N323 Care Plan

Lakeview College of Nursing

Camryn Studer

Demographics (3 points)

Date of Admission 4/3/22	**Patient Initials** J.O.	**Age** 33	**Gender** Male
Race/Ethnicity Caucasian	**Occupation** Self-employed	**Marital Status** Single	**Allergies** Penicillins
Code Status Full code	**Observation Status** Inpatient, Q 15 minute observation	**Height** 6'0"	**Weight** 165 lbs

Medical History (5 Points)

Past Medical History:

- ADHD
- Depression
- Bipolar type 2

Significant Psychiatric History:

- Diagnosed with Bipolar type 2 when he was admitted at the Pavilion for suicidal ideation in 2011 but believes he was misdiagnosed.
- Patient believes he has OCD but has never been diagnosed.

Family History:

- Mother:
  - OCD
  - Heroin addict
- Father:
  - Alcoholic
- Sister:
  - OCD

- Bipolar
- ADHD

Social History (tobacco/alcohol/drugs):

- **Previous use of the following:**
  - Alcohol
    - 30 rack of beer a day
  - Cigarettes
    - A pack a day
  - Marijuana
    - Daily
  - Cocaine
  - Meth
  - Abuse of opioids and Adderall prescription
  - Patient was clean for several years and is here for relapse and suicidal ideation

Living Situation:

- Lives in Champaign Illinois with his roommate Mike
  - They rent a three-bedroom house

Strengths:

- Overcome his past traumas and knows when to ask for help

Support System:

- The patient has not been in contact with his family in years
- Lots of friends that he thinks of as family
  - The patients' friends fully support him and want the best for him

Admission Assessment

Chief Complaint (2 points): "I want help"

Contributing Factors (10 points):

- Suicidal ideations, friend encouraged him to go to the hospital

Factors that lead to admission:

- Significant history of mental illness and childhood trauma including, suicide attempts/ideations, ADHD, Bipolar type 2, depression, physical, mental and emotional abuse as a child.

History of suicide attempts:

- 4/3/22
- 11/2021

Primary Diagnosis on Admission (2 points):

- Suicidal ideations

Psychosocial Assessment (30 points)

History of Trauma
No lifetime experience: **Witness of trauma/abuse:** The mother was beat by her boyfriend in front of the patient and also overdosed on heroin where the patient found her. The patient was also in a gang and

witnessed violence related to gang activity.				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	No	Since he was a baby	N/A	The patient's father was physically abusive.
Sexual Abuse	No	9 years old	N/A	The patient was sexually abused by a male family friend.
Emotional Abuse	No	Since he was a child	N/A	The patient's father used to tell him he was "no good" and verbally abuse him.
Neglect	No	9 years old	The patient was forced to take care of his sister due to neglect from their parents.	The patient was abandoned by his whole family.
Exploitation	No	Since he was a child	N/A	The patient was used and

				manipulated at a young age.
Crime	No	16 years old	N/A	The patient joined a gang at the age of 16.
Military	N/A	N/A	N/A	N/A
Natural Disaster	No	N/A	N/A	N/A
Loss	No	32 years old	N/A	The patient lost some who he looked at as a father figure. The patient also lost family and friends due to drugs and mental health issues.
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**	Denies
Loss of energy or interest in activities/school	**Yes**	**No**	The patient is tired from the mood stabilizers.
Deterioration in hygiene and/or	**Yes**	**No**	Denies

grooming			
Social withdrawal or isolation	**Yes**	**No**	Denies
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	The patient's mental health issues and relapse has put a strain on his relationship and work life.
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**	**No**	The patient has been getting more sleep since he was admitted. He has slept at least 9 hours last night.
Difficulty falling asleep	**Yes**	**No**	Denies
Frequently awakening during night	**Yes**	**No**	Denies
Early morning awakenings	**Yes**	**No**	Denies
Nightmares/dreams	**Yes**	**No**	Denies
Other	**Yes**	**No**	Denies
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	**Yes**	**No**	The patient is used to eating very healthy and low carb but his diet has been different since being admitted.
Binge eating and/or purging	**Yes**	**No**	Denies
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No**	Denies
Use of laxatives or excessive exercise	**Yes**	**No**	Denies
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity,**

			duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	**Yes**	**No**	Denies
Panic attacks	**Yes**	**No**	Denies
Obsessive/ compulsive thoughts	**Yes**	**No**	Denies
Obsessive/ compulsive behaviors	**Yes**	**No**	The patient has diagnosed himself with OCD but has not been having issues with it since he has been admitted.
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**	**No**	The patient had a lot of anxiety prior to being admitted but is doing better.
Rating Scale			
How would you rate your depression on a scale of 1-10?	0/10		
How would you rate your anxiety on a scale of 1-10?	0/10		
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**	The patient runs his own window cleaning business, and it is hard to run when he is in the hospital. The patient says his job is typically stress free otherwise.
School	**Yes**	**No**	Denies
Family	**Yes**	**No**	The patients mother and sister are both drug addicts and he misses them.

Legal	**Yes**	**No**	Denies
Social	**Yes**	**No**	Denies
Financial	**Yes**	**No**	The patient's business struggled a lot during the Covid-19 pandemic and he is still trying to get back on his feet.
Other	**Yes**	**No**	Denies

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/ MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/ Outcome**
November 2011	**Inpatient** **Outpatient** **Other:**	Inpatient at the Pavillion	Suicide attempt	**No improvement** **Some improvement** **Significant improvement**
4/3/22	**Inpatient** **Outpatient** **Other:**	Inpatient at OSF Behavioral Health	Suicidal ideations/stopped himself right before hanging himself	**No improvement** **Some improvement** **Significant improvement**
N/A	**Inpatient** **Outpatient** **Other:**	N/A	N/A	**No improvement** **Some improvement**

				Significant improvement
Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
One roommate named Mike	42 years old	Best friend	**Yes**	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
If yes to any substance use, explain: N/A				
Children (age and gender): No children **Who are children with now?**				
Household dysfunction, including separation/divorce/death/incarceration: The patient is not currently experiencing household dysfunction.				
Current relationship problems: None **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: Christian				
Ethnic/cultural factors/traditions/current activity: None **Describe:**				
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): The patient's mother was arrested for drugs and CPS tried to take his sister away.				

The patient tried to gain custody of his sister while his mother was in jail. His parents were divorced, and he went to jail for underaged drinking when he was a minor.
How can your family/support system participate in your treatment and care? His friends support and encourage him during treatment. His best friend was the one who encouraged him to go to the hospital to get help.
Client raised by: **Natural parents** **Grandparents** **Adoptive parents** **Foster parents** **Other (describe):**
Significant childhood issues impacting current illness: Physical, Mental, emotional, and sexual abuse as a child.
Atmosphere of childhood home: **Loving** His mom was very loving but had issues with addiction. **Comfortable** **Chaotic** **Abusive** His **father was very abusive and after his parents divorced his mom was in an abusive relationship.** **Supportive** **Other:**
Self-Care: **Independent** **Assisted** **Total Care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) Mom: Bipolar and OCD Sister: Bipolar, OCD, ADHD
History of Substance Use: Mom: Drugs

Father: Alcohol Sister: Drugs
Education History: **Grade school** **High school** (dropped out freshman year) **College** **Other:**
Reading Skills: **Yes** **No** **Limited**
Primary Language: English
Problems in school: Social issues, intrusive thoughts of hurting others, ADHD
Discharge
Client goals for treatment: The patient plans to stay consistent with treatment bhy using new coping mechanisms and going to therapy
Where will client go when discharged?

Outpatient Resources (15 points)

Resource	Rationale
1. Thriveworks counseling- Located in Champaign Illinois	**1.** Thriveworks has counselors that specialize in mental illnesses and substance abuse. I would like my patient to go to a counselor who can help him with his mental illnesses and work on his alcohol addiction.
2. Lifestance Health- Located in Champaign	**2.** I would like my patient to meet with April

Illinois	Gilliam's PMHNP-BC at Lifestance Health. April is ranked one of the best psychiatric nurse practitioners in the area. April can work with my patient so he can find medications that can properly treat his mental illnesses.
3. National Suicide Prevention Hotline- 800-273-8255	**3.** I would like my patient to have access to the National Suicide Prevention Hotline. My patient has been hospitalized multiple times for suicide attempts or suicidal ideations. This hotline provides 24/7, free, support for those experiencing suicidal ideations.

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

Brand/ Generic	Naltrexone/ Vivitrol	TraZODone/ Trazorel, Oleptro	BusPIRone/ BuSpar	Divalproex/ Depakote (ER and Sprinkle)	Benztropine/ Cogentin
Dose	50 mg	100 mg	10 mg	500 mg	2 mg
Frequency	Once daily	Nightly PRN	TID PRN	BID	BID PRN
Route	PO	PO	PO	PO	PO

Classification	Alcohol abuse therapy adjuncts/ Opioid antagonists	Antidepressant	Antianxiety agents	Anticonvulsants and vascular headache suppressants	Anti-Parkinson agents and anticholinergics
Mechanism of Action	Competitively blocks the effects of opioids, including CNS and respiratory depression, without producing any opioid like effects.	Alters the effects of serotonin in the CNS.	Binds to serotonin and dopamine receptors in the brain. Increases norepinephrine metabolism in the brain.	Increase levels of GABA, an inhibitory neurotransmitter in the CNS.	Blocks cholinergic activity in the CNS, which is partially responsible for the symptoms of Parkinson's disease. Restores the natural balance of neurotransmitters in the CNS.
Therapeutic Uses	Management of opioid and alcohol dependent behavior.	Major depression, insomnia, chronic pain syndromes including diabetic neuropathy and anxiety.	Management of anxiety.	Management of manic episodes associated with bipolar disorder.	Treatment of all forms of Parkinson's disease.
Therapeutic Range (if applicable)	N/A	N/A	N/A	50-125 mcg/ mL	N.A
Reason Client Taking	Alcohol addiction	Depression and anxiety	Anxiety	Bipolar disorder	Movement disorder
Contraindications (2)	1. Hypersensitivity to Naltrexone	3. Hypersensitivity to traZODone	1. Hypersensitivity to busPIRone	1. Hypersensitivity to Divalproex	1. Hypersensitivity to benztropine

	or its components. 2. Concurrent use with opioid analgesics or physiologic opioid dependence.	or its components. 1. Concurrent electroconvulsive therapy.	and its components. 2. Ingestion of large amounts of grapefruit juice.	and its components. 2. Hepatic impairment.	and its components. 2. Tardative dyskinesia.
Side Effects/Adverse Reactions (2)	1. Suicidal ideation 2. Hepatotoxicity	1. Dry mouth 2. Suicidal thoughts	1. Blurred vision 2. Nausea	1. Suicidal thoughts 2. Hypothermia	1. Confusion 2. Constipation
Medication/Food Interactions	Concurrent use with thioridazine may increase CNS depression. May prevent therapeutic effects of opioid analgesics, antidiarrheals, and antitussives.	Serious, potentially fatal reactions with concurrent use of MAO inhibitors. Increases CNS depression with other CNS depressants. Increased risk of bleeding with use of NSAIDS, aspirin, clopidogrel, or warfarin.	Increased risk of hypertension with use of MAO inhibitors. Inhibitors of CYP34A increase the blood levels and effects of busPIRone. Avoid concurrent use of alcohol. Grapefruit juice increases serum levels and effects.	Increased risk of bleeding with warfarin. Increases CNS depression with other CNS depressants. MAO inhibitors and other antidepressants may decrease seizure threshold.	Additive anticholinergic effects with drugs sharing anticholinergic properties. Counteracts the cholinergic effects of bethanechol. Antacids and antidiarrheals may decrease absorption.

Nursing Considerations (2)	1. Monitor for changes in behavior that could indicated the emergence or worsening of suicidal thoughts or behavior. 2. Monitor liver enzymes periodically during therapy for signs of hepatotoxicity.	1. Monitor for signs and symptoms of serotonin syndrome. 2. Monitory for suicidal tendencies, especially during early therapy.	1. Administer with food to minimize gastric irritation. 2. Assess degree of anxiety before and periodically during therapy.	1. Assess for suicidal tendencies especially during early therapy. 2. Monitor for signs and symptoms of pancreatitis.	1. Assess bowel function daily. 2. Assess for parkinsonian and extrapyramidal symptoms.

Brand/Generic	Haloperidol/ Haldol, Haldol Decanate	N/A	N/A	N/A	N/A

Dose	5 mg	N/A	N/A	N/A	N/A
Frequency	Q 4 hrs PRN	N/A	N/A	N/A	N/A
Route	PO	N/A	N/A	N/A	N/A
Classification	Antipsychotics and butyrophenones	N/A	N/A	N/A	N/A
Mechanism of Action	Alters the effects of dopamine in the CNS. Also has anticholinergic and alpha-adrenergic blocking activity.	N/A	N/A	N/A	N/A
Therapeutic Uses	Management of acute and chronic psychotic disorders.	N/A	N/A	N/A	N/A
Therapeutic Range (if applicable)	2-15 ng/mL	N/A	N/A	N/A	N/A
Reason Client Taking	To treat manic episode.	N/A	N/A	N/A	N/A
Contraindications (2)	1. CNS depression. 2. Parkinsonism.	N/A	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	1. Seizures. 2. Neuroleptic Malignant Syndrome.	N/A	N/A	N/A	N/A
Medication/Food Interactions	Concurrent use with QT interval prolonging drugs may increase risk of QT interval prolongation. Increased hypotension with antihypertensives. Increased anticholinergic	N/A	N/A	N/A	N/A

	effects with drugs having anticholinergic properties. Increased CNS depression with use of other CNS depressents.				
Nursing Considerations (2)	1. Monitor BP and pulse prior to and frequently during period of dose adjustment. 2. Monitor for signs and symptoms of Neuroleptic Malignant Syndrome.	N/A	N/A	N/A	N/A

Medications Reference (1) (APA):

Mental Status Exam Findings (20 points)

APPEARANCE:	Patient appears well groomed but has not been able to shave since being admitted. Patient is wearing street clothes and takes his appearance seriously. Patient has an athletic build and looks

	healthy.
Behavior:	Calm, relaxed
Build:	Athletic build
Attitude:	Subdued
Speech:	Occasional mumbling and low pitch
Interpersonal style:	Loose association, engaged, oriented
Mood:	Calm, relaxed
Affect:	Tranquil
MAIN THOUGHT CONTENT:	
Ideations:	Suicidal
Delusions:	N/A
Illusions:	N/A
Obsessions:	N/A
Compulsions:	N/A
Phobias:	N/A
ORIENTATION:	A&0 x4
Sensorium:	N/A
Thought Content:	Scattered, some loose associations but ends up at the main point of conversation .
MEMORY:	.Intact, both short and long-term memory appear normal
Remote:	
REASONING:	
Judgment:	Good judgement
Calculations:	N/A
Intelligence:	Average for age
Abstraction:	N/A
Impulse Control:	Good self-control
INSIGHT:	Average
GAIT:	
Assistive Devices:	None
Posture:	Good posture, spine is erect
Muscle Tone:	Above average muscle tone
Strength:	Average strength for an athletic person
Motor Movements:	Good motor movements

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1500	71 bpm	130/83 mmHG (left arm)	16 breaths per minute	99.4˚F (temporal)	96% (room air)
1700	90 bpm	119/68 mmHG (left arm)	16 bbreaths per minute	99.0˚F	96% (room air)

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1500	Numerical	Right shoulder	10/10	Sharp, stabbing pain	Stretching, heat and ice when available
1700	Numerical	Right shoulder	10/10	Sharp, stabbing pain	Stretching, heat and ice when available

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast:** 75-100% **Lunch:** 75-100% **Dinner:** 75-100%	**Oral Fluid Intake with Meals (in mL)** **Breakfast:** 360 mL **Lunch:** 360 mL **Dinner:** 360 mL

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

The patient plans to discharge home with his roommate Mike. If the patient allows, I would like Mike to be informed in the treatment plan since he is a big supporter of the patient. I would like the patient to seek therapy and long-term care with a psychiatrist. The patient should stay compliant with his medications and continue with outpatient treatment.

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 acute substance withdrawal syndrome related to alcohol addiction as evidence by recent alcohol addiction relapse.	The patient recently relapsed with his alcohol addiction after several years of being sober.	1.Initiate seizure safety protocols. 2.Create a judgment free environment using therapeutic communication. **3.** Educate the patient on the withdrawal process and how the staff will be treating it.	**1.**Administer medications to safely assist the patient through withdrawal. **2.** 15-minute rounding to ensure the patient is safe. **3.** Encourage the patient to go to therapy sessions to talk about their addiction.	**1.** Substance Abuse and Mental Health Services Administration Helpline. A free, confidential, 24/5, 365 treatment referral and information service. 2. Refer the patient to detoxification and crisis

				centers for ongoing treatment. 3. Include family on the treatment plans if the patient wishes.
2. Risk for suicide related to depression as evidence by suicidal ideations.	The patient is being hospitalized due to suicidal ideations after addiction relapse.	**1.** Initiate safety protocol by removing hazardous objects from the room. **2.** Ask the patient if they have thought about killing themselves and if they have a plan. **3.** Create a no-suicide contract with the nurse for the next 24 hours, then renegotiate the terms at a later time.	**1** Use calming, nonjudgmental therapeutic communication to make the patient feel comfortable. **.** **2.**15-minute rounding to ensure the patient is safe. **3.** Encourage the patient to participate in therapy and group sessions.	**1.** Refer the patient to mental health professionals for long term treatment. **2.**Provide the patient with the National Suicide Hotline number. **3.**Assist the patient in creating short- and long-term goals for their treatment.
3. Risk for fatigue related to medication adverse effects as evidence by the patient saying the medication has been making him feel	The patient has been put on medications that are known to make individuals feel fatigued and endure brain fog.	**1.** Ask the patient what mediations that currently take and when the last time they took it. **2**. Evaluate the severity of the patient's fatigue, aggravating and alleviating	**1.** Create a bedtime routine so the patient gets and adequate amount of sleep. **2.** Assess the patient's nutritional ingestion for adequate energy sources. **3.** Assess the	**1.** Refer the patient to a psychiatrist who can work with them to find a medication with less adverse effects. **2.** Encourage the patient to restrict environment stimuli during

tried and groggy.		factors. **3.** Asse	patients sleep patterns for quality, quantity, and time.	times of rest. **3.** Give the patient resources on sufficient nutritional intake.

Other References (APA):

Concept Map (20 Points):

Subjective Data

"I want help."
"I'm no good."
"I usually don't sleep very good but I slept almost 9 hours last night!"
"I wouldn't be here if it weren't for my friends."
"My shoulder pain is a 10/10 when I left my arm."

Nursing Diagnosis/Outcomes

Risk for acute substance withdrawal syndrome related to alcohol addiction as evidence by recent alcohol addiction relapse
Patient will be able to cope with his addiction and identify triggers.
Risk for suicide related to depression as evidence by suicidal ideations.
Patient will use his resources and get help when it's needed.
Risk for fatigue related to medication adverse effects as evidence by the patient saying the medication has been making him feel tried and groggy.
Patient will get medication reconciliation and get on a medication that will better suit him.

Objective Data

1500:
HR: 71 bpm
B/P: 130/83 mmHG
RR: 16 breaths/min
Temp: 99.4F
O2 sat: 96% RA
1700:
HR: 90 bpm
B/P: 119/68 mmHG
RR: 16 breaths/min
Temp: 99.0F
O2 sat: 96% RA

Patient Information

On April 3rd, a 33-year-old white, male was admitted to OSF Heart of Mary for suicidal ideations following an alcohol addiction relapse. The patient has significant history of suicidal ideations, anxiety, depression, ADHD, and bipolar type 2.

Nursing Interventions

Administer medications to safely assist the patient through withdrawal.
15-minute rounding to ensure the patient is safe.
Encourage the patient to go to therapy sessions to talk about their addiction.
Use calming, nonjudgmental therapeutic communication to make the patient feel comfortable.
15-minute rounding to ensure the patient is safe.
Encourage the patient to participate in therapy and group sessions.
Create a bedtime routine so the patient gets and adequate amount of sleep.
Assess the patient's nutritional ingestion for adequate energy sources.
Assess the patients sleep patterns for quality, quantity, and time.