N323 Care Plan

Lakeview College of Nursing

Alexandria De Roeck

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
6/14/2022	MJ	9	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
African American	Student	Single	NKA
Code Status	**Observation Status**	**Height**	**Weight**
Full	Q15	4’7	115.4

Medical History (5 Points)

Past Medical History: patient denied

Significant Psychiatric History: history of ADHD

Family History: pt states history of mental health issues but doesn’t specififcate

Social History (tobacco/alcohol/drugs): pt denies

Living Situation: foster mother/ aunty

Strengths: likes music, watching games, and good physical health

Support System: Aunty

Admission Assessment

Chief Complaint (2 points): “I’m here because of anger, aggression, and a history of command hallucinations.”

Contributing Factors (10 points): No contact with biological parents, victim of sexual, physical, and emotional abuse in the past, family history of mental health issues, bullies, and stress from school.

Factors that lead to admission: bullying and an increase in fighting with her siblings

History of suicide attempts: None

Primary Diagnosis on Admission (2 points): DMDD with impulsive behavior.

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Sexual, physical, and emotional abuse in the past, pt did not state date or age. **Witness of trauma/abuse: mother and father**				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	**No**	**Did not say**	**No**	**Mother and father would beat child as a form as punishment.**
Sexual Abuse	**No**	**Did not say**	**No**	**In the past, the patient's father had molested her multiple times.**
Emotional Abuse	**No**	**Did not say**	**No**	**Patient was subjected to daily**

				threats, yelling, and manipulation. The client also watched her parents subject her siblings to emotional abuse.
Neglect	**No**	**No**	**No**	**No**
Exploitation	**No**	**No**	**No**	**No**
Crime	**Assault, battery, theft, and**	**Assault, battery, theft, and attempted arson**		**The patient has a history of daily fights with her siblings and peers, chasing children down the stairs with a butcher knife, trying to set her house on fire x3, and stealing from her teacher.**
Military	**NA**	**NA**	**NA**	**NA**
Natural Disaster	**No**	**No**	**No**	**No**
Loss	**No**	**No**	**No**	**No**

Other	**No**	**No**	**No**	**No**
Presenting Problems				
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**	
Depressed or sad mood	**Yes**	**No**		
Loss of energy or interest in activities/school	**Yes**	**No**		
Deterioration in hygiene and/or grooming	**Yes**	**No**		
Social withdrawal or isolation	**Yes**	**No**		
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	**Increase of aggressive behavior to her siblings, peers, daily fights, and stealing from her teacher, and chasing children with a butcher knife.**	
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**	
Change in numbers of hours/night	**Yes**	**No**		
Difficulty falling asleep	**Yes**	**No**	**Thoughts of paranoia, 2x week**	
Frequently awakening during night	**Yes**	**No**	**At least once per night due to hallucinations/nightmares.**	
Early morning awakenings	**Yes**	**No**	**Wakes up for med pass and room checks daily**	
Nightmares/dreams	**Yes**	**No**	**Monster nightmares minimum of 2-3 x per week**	
Other	**Yes**	**No**		

Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite	**Yes**	**No**	
Binge eating and/or purging	**Yes**	**No**	
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No**	
Use of laxatives or excessive exercise	**Yes**	**No**	
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	**Yes**	**No**	
Panic attacks	**Yes**	**No**	
Obsessive/compulsive thoughts	**Yes**	**No**	**Command AV hallucinations, minimum of once a week.**
Obsessive/compulsive behaviors	**Yes**	**No**	**Following command AV hallucinations, minimum of once a week.**
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**	**No**	
Rating Scale			
How would you rate your depression on a scale of 1-10?	**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**	**NA pt <12**
School	**Yes**	**No**	**Daily fights with peers, chasing them with a butcher**
Family	**Yes**	**No**	**Daily fights with siblings**
Legal	**Yes**	**No**	**Assault, battery, theft, and attempted arson**
Social	**Yes**	**No**	**Bullying 3x week**
Financial	**Yes**	**No**	
Other	**Yes**	**No**	

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
None, this is the patient's first psychiatric admission	**Inpatient Outpatient Other:**			**No improvement Some improvement Significant improvement**
	Inpatient Outpatient Other:			**No improvement Some improvement Significant improvement**

	Inpatient **Outpatient** **Other:**			**No improvement** **Some improvement** **Significant improvement**
Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Foster Mom	**Pt stated she did not know**	**"Better than with mom"**	**Yes**	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**
If yes to any substance use, explain:				
Children (age and gender):None **Who are children with now?**				
Household dysfunction, including separation/divorce/death/incarceration: Domestic violence in the home and mom has an untreated mental illness.				
Current relationship problems: None, pt<12 **Number of marriages:None**				
Sexual Orientation:	**Is client sexually active?** **Yes No**		**Does client practice safe sex?** **Yes No NA**	
Please describe your religious values, beliefs, spirituality and/or preference: **The patient did not state a religion and no religion was found in her chart.**				
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): Domestic violence where CPS intervened, Attempted arson x3, battery, assault, and theft, no legalities were processed
How can your family/support system participate in your treatment and care? Biological family is not involved in the patient's life, her aunt could come to family treatment and become educated on how best to treat the patient's illness.
Client raised by: **Natural parents** **Grandparents** **Adoptive parents** **Foster parents** **Other (describe):**
Significant childhood issues impacting current illness: Mother- untreated mental illness, physical, emotional, and sexual abuse.
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.) Mother had untreated unspecified mental illness
History of Substance Use: None
Education History:

Grade school- 4th grade **High school** **College** **Other:**
Reading Skills: **Yes** **No** **Limited**
Primary Language:English
Problems in school:Yes, daily fights, chasing children with a knife, bullying.
Discharge
Client goals for treatment: Patient will not threaten or harm others, take prescribed medications, and report worsening symptoms.
Where will client go when discharged? The client will go into a DCFS placement.

Outpatient Resources (15 points)

Resource	Rationale
1. Outpatient therapy	**1. Follow-up appointments to establish care and work through current situations in order to treat and prevent the worsening of DMDD**
2. Outpatient psychiatrist	**2. The psychiatrist is able to prescribe and monitor the medication levels and their effects.**
3. NA	**3. NA**

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

Brand/Generic	**Clonidine Catapres-TTS**	**Risperidone Perseris**	**Adderal amphetamine/ dextroamphetamine**	**NA**	**NA**
Dose	**0.025mg**	**0.25mg**	**5 mg**	**NA**	**NA**
Frequency	**BID**	**Nightly**	**Morning**	**NA**	**NA**
Route	**Oral**	**Oral**	**Oral**	**NA**	**NA**
Classification	**Centrally acting alpha-agonist**	**Antipsychotic**	**CNS stimulant**	**NA**	**NA**
Mechanism of Action	**Stimulates peripheral alpha-andrenergic receptors in the CNS to produce transient vasoconstriction and then stimulates central alpha-adrenergic receptors in the brain**	**Selectively blocks serotonin and dopamine receptors in the mesocortical tract of the CNS to suppress psychotic symptoms**	**May produce its CNS stimulant effects by facilitating release and blocking the reuptake of norepipnhrenie at adrenergic nerve terminals and by direct stimulation**	**NA**	**NA**

	stem.		**of alpha and beta receptors in the peripheral nervous system**		
Therapeutic Uses	**Behavior Modifier**	**Behavior Modifier**	**Stimulant**	**NA**	**NA**
Therapeutic Range (if applicable)	**0.1-0.6mg daily**	**1-6mg daily**	**5-30 mg daily for children**	**NA**	**NA**
Reason Client Taking	**Diagnosis of DDMD with impulsive behavior**	**Diagnosis of DMDD with impulsive behavior**	**History of ADHD**	**NA**	**NA**
Contraindications (2)	**Anticoagulant therapy** **Injection-site infection**	**Low blood pressure** **Confusion**	**Agitation** **Hypertension**	**NA**	**NA**
Side Effects/Adverse Reactions (2)	**AV block** **Angioedema**	**Seizures** **QT-interval prolongation**	**Serotonin syndrome** **Growth suppression in children**	**NA**	**NA**
Medication/Food Interactions	**CNS depressants, beta blockers, alcohol**	**Antihypertensives, Clozapine, rifampin, CNS depressants, dopamine agonists**	**Anti histamines antihypertensions, MAO inhibitors, SSRIs, SNRIs, tricyclic antidepressants**	**NA**	**NA**
Nursing Considerations (2)	**Monitor heart rate and blood pressure** **Stopping**	**Monitor client for orthostatic hypotension** **Monitor**	**Monitor minors growth and weight while receiving**	**NA**	**NA**

	this drug abruptly can elevate serum catecholamine and cause acute withdrawal symptomd like rebound hypotension, agitation, confusion.	**patient's blood glucose level because this drug increases the risk of hyperglycemia**	**this drug long term Acute stress will excacerbation of ADHD symptoms, treatment for exacerbations is not indicated.**		

Brand/Generic	**NA**	**NA**	**NA**	**NA**	**NA**
Dose	**NA**	**NA**	**NA**	**NA**	**NA**
Frequency	**NA**	**NA**	**NA**	**NA**	**NA**
Route	**NA**	**NA**	**NA**	**NA**	**NA**
Classification	**NA**	**NA**	**NA**	**NA**	**NA**
Mechanism of Action	**NA**	**NA**	**NA**	**NA**	**NA**
Therapeutic Uses	**NA**	**NA**	**NA**	**NA**	**NA**
Therapeutic Range (if applicable)	**NA**	**NA**	**NA**	**NA**	**NA**
Reason Client Taking	**NA**	**NA**	**NA**	**NA**	**NA**
Contraindications (2)	**NA**	**NA**	**NA**	**NA**	**NA**
Side Effects/Adverse Reactions (2)	**NA**	**NA**	**NA**	**NA**	**NA**
Medication/Food Interactions	**NA**	**NA**	**NA**	**NA**	**NA**
Nursing	**NA**	**NA**	**NA**	**NA**	**NA**

Considerations (2)					

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). *2021 Nurse's Drug Handbook* (21st ed.).

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior: Guarded, but cooperative** **Build: well developed** **Attitude: shy** **Speech:slow, but normal** **Interpersonal style: timid, guarded** **Mood: ups &downs, anxiety, irritability, anger, aggression, and feelings of sadness** **Affect: Anxious**	**Guarded, but cooperative** **well developed** **shy** **slow, but normal** **timid, guarded** **ups &downs, anxiety, irritability, anger, aggression, and feelings of sadness** **Anxious**
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	 **NA** **NA** **Hallucinations- command AV, typical with monsters like figures** **NA** **None**
ORIENTATION: **Sensorium:** **Thought Content:**	 **A&O x 3** **less than average.**
MEMORY: **Remote:**	**.** **Remote memory is intact**
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	. **Poor** **Poor** **Less than average** **Intact** **Poor**
INSIGHT:	**Poor**

GAIT:	
Assistive Devices:	**NA**
Posture:	**Good**
Muscle Tone:	**Good**
Strength:	**Good**
Motor Movements:	**Distractable and hyperactive**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
7:00	**116**	**111/75**	**16**	**96.7**	**98**
12:00	**111**	**99/63**	**18**	**97.7**	**99**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
7:00	**0**				
12:00	**0**				

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed:	**Oral Fluid Intake with Meals (in mL)**
Breakfast: 75%	**Breakfast:240 mL**
Lunch: 75%	**Lunch:240 mL**
Dinner: NA	**Dinner:NA**

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

The patient must be able to or improve in being able to emotionally regulate her emotions and impulses. The patient must be able to stop threatening herself or others as well as refrain from harming herself or others. The patient must take all prescribed medications on time. The patient should be able to report worsening feelings or symptoms to the care team. This patient desperately needs education and therapy in creating and using effective coping mechanisms. The patient also needs to be on the right dose of medication and the right medication to reach a therapeutic level. I would have the patient follow up with outpatient psychiatry and outpatient therapy. I would advise the foster mom or DCFS about this patient's medications and the disease process to better treat worsening symptoms before it is too late. Lastly, I would elaborate on the importance of all of these plans to both the client and family and to call if they have additional questions.

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. Impaired mood	**This diagnosis was**	**1. The nurse will ensure the**	**1. The nurse will encourage the**	**1. The patient will learn the**

regulation related to diagnosis of disruptive mood dysregulation disorder as evidenced by a history of daily fights with peers.	**chosen because the patient's aggressive outburst were worsened by a lack of mood regulation**	**patient's safety.** **2. The nurse will determine potential triggers and coping mechanisms for the client and care team to know.** **3. Monitor focus and reorient patient as needed.**	**patient to identify the signs of worsening behavior to report.** **2. The nurse will provide the patient with education regarding what are the risk factors and potential safety hazards in the environment.** **3. The nurse will provide a safe environment for the patient.**	**steps to make situation-appropriate decisions.** **2. The patient will identify the time-effective and appropriate coping mechanisms.** **3. Include the patient and family when developing a plan of care in order to ensure the highest amount of adherence**
2. Ineffective impulse control related to diagnosis of disruptive mood dysregulation disorder as evidenced by a history of chasing children with a butcher knife.	**This diagnosis was chosen due to the client's history of chasing children with weapons and previously trying to burn her house down three times.**	**1. The nurse will closely monitor the patient for any signs of harm to self or others** **2. The nurse will educate the patient on boundaries for relationships around with other children, nurses, doctors, and staff** **3.The nurse will follow the plan of care to ensure the least the restrictive methods of**	**1. The nurse will monitor the patient closely using 15-minute observation roundings.** **2. The nurse will communicate with the patient simply while using therapeutic language to establish how the patient is to conduct themselves during therapy and on the floor.** **3. The nurse will ensure that there are no safety hazards and will**	**1. The nurse will help the patient ask for support when there are triggers or feelings of impulse.** **2. The nurse will notify and educate the patient's foster mom/ guardian about the necessary safety protocols that may need to be put in place.** **3. The nurse will make referrals and**

		intervention should the situation demand it.	**monitor patient around potential safety hazards like spoons.**	**arrange a follow-up appointment with outpatient therapy.**
3. Risk for other-directed violence related to The patient's inability to maintain boundaries as evidenced by the patient stealing from her teachers and harming other children.	**This diagnosis was chosen because the patient exhibited an inability to maintain boundaries while admitted as well as her history of harming others.**	**1. Ensure the patient knows that everyone's safety is the first priority and what is expected of this patient to maintain this** **2. Inform the patient that you are there to help and identify ways for the patient to get better. Doing this establishes trust and rapport with the client.** **3. The nurse will actively listen to the patient and use therapeutic language in order to gain the most knowledge about the patient's feelings and thought processes behind these motivations.**	**1. Orient the patient to the floor and allow the patient a couple of minutes to get comfortable to the new environment.** **2. Educate the patient about what coping mechanisms and alternate activities she can do instead of harming others.** **3. Ensure close monitoring of the patient when the patient is interacting with other children and staff.**	**1. The patient will be able to identify and utilize coping mechanism in order to maintain a level of safety** **2. The patient will take all of her medication on time effectively and her and her family know the appropriate steps to take if she misses a dose or needs a refill.** **3. The nurse will arrange to follow up with psychiatric therapy in order to maintain the prescription and have a professional monitor signs and symptoms as well as the psychological therapy listed above.**

Other References (APA):

Phelps, L. L. (2021). *Sparks & Taylor's nursing diagnosis pocket guide*. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

Mother has a history of untreated mental illness, patient has a history of sexual, physical abuse. Patient has a history of theft, attempted arson, battery, assault, and threats. Patient states that she does not use alcohol, drugs, or tobacco.

Objective Data

History of ADHD, family history of unspecified mental illness, bullying.

Vital Signs

Pulse-116
B/P-111/75
Resp Rate-16
Temp-96.7
Oxygen-98

Patient Information

9 year old African American female
4'7'' 115.4 lbs
Currently lives with aunt (DCFS Placement)
Chief Complaint-
"I'm here because of anger, aggression, and a history of command hallucinations."

Nursing Diagnosis/Outcomes

Impaired mood regulation related to diagnosis of disruptive mood dysregulation disorder as evidenced by a history of daily fights with peers.

Ineffective impulse control related to diagnosis of disruptive mood dysregulation disorder as evidenced by a history of chasing children with a butcher knife.

Risk for other-directed violence related to The patient's inability to maintain boundaries as evidenced by the patient stealing from her teachers and harming other children.

Nursing Interventions

1. The patient will learn the steps to make situation-appropriate decisions.
2. The patient will identify the time-effective and appropriate coping mechanisms.
3. Include the patient and family when developing a plan of care in order to ensure the highest amount of adherence
1. The nurse will help the patient ask for support when there are triggers or feelings of impulse.
2. The nurse will notify and educate the patient's foster mom/ guardian about the necessary safety protocols that may need to be put in place.
3. The nurse will make referrals and arrange a follow-up appointment with outpatient therapy.
1. The patient will be able to identify and utilize coping mechanism in order to maintain a level of safety
2. The patient will take all of her medication on time effectively and her and her family know the appropriate steps to take if she misses a dose or needs a refill.
3. The nurse will arrange to follow up with psychiatric therapy in order to maintain the prescription and have a professional monitor signs and symptoms as well as the psychological therapy listed above.