24	roommate	Yes	No
			Yes	No
			Yes	No
			Yes	No
If yes to any substance use, explain: Alcohol/Marijuana				
Children (age and gender): Patient does not have any children.				
Who are children with now?				
Household dysfunction, including separation/divorce/death/incarceration: Patient reports his parents divorced when he was 3 or 4 years of age. His Aunt Shantel passed away when patient was 14-15 years of age.				
Current relationship problems: None. Patient states he does not have a significant other.				
Number of marriages: None				
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: Patient states he is “spiritual not religious”. He states “When things don’t go right, he has second guesses on his beliefs.				
Ethnic/cultural factors/traditions/current activity: None				
Describe: N/A				
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Patient states he had an auto accident in 2019 and is on probation from both the accident and having a DUI. He also was fired and arrested from his job for stealing liquor in 2019.				
How can your family/support system participate in your treatment and care? He would like to have his parents to be around for him when he needs them.				
Client raised by: Natural parents – Mother (lives in Chicago, IL); Father lives in Memphis, TN; reports his father moved there when patient was in high school. Grandparents Adoptive parents Foster parents				

<p>Other (describe):</p>
<p>Significant childhood issues impacting current illness: Patient states he was verbally abused by his mother. He also reports that they were not really “financially stable” and always were struggling when he was growing up.</p>
<p>Atmosphere of childhood home:</p> <p>Loving Comfortable Chaotic Patient states because his mother was bipolar when he was growing up. She would not take her medication when he was younger. “My mom could flip like a light switch.” Abusive Patient states he was verbally abused by his mother when he was younger. Supportive Other:</p>
<p>Self-Care:</p> <p>Independent Assisted Patient states his mother helped some, but he learned to be independent when he was growing up. Total Care</p>
<p>Family History of Mental Illness (diagnosis/suicide/relation/etc.)</p> <p>Mother – Bipolar</p> <p>Father – Alcohol use disorder</p> <p>Paternal Grandmother –bipolar affective disorder, depression suicidal ideation, anxiety disorder</p>
<p>History of Substance Use: Patient reports that he started smoking cigarettes and marijuana at ages 12-13. He reports that he started drinking at age 9 with his dad.</p>
<p>Education History:</p> <p>Grade school High school College Other:</p>
<p>Reading Skills:</p> <p>Yes, No issues with reading. No Limited</p>

Primary Language: English
Problems in school: Patient reports he was math deficit in high school. He was in a specialized literature in high school.
Discharge
Client goals for treatment: Patient states “I want to get clean and get a job and be able to hold it down”.
Where will client go when discharged? Patient is hoping that he will be discharged to home.

Outpatient Resources (15 points)

Resource	Rationale
1. Alcoholics Anonymous	1. Due to patient being an alcoholic. He could have a sponsor and recover from his habit.
2. Group Therapy for Psychiatric Diagnosis	2. Due to anxiety, depression, bipolar diagnosis. This would be a good way to talk with someone about any stressors and ways to cope.
3. Salvation Army, Empty Tomb	3. Both can help with supplies patient may need such as clothing, food, basic personal care supplies due to patient not having a job.

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

Brand/		Abilify/	Benztropine/	Benztropin	Librium/
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Generic	Tylenol/ Acetaminophen	Aripiprazole	Congentin	e Mesylate	Chlordiazepoxide
Dose	650 mg	5mg	2mg	2mg	25mg
Frequency	Q4H	QD	BID	BID	Q6H/PRN
Route	PO	PO	PO	IM	PO
Classification	Nonsalicylate, paraminophenol derivative	Atypical antipsychotic	Anticholinergic	Anticholinergic	Anxiolytic
Mechanism of Action	Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system.	May produce antipsychotic effects through partial agonist and antagonist actions.	Blocks acetylcholine's action at cholinergic receptor sites. This restores the brain's normal dopamine and acetylcholine balance, with relaxes muscle movement and decreases drooling, rigidity, and tremor.	Blocks acetylcholine's action at cholinergic receptor sites. This restores the brain's normal dopamine and acetylcholine balance, with relaxes muscle movement and decreases drooling, rigidity, and tremor.	May potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of the CNS.
Therapeutic Uses	To relieve mild to moderate pain	To treat certain mental/mood disorders	To control extrapyramidal disorders	To control extrapyramidal disorders	To provide short-term management of mild anxiety
Therapeutic Range (if applicable)	5-20 mcg/mL per day	2-15mg per day	0.5-6mg parenterally per day	0.5-6mg parenterally per day	15-40mg per day
Reason Client Taking	Mild pain	Bipolar diagnosis	Movement disorders	Movement disorders/ give only if patient is unable to	Withdrawal

				take oral tablet	
Contraindications (2)	Hypersensitivity to acetaminophen or its components, severe hepatic impairment, severe active liver disease	Hypersensitivity to aripiprazole or its components	Hypersensitivity to benzotropine mesylate or its components, presence of tardive dyskinesia	Hypersensitivity to benzotropine mesylate or its components, presence of tardive dyskinesia	Hypersensitivity to chlordiazepoxide or its components
Side Effects/Adverse Reactions (2)	Anxiety, Agitation	Anxiety, Agitation	Paranoia / psychosis	Paranoia/ psychosis	Suicidal ideation / depression
Medication/Food Interactions	Alcohol use – increased risk of hepatotoxicity	Alcohol use – increased CNS depression	Haloperidol: possibly increased schizophrenic symptoms, decrease serum haloperidol level, and development of tardive dyskinesia	Antidepressants: possibly increased adverse anticholinergic effects	Alcohol use – increased CNS effects including severe respiratory depression and significant sedation and somnolence
Nursing Considerations (2)	Monitor renal function in patient on long-term therapy. Keep in mind that blood or albumin in urine may indicate nephritis. Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism,	Know that you may give oral solution on a milligram-per-milligram basis in place of tablets up to 25 mg. Use cautiously in patients with cardiovascular	Know that therapy typically begins with a low dose followed by gradual increases of 0.5 mg every 5 or 6 days because benzotropine has a cumulative action. Assess muscle rigidity and tremor at baseline. Then monitor them	Expect to administer I.V. or I.M. benzotropine when patient needs more rapid response than oral drug can provide. Give drug before or after meals based on patients need and	Use chlordiazepoxide cautiously in patients with hepatic or renal impairment or porphyria. For I.M. use, reconstitute only with diluent provided by manufacturer.

	chronic malnutrition, severe hypovolemia, or severe renal impairment	disease, cerebrovascular disease, or conditions that would predispose them to hypotension. Also use cautiously in those with a history of seizures or with conditions that lower the seizure threshold, such as Alzheimer's disease.	often for improvement, which indicates drug's effectiveness.	response.	
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Brand/ Generic	Depakote/ divalproex sodium	Folic Acid/Vita min B9	Haldol/ Haloperidol	Haldol/ Haloperidol	Hydroxyzine / Atarax
Dose	500 mg	1mg	5mg	5mg	25mg
Frequency	BID	QD	Q4H/PRN	Q6H/PRN	TID
Route	PO	PO	PO	IM	PO
Classification	Anticonvulsant	Water soluble vitamin	Antipsychotic	Antipsychotic	Anxiolytic, Antiemetic antihistamine, sedative- hypnotic

Mechanism of Action	May decrease seizure activity by blocking reuptake of gamma-aminobutyric acid (GABA), the most common inhibitory neurotransmitter in the brain.	None listed	May block postsynaptic dopamine receptors in the limbic system and increase brain turnover of dopamine, producing an antipsychotic effect.	May block postsynaptic dopamine receptors in the limbic system and increase brain turnover of dopamine, producing an antipsychotic effect.	Competes with histamine for histamine receptor sites on surfaces of effector cells.
Therapeutic Uses	To treat as monotherapy or as adjunct complex partial seizures that occur in isolation or associated with other types of seizures	Taking folic acid improves folate deficiency	To treat psychotic disorders	To treat psychotic disorders	To relieve anxiety
Therapeutic Range (if applicable)	50-100 mcg/mL per day	2-20 ng/mL per day	5-16ng/mL per day	5-16ng/mL per day	50-100 mg per day
Reason Client Taking	Bipolar disorder	Folate deficiency	Breakthrough psychosis/mania	Breakthrough psychosis/mania	Anxiety
Contraindications (2)	Hepatic impairment; hypersensitivity to valproic acid, valproate sodium, divalproex sodium, or their	None listed	Hypersensitivity to haloperidol or its components, Parkinson's disease, severe toxic CNS comatose states or depression	Hypersensitivity to haloperidol or its components, Parkinson's disease, severe toxic CNS comatose states or depression	Hypersensitivity to cetirizine, hydroxyzine, or their components; prolonged QT interval

	components; mitochondrial disease caused by POLG mutations			Use only IM if patient is unable to take orally.	
Side Effects/Adverse Reactions (2)	Abnormal dreams or thinking, aggression	Folic acid is possibly unsafe when taken by mouth in large doses, long term.	Anxiety, agitation	Anxiety, agitation	Hallucinations, seizures
Medication/Food Interactions	Alcohol use: Additive CNS depression	None listed	Alcohol use: increased CNS depression and risk of hypotension and respiratory depression	Alcohol use: increased CNS depression and risk of hypotension and respiratory depression	Alcohol use: increased CNS depression
Nursing Considerations (2)	Give oral divalproex or valproic acid with food to minimize GI irritation, if needed. Do not break or let patient chew delayed release, or extended-release tablets	Be aware that some vitamin B9 solutions contain benzyl alcohol. Know that unless ordered otherwise, you should dilute 5mg/ml of vitamin B9 with 49ml sterile water for injection to provide a solution	Avoid stopping haloperidol abruptly unless severe adverse reactions occur. Assess patient for fall risks, such those who are elderly and those with conditions or diseases, or taking drugs that exacerbate central nervous system adverse effects such as motor instability	Avoid stopping haloperidol abruptly unless severe adverse reactions occur. Assess patient for fall risks, such those who are elderly and those with conditions or diseases, or taking drugs that exacerbate central nervous system adverse effects such as motor instability	Use hydroxyzine cautiously in patients with risk factors for QT prolongation such as concomitant arrhythmogenic drug use, electrolyte imbalance, or preexisting heart disease. Do not give hydroxyzine by subcutaneous or I.V. route because

		containing 0.1 mg of vitamin/ml			tissue necrosis may occur.
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Brand/Generic	Nicotine/ NicoDerm CQ	Zofran/ Ondansetron	Vitamin B1/ Thiamine Mononitrate	Trazodone / Desyrel	
Dose	21mg/24Hr	4mg	100mg	100mg	
Frequency	1 patch every 24 hours	Q6H/PRN	QD	HS PRN	
Route	Transdermal	PO	PO	PO	
Classification	Smoking cessation adjunct	Antiemetic	Vitamin	Antidepressant	
Mechanism of Action	Binds selectively to nicotinic-cholinergic receptors at autonomic ganglia, in the adrenal medulla, at neuromuscular junctions and in the brain.	Blocks serotonin receptors centrally in the chemoreceptor trigger zone and peripherally at vagal nerve terminals in the intestine.	None listed	Blocks serotonin reuptake along with presynaptic neuronal membrane, causing and antidepressant effect.	
Therapeutic Uses	To relieve nicotine withdrawal symptoms, including craving	To prevent nausea and vomiting associated with highly emetogenic cancer chemotherapy	Used to treat Vitamin B1 deficiency	To treat major depression	
Therapeutic Range (if applicable)	21mg – 14mg-7mg decreasing over 14 days	16-24mg per day	50-200mg per day	150-600mg per day	
Reason Client Taking	Nicotine dependence	Nausea	Vitamin B1 Deficient	For sleep	
Contraindications (2)	Hypersensitivity to nicotine,	Concomitant use of apomorphine,	Be aware that I.V.	Hypersensitivity to trazodone	

	<p>its components, components of transdermal system or soy (mint flavor lozenges)</p> <p>Life-threatening arrhythmias</p>	<p>congenital long QT syndrome, hypersensitivity to ondansetron or its components</p>	<p>administration of vitamin B1 has caused severe and life-threatening reactions, especially with repeat administration. Monitor patient closely for angioedema, GI bleeding, respiratory distress, throat tightness, urticaria, vascular collapse, and weakness during and after administration.</p>	<p>or its components, recovery from acute MI, use within 14 days of an MAO inhibitor including intravenous methylene blue and linezolid</p>
Side Effects/Adverse Reactions (2)	<p>Dizziness, dream disturbances</p>	<p>Agitation, Anxiety</p>	<p>None listed</p>	<p>Abnormal coordination or dreams, anxiety</p>
Medication/Food Interactions	<p>Caffeine: increased effects of caffeine (chewing gum, nasal spray, transdermal system)</p>	<p>Alcohol use: increased stimulant and sedative effects, including mood and physical sensations</p>	<p>None listed</p>	<p>Aspirin: NSAIDs: possibly increased risk of bleeding</p>
Nursing Considerations (2)	<p>Know that transdermal system should not be used in patients who have a history of diabetes,</p>	<p>Know that if hypokalemia or hypomagnesemia is present, these electrolyte imbalances should be corrected before</p>	<p>None listed</p>	<p>Use trazodone cautiously in patients with cardiac disease because drug can cause arrhythmias.</p>

	<p>peptic ulcers, or seizures.</p> <p>Know that when administering nicotine by oral inhalation, expect optimal effects to result from continuous puffing for 20 minutes.</p>	<p>ondansetron is administered because of increased risk for QT-interval prolongation, which could predispose the patient to develop torsade's de pointes.</p> <p>Use calibrated container or oral syringe to measure dose of oral solution</p>		<p>Closely monitor depressed patients for suicidal thoughts and tendencies. Notify prescriber if they occur and take suicide precautions according to facility policy.</p>
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Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2020 Nurses drug handbook*. Burlington, MA.

Mental Status Exam Findings (20 points)

<p>APPEARANCE: Behavior: Build: Attitude: Speech: Interpersonal style: Mood: Affect:</p>	<p>Clean, showers daily Stable, calm, and cooperative Medium build Determined Clear, articulative Engaged, cooperative. Calm Calm, collected</p>
<p>MAIN THOUGHT CONTENT: Ideations: Delusions: Illusions: Obsessions: Compulsions: Phobias:</p>	<p>None currently None None None None None</p>
<p>ORIENTATION: Sensorium:</p>	<p>A & O x 4 N/A</p>

Thought Content:	Organized, determined. .
MEMORY: Remote:	Denies impairment
REASONING: Judgment: Calculations: Intelligence: Abstraction: Impulse Control:	Average N/A Knowledgeable None Average, able to control self and thoughts.
INSIGHT:	Average
GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements:	None Average, slouching at times. Good Good Good

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
03/28/2022 1500 hours	105 BPM	125/76 mm/hg	20	98.9 degrees F	98% Room air
03/27/2022 1500 hours	98 BPM	132/73 mm/hg	20	97.8 degrees F	98% Room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
03/28/22 1730	Numeric	Stomach	3/10	Tight sensation: "Feels like something	Mediations for withdrawal and pain

				wrapped around stomach”	
03/28/22 1500	Numeric	N/A	0/10	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
<p>Percentage of Meal Consumed:</p> <p>Breakfast: None</p> <p>Lunch: Turkey sandwich, lettuce, mustard, chips – 100%</p> <p>Dinner: Cheeseburger with fries and ketchup – 100%</p>	<p>Oral Fluid Intake with Meals (in mL)</p> <p>Breakfast: Coffee 360mL</p> <p>Lunch: 1 cup of coffee 120mL, 1 cup of water, 720 mL</p> <p>Dinner: 1 cup of coffee 120 mL, 1 cup of water, 720mL</p>

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

Seek weekly outpatient counseling for psychiatric issues, cease smoking marijuana and drinking alcohol, absence of suicidal ideations, be compliant with all medications, to improve symptoms.

Nursing Diagnosis (15 points)

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

Nursing Diagnosis	Rational	Immediate Interventions (At admission)	Intermediate Interventions (During hospitalization)	Community Interventions (Prior to discharge)
<ul style="list-style-type: none"> Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> Explain why the nursing diagnosis was chosen 			
1. Risk for	Suicidal	1. Lock personal items	1. Monitor	1. Set up

<p>self-harm related to feelings of depression as evidenced by suicidal ideation and past attempts.</p>	<p>ideation-with or without plans to follow through with it, should always be taken seriously.</p>	<p>up 2. Encourage patient to attend group counseling. 3. Monitor patient every 15 minutes</p>	<p>patient every 15 minutes 2. Encourage patient to attend group therapy 3. Follow medication regimen closely</p>	<p>outpatient appointment with psychiatrist. 2. Continue access to psychotropic medications. 3. Have patient meet for group therapy</p>
<p>2. Anxiety/ Fear related to feeling of hopelessness as evidenced by alcohol use and dependence</p>	<p>The use of alcohol abusively can cause severe anxiety and trigger fear.</p>	<p>1. Monitor and document seizure activity. Maintain patent airway. Provide environmental safety (padded side rails, bed in low position). 2. Check deep-tendon reflexes. Assess gait, if possible. 3. Assist with ambulation and self-care activities as needed.</p>	<p>1. Continue to monitor gait and assess as needed. 2. Assess patient with CIWA protocol. 3. Follow medication regimen closely</p>	<p>1. Set patient up with counselor to discuss and monitor alcohol cessation. 2. Set patient up with sponsor and meetings for Alcoholics Anonymous 3. Continue access to medications through patient insurance</p>
<p>3. Ineffective individual coping related to learned response patterns as evidenced by smoking cigarettes</p>	<p>Patient needs to adopt new coping mechanism to reduce anxiety than smoking cigarettes and</p>	<p>1. Search patient and have patient place all personal belongings in a lock environment. 2. Encourage patient to speak with counselor regarding stress. 3. Assist patient to</p>	<p>1. Provide counseling relating to smoking cigarettes and drug use. 2. Begin medication regimen.</p>	<p>1. Educate patient on smoking cessation. 2. Continue monitoring patient and checking in that he is</p>

<p>and marijuana at the age of 12-13 years old</p>	<p>marijuana.</p>	<p>create a cessation plan to help him quit with an achievable quit date goal.</p>	<p>3. Begin medication regimen</p>	<p>continuing medication regimen for smoking cessation.</p> <p>3. Educate patient on stress management</p>
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Other References (APA):

Concept Map (20 Points):

Subjective Data

I was feeling extremely depressed, so I went to drink liquor. In the process of all my drinking, I lost my keys and my wallet. I passed out on a bench outside. It was cold. I guess I could have frozen to death but then I woke up to the realization that I needed help. I walked from the Champaign Walmart to The Pavilion. They probably did not want to accept me because I was drunk and thought that all I wanted was meds to do my job. I'm glad they did so I can get help.

Objective Data

Patient's most recent vital signs:

BP: 125/76 mmHg
 RR: 20
 O2: 98%
 HR: 105
 Temp: 98.9 F

Nursing Diagnosis/Outcomes

Patient is a 21-year-old, single, African American male, with a history of suicidal ideation, alcoholic dependence, premenstrual syndrome, anxiety and fear, use disorder, marijuana use disorder, bipolar affective disorder. Patient is very pleasant, calm, and ready to make personal changes in his life.

1. Provide appointment with psychiatrist.
2. Community group therapy
3. Confirm access to medications with patient's insurance.
4. Past attempts at personal counseling for alcohol dependence and personal counseling for anxiety.
5. Risk for self-harm related to feelings of depression as evidenced by suicidal ideation and personal counseling for alcohol dependence.
6. Anxiety and fear related to feelings of hopelessness as evidenced by continuous meeting and sponsor.
7. Ineffective individual coping related to learned response patterns as evidenced by smoking cigarettes and marijuana at the age of 12-13 years old.
8. Educate patient on stress management.
9. Confirm medication regimen for smoking cessation.

Patient Information

Nursing Interventions

