N323 Care Plan

Lakeview College of Nursing

Kayonna Pinto

Demographics (3 points)

Date of Admission 04/03/22	**Patient Initials** S.A.	**Age** 21	**Gender** Non-Binary (Assigned female at birth)
Race/Ethnicity White/Caucasian	**Occupation** Unemployed	**Marital Status** Life partner	**Allergies** Fish- anaphylaxis
Code Status Full Code	**Observation Status** Inpatient	**Height** 4’ 11”	**Weight** 218 lb (98.9 kg)

Medical History (5 Points)

Past Medical History: Tibia fracture, GERD, chronic knee pain, depression, anxiety, PTSD, sleep apnea, and arthritis

Significant Psychiatric History: Bipolar disorder with 2 suicide attempts within the past year. Patient also has a history of depression, anxiety, and PTSD.

Family History:

Bipolar disorder is noted with mother, father, brother, and sister.

Father: history of seizures and sleep apnea

Mother: history of anemia

Social History (tobacco/alcohol/drugs): Patient smokes cigarettes socially, approximately 1 pack per month. Duration not specified. Patient also reports that they drink alcohol socially, frequency and duration not specified. Patient reports smoking cannabis twice weekly, duration not specified.

Living Situation: The patient lives with their fiancé, their best friend, and their best friend’s boyfriend.

Strengths: The patient reports a strong support system and faith. Patient is furthering their education.

Support System: The patient is not very close with their family. Patient's primary support system consists of their fiancé, their roommates, and their coven.

Admission Assessment

Chief Complaint (2 points): Suicide attempt

Contributing Factors (10 points):

Factors that lead to admission:

The patient has a diagnosis of bipolar disorder. Patient had a prior diagnosis of major depression at the age of fourteen. The patient was sexually abused throughout their childhood and continues to have sequelae from these events. The patient reports that they quit taking their medications one to two weeks prior once they started feeling better. The patient did not endorse a trigger for attempted overdose of prescription medications. Friend induced vomiting and fiancé administered Narcan. Patient presented to the ED alert and orient. Later, the patient reported the inciting incident was an argument with their fiancé.

History of suicide attempts: 2x, most recent January 24th

Primary Diagnosis on Admission (2 points): Bipolar disorder

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: No **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 current trauma	No past trauma	No secondary trauma	N/A
Sexual Abuse	No current trauma	8 - 17	No secondary trauma	Patient reports that they were raped by their uncle throughout their childhood
Emotional Abuse	No current trauma	8 - 19	No secondary trauma	Patient reports emotional abuse by their uncle from the ages of 8 to 17 and emotional abuse by an ex-boyfriend at

				the age of 19.
Neglect	No current trauma	No past trauma	No secondary trauma	N/A
Exploitation	No current trauma	No past trauma	No secondary trauma	N/A
Crime	No current trauma	No past trauma	No secondary trauma	N/A
Military	No current trauma	No past trauma	No secondary trauma	N/A
Natural Disaster	No current trauma	No past trauma	No secondary trauma	N/A
Loss	April 1st	Ages 9, 12, 13, 19 and 21	No secondary trauma	The patient reports several deaths of loved ones.
Other	No current trauma	No past trauma	No secondary trauma	N/A
Presenting Problems				

Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)
Depressed or sad mood	**Yes✓**	**No**	Most days, intensity of depressed mood rated “more than 5, but less than 10”
Loss of energy or interest in activities/school	**Yes✓**	**No**	Difficulty with daily activities and GED classes when depressive symptoms arise
Deterioration in hygiene and/or grooming	**Yes**	**No✓**	N/A
Social withdrawal or isolation	**Yes✓**	**No**	Patient describes
Difficulties with home, school, work, relationships, or responsibilities	**Yes✓**	**No**	N/A
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes✓**	**No**	Patient has difficulty staying asleep and sleeps “if possible, three hours” at a time
Difficulty falling asleep	**Yes✓**	**No**	Patient’s sleep apnea may contribute to their difficulty falling asleep.
Frequently awakening during night	**Yes✓**	**No**	Patient’s sleep apnea may contribute to their difficulty staying asleep. Patient also reports vivid nightmares wake the patient, and then they have

			difficulty falling back asleep.
Early morning awakenings	**Yes**	**No✓**	N/A
Nightmares/dreams	**Yes✓**	**No**	Patient reports nightmares occur most nights.
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 eating less frequently.
Binge eating and/or purging	**Yes**	**No✓**	N/A
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No✓**	N/A
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**	The patient's symptoms are consistent finding with patient's prior diagnosis of anxiety.
Panic attacks	**Yes✓**	**No**	Patient reports periodic panic attacks.
Obsessive/compulsive thoughts	**Yes**	**No✓**	N/A
Obsessive/compulsive behaviors	**Yes**	**No✓**	N/A
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes✓**	**No**	Patient reports that they "avoid gas stations and stores."
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?	6

Current Stressors of Areas of Life Affected by Presenting Problem (work, school, family, legal, social, financial)			
Problematic Area	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Work	**Yes**	**No✓**	N/A
School	**Yes✓**	**No**	Performance in GED classes affected by mental health conditions.
Family	**Yes✓**	**No**	Patient has strained family relationship and described family home as “chaotic.”
Legal	**Yes**	**No✓**	N/A
Social	**Yes✓**	**No**	Patient lives with fiancé and has had several recent arguments with him.
Financial	**Yes✓**	**No**	Patient is unemployed and reports possibility that they “might lose trailer” home.
Other	**Yes**	**No**	N/A

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
December 2021	Inpatient✓ Outpatient Other: Carle Bromenn	Inpatient	Suicide attempt- slit wrists	No improvement Some improvement Significant improvement Not indicated✓
January, 2022	Inpatient✓ Outpatient Other: OSF Ottawa	Inpatient	Suicide attempt- stabbed themself	No improvement Some improvement Significant improvement Not indicated✓
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?**	
Not disclosed	24	Friend	Yes	No✓
Not disclosed	29	Friend's boyfriend	Yes	No✓
Not disclosed	31	Fiancé	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): None **Who are children with now?**		
Household dysfunction, including separation/divorce/death/incarceration:		
Current relationship problems: Patient gave conflicting answers **Number of marriages:** Zero		
Sexual Orientation:	**Is client sexually active?** **Yes ✓ No**	**Does client practice safe sex?** **Yes No✓**
Please describe your religious values, beliefs, spirituality and/or preference: Pagan, Greek pantheon		
Ethnic/cultural factors/traditions/current activity: **Describe:** Meets with coven once every two weeks		
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): "DCFS throughout childhood"		
How can your family/support system participate in your treatment and care? "Be supportive and understanding"		
Client raised by: **Natural parents✓** **Grandparents✓** **Adoptive parents** **Foster parents** **Other (describe):**		
Significant childhood issues impacting current illness: Patient was raped by their uncle throughout their childhood. Patient also spent time in the foster care system.		
Atmosphere of childhood home: **Loving** **Comfortable** **Chaotic ✓**		

Abusive **Supportive** **Other: "Dangerous"**
Self-Care: **Independent✓** **Assisted** **Total Care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) BPD, bipolar, anxiety, schizophrenia
History of Substance Use: No
Education History: **Grade school** **High school✓** - to 12th grade **College** **Other:**
Reading Skills: **Yes✓** **No** **Limited**
Primary Language: English
Problems in school: No
Discharge
Client goals for treatment: Patient to learn skills of emotional self-regulation and reduction of suicidal thoughts.
Where will client go when discharged? Patient to be discharged to home on 4/7/22.

Outpatient Resources (15 points)

Resource	Rationale

1. Intensive outpatient program	1. Patient requires a higher level of care due to chronic suicidality
2. Partial hospitalization program	2. Patient requires a higher level of care with daily access to medication adjustments
3. Nowmattersnow.org	3. Patient has access from home to skills to regulate emotions and reduce suicidality

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

Brand/Generic	**Bustab/ buspirone hydrochloride**	**Trileptal/ oxcarbazepine**	**Cogentin/ benztropine mesylate**	**Haldol/ haloperidol**	**Zofran/ ondansetron**
Dose	10 mg	300 mg	2 mg	5 mg	4 mg
Frequency	2x daily	2x daily	2x daily/PRN	Q4 / PRN	Q6 / PRN
Route	PO	PO	PO	PO	PO
Classification	Azaspirone, Anxiolytic	Carboxamide derivative, Anticonvulsant	Antichloriner gic, Antiparkinson ian/Central acting anticholinergi c	Butyrophenon e derivative, Antipsychotic	Selective serotonin receptor antagonist, Antiemetic
Mechanism of Action	May produce antianxiety effects by acting as partial agonist of serotonin receptors in the brain	Decreases neuronal firing rate by blocking the sodium channels of neurons and preventing sodium influx.	Blocks acetylcholine' s action at cholinergic receptor and increases dopamine and acetylcholine balance. This relaxes muscle movement and decreases rigidity, drooling, and tremors.	Produces antipsychotic effect by blocking postsynaptic dopamine receptors in the limbic system	Reduces nausea and vomiting by blocking the serotonin receptors at the vagal nerve terminals in the intestine. Blocks signals to the CNS.
Therapeutic Uses	Manage anxiety	Treat partial seizures	Manage pseudo-parkinsonism and dystonia	Treat psychosis and schizophrenia	Prevent nausea and vomiting
Therapeutic Range (if applicable)	20 – 30 mg daily	1,200 mg daily			
Reason Client Taking	Anxiety	Bipolar Disorder (off-label	Manage medication side effects	Breakthrough Psychosis / Mania	GI upset

		use)			
Contraindications (2)	- severe renal impairment -severe hepatic impairment	- carbamazepine allergy -Sensitivity to eslicarbazepine acetate	- Children under the age of 3 - hypersensitivity to benztropine mesylate and its components	- Parkinson's disease - Comatose state	-Simultaneous use of apomorphine - Hypersensitivity to ondansetron or its components
Side Effects/Adverse Reactions (2)	-Serotonin syndrome -Angioedema	- Stephen-Johnson syndrome -AV block	- Urticaria -Hypotension	-Neuroleptic malignant syndrome -Q-T interval prolongation	- Serotonin syndrome - Chest pain
Medication/Food Interactions	-Grapefruit juice may increase blood buspirone levels	- Hormonal contraceptives are rendered less effective -	-Possibly increases adverse anticholinergic effects of tricyclic antidepressant, amantadine, and phenothiazines	- CNS depressants (anesthetics and opiates) can increase risk of respiratory depression and hypotension	- IV form of ondansetron is incompatible with a variety of other medications and must have its own IV line.
Nursing Considerations (2)	-Medication peaks after 3 – 6 weeks, so patient may not notice antianxiety effects until 1 – 2 weeks of therapy - Advise patient to consistently take the medication. Patient can either always take medication with food or	- Monitor patient's serum sodium level for hyponatremia - Monitor therapeutic levels during initiation and titration, and adjust dosages accordingly	- Therapy begins with a low dose and is followed by gradual increase of 0.5 mg every 5 or 6 days - Assess muscle rigidity at baseline and monitor patient for improvement	- Monitor patient for tardive dyskinesia - Monitor CBC for changes in white blood cell counts	- Hypokalemia should be corrected because ondansetron can increase risk for prolonged Q-T intervals - Monitor patient's EKG, especially in patients with CHF

	always take it without food.				

Brand/Generic	**Ambien/ Zolpidem tartrate**	**Desyrel/ trazodone hydrochloride**	**Minipress/ prazosin hydrochloride**	**Lexapro/ escitalopram oxalate**	**Neurontin/ gabapentin**
Dose	10 mg	50 mg	1 mg	50 mg	300 mg
Frequency	Nightly PRN	Nightly PRN	Nightly	Daily	T.I.D.
Route	PO	PO	PO	PO	PO
Classification	Imidazopyridine, Hypnotic	Triazolopyridine derivative, Antidepressant	Alpha blocker, Antihypertensive	SSRI, Antidepressant	1-amino-methylcyclohexaneacetic acid, Anticonvulsant
Mechanism of Action	Binds to benzodiazepine receptors in the limbic and cortical areas of the CNS. Increases GABA's inhibitory effects, blocks cortical and limbic arousal, and preserves deep sleep.	Produces an antidepressant effect by blocking serotonin reuptake along the presynaptic neuron. Trazadone also produces a sedative effect by exerting alpha-adrenergic blocking action to produce a modest histamine blockade.	Selectively and competively inhibits $alpha_1$-adrenergic receptors.	Inhibits reuptake of serotonin by CNS neurons, thus increasing the amount of available serotonin	Gabapentin's exact mechanism of action is unknown. Gabapentin is structurally similar to GABA.GABA inhibits rapid firing of neurons associated with seizures.

Therapeutic Uses	Treat insomnia, help patient fall asleep after middle-of-night awakening	To treat major depression	Manage hypertension, nightmares, and intrusive memories	Treat generalized anxiety disorder and major depression	Adjunct treatment of seizures, manage neuralgia
Therapeutic Range (if applicable)					
Reason Client Taking	Insomnia, help patient fall back asleep after nightmare	Insomnia (low dosage)	Bad dreams	Depression	Anxiety (off-label)
Contraindications (2)	- Concomitant ritonavir therapy - Severe hepatic impairment	- Recovery from an acute MI -Use within 14 days of an MAOI	- Hypersensitivity to quinazolines - Hypersensitivity to prazosin	- Concomitant therapy with pimozide - Hypersensitivity to escitalopram or citalopram	- Hypersensitivity to gabapentin or its components
Side Effects/Adverse Reactions (2)	- Respiratory depression - Hepatic injury	- CVA - CHF	- Bradycardia - Dry mouth	- Ventricular arrhythmias -Deep vein thrombosis	- Melena - Rhabdomyolysis
Medication/Food Interactions	- Food increases time to peak blood level and overall decreased effects	- Increased risk of bleeding with concomitant aspirin and NSAIDs	- Increased risk of hypotension and syncope with concomitant use of antihypertensives, beta blockers, diuretics, and phosphodiesterase-5 inhibitors	- Increased risk of bleeding with aspirin, NSAIDs, and warfarin	- CNS depression increases with CNS depressants
Nursing Considerations (2)	- Alcohol use increases effects of CNS	- Give trazadone after a meal or light	- Monitor blood pressure - Use	- Use cautiously in patients with a history of	- Don't exceed 12 hours between

	depression - Administer zolpidem just before bedtime because this medication has a rapid onset	snack to reduce nausea -Can cause arrhythmias in patients with cardiac diseases	cautiously in patients with renal impairments	mania or seizures - Watch closely for suicidal tendencies when starting therapy or dosage changes	doses on a three-times-a-day schedule - Give drug at least two hours after an antacid

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2020). *2021 Nurse's Drug Handbook* (19th ed.). Jones & Bartlett Learning.

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	Patient's behavior is calm and makes appropriate eye contact. Patient is obese. Patient's mood is incongruent and inconsistent with the seriousness of the situation. Patient is pleasant and cooperative. Speech is normal volume, rate, tone, and fluency. Patient is interactive with staff and milieu. Affect is full range and congruent with mood and incongruent with situation.
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	Thought content currently denies suicidal ideation, homicidal ideation, auditory hallucinations, and visual hallucinations. No delusional beliefs elicited. No illusions, obsessions, compulsions, or phobias reported.
ORIENTATION: **Sensorium:** **Thought Content:**	The patient is alert and oriented to person, time, place, and situation. Linear and goal directed.
MEMORY: **Remote:**	Within normal limits, not formally addressed.

REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	Judgement: poor. Calculations: not addressed. Intelligence: general fund of knowledge Abstraction: not addressed Impulse control: poor
INSIGHT:	Patient has poor insight into consequences of her actions and endorses positivity despite chronicity of their suicidality and recent attempt.
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	Patient does not use any assistive devices for mobility. Patient's posture and gait are normal. Muscle tone, strength, and motor movements demonstrated no abnormalities. No abnormal involuntary movements.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0813	98 bpm	124/83 mmHg	14 RR	98.1 F	97% on RA
1600	96 bpm	126/86 mmHg	14 RR	98.2 F	98% on RA

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0813	Numerical	n/a	0/10	n/a	Not indicated
1600	Numerical	n/a	0/10	n/a	Not indicated

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast:** 100% **Lunch:** 100% **Dinner:** 100%	**Oral Fluid Intake with Meals (in mL)** **Breakfast:** 480 mL **Lunch:** 240 mL **Dinner:** 240 mL

Discharge Planning (4 points)

Discharge Plans (Yours for the client): Patient will be admitted to intensive outpatient program and long-term dialectal behavior therapy program. Patient would benefit from residential behavioral health program, but patient's insurance is unlikely to approve.

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 emotional distress as evidenced by intentional medication	Safety is priority.	1. Supervise the administration of prescribed medications 2. One-on-one observation 3. Check personal belongings to remove any that could be used to further inflict self-injury	1. Use a warm, caring, nonjudgmental manor to show unconditional positive regard 2. Demonstrate understanding, but don't reinforce denial of the current situation 3. Rounding every 15 minutes	1. Resources for suicide hotlines as a written handout 2. Outpatient resources 3. Safety plan
2. Ineffective coping related to trauma as evidenced by interpersonal conflict resulting in self harm	Illustrates the chronicity of the patient's condition. Trauma response from childhood remains unresolved	1. Identify and reduce unnecessary stimuli 2. Explain all treatments and procedures, and answer all the patient's questions 3. Help patient recognize	1. Encourage open expression of feelings 2. Identify factors that exacerbate the patient's ability to cope 3. Spend uninterrupted periods of time with the patient	1. Assign a consistent care provider to patient for continuity of care 2. Refer patient for professional psychological counseling 3. Encourage patient to use support systems to assist with coping

		and accept responsibility for their actions		
3. Powerlessness related to insufficient interpersonal interactions as evidenced by relational conflict triggering suicidality.	Patient attempted medication overdose after argument with their fiancé.	1. Encourage patient to express feelings and concerns 2. Accept patient's feelings of powerlessness as normal 3. Identify and develop patient's coping mechanisms	1. Encourage participation in self-care. 2. Discuss situations that provoke feelings of anxiety and powerlessness 3. Modify the environment to minimize disturbances (milieu environment)	1. Encourage fiancé and friends to support the patient without taking control 2. Encourage patient to complete education 3. Encourage patient to participate in planning of care.

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

Allergic to fish- anaphylactic reaction
Social history- smoking and cannabis use
Family history
History of trauma
Pain rating

Objective Data
Medication list
Vital signs
Mental Status Exam Findings
Patient's intake

Patient Information
S.A.
21 year-old
Non-binary, Assigned female at birth
4' 11" and 218 lbs
White/Caucasian
Full code status
Engaged
Suicide Attempt
Prescription medication overdose
Bipolar disorder diagnosis
History of depression and anxiety

Nursing Diagnosis/Outcomes

1. Risk for suicide related to emotional distress as evidenced by intentional medication
2. Ineffective coping related to trauma as evidenced by interpersonal conflict resulting in self h
3. Powerlessness related to insufficient interpersonal interactions as evidenced by relational con triggering suicidality.

Nursing Interventions

1. Supervise the administration of prescribed medications 2. One-on-one observation 3. Check personal belongings to remove any that could be used to further inflict self-injury	1. Use a warm, caring, nonjudgmental manor to show unconditional positive regard 2. Demonstrate understanding, but don't reinforce denial of the current situation 3. Rounding every 15 minutes	1. Resources for suicide hotlines as a written handout 2. Outpatient resources 3. Safety plan
1. Identify and reduce unnecessary stimuli 2. Explain all treatments and procedures, and answer all the patient's questions 3. Help patient recognize and accept responsibility for their actions	1. Encourage open expression of feelings 2. Identify factors that exacerbate the patient's ability to cope 3. Spend uninterrupted periods of time with the patient	1. Assign a consistent care provider to patient for continuity of care 2. Refer patient for professional psychological counseling 3. Encourage patient to use support systems to assist with coping
1. Encourage patient to express feelings and concerns 2. Accept patient's feelings of powerlessness as normal 3. Identify and develop patient's coping mechanisms	1. Encourage participation in self-care. 2. Discuss situations that provoke feelings of anxiety and powerlessness 3. Modify the environment to minimize disturbances (milieu environment)	1. Encourage fiancé and friends to support the patient without taking control 2. Encourage patient to complete education 3. Encourage patient to participate in planning of care.