N323 Care Plan

Lakeview College of Nursing

Jamal Drea

Demographics (3 points)

Date of Admission	Patient Initials	Age	Gender
7/11/22	A.S.	44	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
White/Caucasian	Unemployed	Single	erythromycin
Code Status	**Observation Status**	**Height**	**Weight**
FULL	Q15	6' 1"	210

Medical History (5 Points)

Past Medical History: Asthma

Significant Psychiatric History: Type 1 bipolar disorder, ADHD, depression, severe marijuana and stimulant use disorder

Family History: Drug addiction, bipolar disorder

Social History (tobacco/alcohol/drugs): Drinks alcohol 3-4 times a week; has a history of using marijuana, cocaine, and marijuana; smokes tobacco (1 pack per day)

Living Situation: Lives with stepmother

Strengths: Pleasant and cooperative, good support from stepmother, independent with ADLs, willing to work on recovery

Support System: Mom, stepmom, children

Admission Assessment

Chief Complaint (2 points): "Relapsed on meth"

Contributing Factors (10 points):

Factors that lead to admission: The patient reportedly relapsed on meth after traveling back to his home town, which triggered a psychiatric breakdown. The patient was very disappointed in themselves and was self-admitted after suicidal ideations that consisted of wanting to overdose.

History of suicide attempts: Reported attempts at age 19 and 20

Primary Diagnosis on Admission (2 points): Type 1 bipolar disorder with recent depressed episode

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: N/A **Witness of trauma/abuse: N/A**				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	**No**	**No**	**No**	**N/A**
Sexual Abuse	**No**	**Yes**	**No**	**The patient was sexually abused at a young age.**
Emotional Abuse	**No**	**Yes**	**No**	**The patient was emotionally abused by his father, who also had a history of drug addiction and bipolar disorder.**
Neglect	**No**	**No**	**No**	**N/A**

Exploitation	**No**	**No**	**No**	**N/A**
Crime	**Yes**	**Yes**	**No**	**The patient has witnessed crime and drug abuse at a young age. They also have legal issues pertaining to drug possession, fraud, and missing court.**
Military	**No**	**No**	**No**	**N/A**
Natural Disaster	**No**	**No**	**No**	**N/A**
Loss	**No**	**No**	**No**	**N/A**
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**	**Depressed mood daily that varies**
Loss of energy or interest in activities/school	**Yes**	***No***	
Deterioration in hygiene and/or grooming	**Yes**	***No***	
Social withdrawal or isolation	***Yes***	**No**	**Socially withdrawn most of the day, tries to attend group therapy in the afternoon**
Difficulties with home, school, work, relationships, or responsibilities	***Yes***	**No**	**Difficulty holding a job due to addiction**
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**

Change in numbers of hours/night	***Yes***	**No**	**Patient reports increased energy at night that results in change in numbers of house of sleep**
Difficulty falling asleep	***Yes***	**No**	**Patient has racing thoughts every night that interferes with sleep**
Frequently awakening during night	**Yes**	***No***	
Early morning awakenings	**Yes**	***No***	
Nightmares/dreams	**Yes**	***No***	
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**	**Pacing daily in the evening due to anxiety**
Panic attacks	***Yes***	**No**	**Patient's last panic attack occurred during admission.**
Obsessive/compulsive thoughts	**Yes**	***No***	
Obsessive/compulsive behaviors	***Yes***	**No**	**Pacing daily in the evening due to anxiety**

Impact on daily living or avoidance of situations/objects due to levels of anxiety	***Yes***	**No**	**Patient avoids social interaction sometimes due to anxiety**
Rating Scale			
How would you rate your depression on a scale of 1-10?	**4**		
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**	**The patient was recently fired for being drunk while at work.**
School	**Yes**	***No***	
Family	***Yes***	**No**	**Patient wishes they could help their children more daily and claims they are part of wanting to recover.**
Legal	***Yes***	**No**	**Patient has legal issues that are connected to durg possession, missing court, and fraud.**
Social	***Yes***	**No**	**The patient has social anxiety and paranoid delusions lately, so they have been socially withdrawn. They spend most of their time in their room daily.**
Financial	***Yes***	**No**	**Patient has difficulty managing money due to drugs and lack of employment.**
Other	**Yes**	***No***	

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
Unknown	**Inpatient (Facility)** **Outpatient** **Other:**	**Inpatient**	**Bipolar I episode**	**No improvement** **Some improvement** **Significant improvement**
Unknown (2017)	**Inpatient (Rehab)** **Outpatient** **Other:**	**Inpatient**	**Addiction to meth and crack cocaine (Had sobriety of 4 years after)**	**No improvement** **Some improvement** **Significant improvement**
N/A	**Inpatient** **Outpatient** **Other:**			**No improvement** **Some improvement** **Significant improvement**
Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
Stepmom	**In her 60s**	**Supportive**	**Yes**	**No**

			Yes	**No**
			Yes	**No**
			Yes	**No**
			Yes	**No**

If yes to any substance use, explain: N/A

Children (age and gender): 2 girls that are 14 and 16 years old

Who are children with now? Their mother

Household dysfunction, including separation/divorce/death/incarceration: Divorced, currently lives with stepmother

Current relationship problems: Patient is currently single

Number of marriages: 1

Sexual Orientation:	**Is client sexually active?**	**Does client practice safe sex?**
Heterosexual	**Yes No N/A**	**Yes No N/A**

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): Drug possession, fraud, missing court

How can your family/support system participate in your treatment and care? The patient's family could participate in their care by being supportive and encourage the patient to go through recovery by following the treatment plan.

Client raised by:

Natural parents
Grandparents
Adoptive parents
Foster parents
Other (describe):

Significant childhood issues impacting current illness: Witnessed drug use and crime
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.): Father had history of addiction and bipolar disorder
History of Substance Use: Drinks alcohol 3-4x a week; has used cocaine, marijuana, and meth
Education History: **Grade school** **High school** **College** **Other: Has master's degree in english**
Reading Skills: **Yes** **No** **Limited**
Primary Language:English
Problems in school:None
Discharge

Client goals for treatment: To stop being dependent on drugs so he can get back on his feet
Where will client go when discharged? To the New Choice program on following Monday (7/18)

Outpatient Resources (15 points)

Resource	Rationale
1. Outpatient therapy	**1. The patient should have follow-up appointments to maintain treatment goals associated with their substance abuse disorder and bipolar disorder to prevent a future relapse or poor outcomes. Family therapy is another option since they are listed as a reason for living and an influence in the patient's recovery.**
2. Substance abuse inpatient treatment program	**2. The patient will seek help to stop their dependence on drugs that negatively impact their social and occupational functioning. The patient will be discharged to the New Choice program within the facility in the next week.**
3. Medication management with a doctor	**3. The patient has a history of being noncompliant when it comes to their medications. The risks and benefits of prescribed drugs should be discussed with the patient so they know the importance they have in their treatment. Concerns that are related to compliance could be expressed so that adjustments could be made for the future.**

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

Brand/Generic	**Vyvanse / lisdexamfetamine dimesylate**	**Abilify / aripiprazole**	**Desyrel / trazodone**	**Vistaril / hydroxyzine pamoate**	**Zyprexa / olanzapine**
Dose	**40 mg**	**10 mg**	**50 mg**	**50 mg**	**5 mg**
Frequency	**Daily**	**Daily**	**Daily**	**Q6 PRN**	**Daily**
Route	**PO**	**PO**	**PO**	**PO**	**PO/IM**
Classification	**Pharmacological class: Amphetamine** **Therapeutic class: CNS stimulant**	**Pharmacological class: Atypical antipsychotic** **Therapeutic class: Antipsychotic**	**Pharmacological class: Triazolopyridine derivative** **Therapeutic class: Antidepressant**	**Pharmacological class: Piperazine derivative** **Therapeutic class:Anxiolytic, antiemetic, antihistamine, sedative-hypnotic**	**Pharmacological class: Thienobenzodiazepine derivative** **Therapeutic class: Antipsychotic**
Mechanism of Action	**Produces CNS stimulant effects, probably by facilitating release and blocking reuptake of norepinephrine at adrenergic nerve terminals and by stimulating alpha and beta receptors in peripheral nervous system. The drug also releases and blocks reuptake of dopamine in limbic regions of the brain. These actions cause decreased motor restlessness and increased alertness.**	**May produce antipsychotic effects through partial agonist and antagonist actions. Aripiprazole acts as a partial agonist at dopamine (especially D2) receptors and serotonin (especially 5-HT1A) receptors. The drug acts as an antagonist at 5-HT2A serotonin receptor sites**	**Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect. Trazodone exerts an alpha-adrenergic blocking action and produces modest histamine blockade, causing a sedative effect. It also inhibits the vasopressor response to norepinephrine, which reduces blood pressure.**	**Competes with histamine for histamine1 receptor sites on surfaces of effector cells. This suppresses results of histaminic activity, including edema, flare, and pruritus. Sedative actions occur at subcortical level of CNS and are dose related.**	**May achieve antipsychotic effects by antagonizing dopamine and serotonin receptors. Anticholinergic effects may result from competitive binding to and antagonism of the muscarinic receptors M1 through M5.**
Therapeutic Uses	**To treat ADHD or severe binge-eating disorder**	**To treat acute schizophrenia, maintain stability**	**To treat major depression**	**To relieve anxiety, pruritis related to allergies, or**	**To treat schizophrenia and mania or agitation**

		with bipolar I disorder, irritability with autistic spectrum disorder, Tourette's disorder		**used as sedative**	**associated with bipolar I disorder**
Therapeutic Range (if applicable)	**N/A**	**109 - 585 ng/mL**	**0.5 - 2.5 µg/mL**	**N/A**	**20 - 80 ng/mL**
Reason Client Taking	**To treat the patient's ADHD**	**To maintain the patient's diagnosed bipolar I disorder**	**To treat depressive episode associated with the patient's bipolar I disorder**	**To treat the patient's anxiety (last rated a 6)**	**To treat agitation and anxiety of the patient related to their bipolar I disorder**
Contraindications (2)	**Hypersensitivity to lisdexamfetamine or MAO inhibitor therapy within the last 14 days**	**Hypersensitivity to aripiprazole or to its components**	**Hypersensitivity to trazodone or MAO inhibitor therapy within the last 14 days**	**Hypersensitivity to cetirizine, hydroxyzine, or levocetirizine; prolonged QT interval**	**Hypersensitivity to olanzapine or to its components**
Side Effects/Adverse Reactions (2)	**Seizures, cardiomyopathy**	**Homicidal ideation, bradycardia**	**Seizures, hypotension**	**Seizures, drowsiness**	**Bradycardia, agranulocytosis**
Medication/Food Interactions	**Increased risk of serotonin syndrome with CYP2D6 inhibitors (like fluoxetine), SSRIS, busprione, lithium, and St. John's wart. Increased antidepressant effects and potential heart effects with tricyclic antidepressants.**	**Increased CNS depression with alcohol. Possible enhanced antihypertensive effects with hypertensives. Increased risk of orthostatic hypotension and sedation with benzodiazepines**	**Increased CNS depression and risk of hypotension with alcohol. Possible increased risk for bleeding with aspirin or NSAIDs. Enhanced CNS depression with barbiturates. Decreased trazodone levels with carbamazepine and increased**	**Increased CNS depression with alcohol. Increased risk of QT prolongation with certain antibiotics, antidepressants, antiarrhythmics, methadone, pentamidine, or ondansetron.**	**Potential orthostatic hypotension with alcohol. Increased risk of hypotension with antihypertensives. Additional CNS depression with CNS depressants. Potential orthostatic hypotensin with diazepam. Antagonized**

			levels with CYP3A4 inhibitors.		**effects with dopamine agonists and levodopa.**
Nursing Considerations (2)	**This drug should not be given to patients with cardiac abnormalities. Monitor the patient's blood pressure closely because it may be increased as a result of the stimulant.**	**Use with caution for patients with conditions that would predispose them to hypotension. Be aware that this medication may cause neuroleptic malignant syndrome, seizures, and tardive dyskinesia.**	**Give trazodone shortly after a meal or light snack to reduce nausea. Closely monitor depressed patients for suicidal thought and tendencies.**	**Use cautiously in patients with risk factors for QT prolongation. Observe for oversedation in patient with other CNS depressants.**	**Inject IM olanzapine slowly and deep into muscle mass. Monitor blood pressure routinely because of chance for orthostatic hypotension.**

Brand/Generic	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Dose	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Frequency	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Route	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Classification	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Mechanism of Action	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Therapeutic Uses	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Therapeutic Range (if applicable)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Reason Client Taking	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Contraindications (2)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Side Effects/Adverse Reactions (2)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Medication/Food Interactions	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Nursing Considerations (2)	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Medications Reference (1) (APA):

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	**Normal appearance, no evidence of poor grooming, hair a bit unkempt** **Cooperative** **Tall frame, wearing large sweater but does not appear overweight or underweight** **Positive, joking attitude** **Rapid speech, no impairment** **Anxious but content mood** **Smiling, nervous affect**
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	 **Has suicidal ideations of overdosing** **Has paranoid delusions, usually when alone** **N/A** **N/A** **N/A** **N/A**

ORIENTATION: **Sensorium:** **Thought Content:**	 **Alert and oriented x4** **Racing, paranoid delusions, interrupts sleep**
MEMORY: **Remote:**	. **Denies memory impairment**
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	. **Poor** **Normal** **Normal based on speech and academic performance** **Abstraction intact** **Impulse control normal but driven by level of anxiety which will induce pacing and short attention span**
INSIGHT:	**Poor**
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	 **None** **Slouched posture** **Unable to assess** **Normal** **Normal**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1700	**98**	**138/78**	**20**	**97.9 F**	**98%**
.					

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1700	**0**	**N/A**	**N/A**	**N/A**	**N/A**

Dietary Data (2 points)

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

Discharge Planning (4 points)

Discharge Plans (Yours for the client): The patient should be discharged to the New Choice program when they are able to demonstrate mood stability and have no reports of suicidal ideations so they can recover from their addiction to stimulants.

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 depressive episode of bipolar I disorder as evidenced by suicidal ideations through	**The patient recently relapsed on meth and is extremely disappointed in theirself. The patient is diagnosed with bipolar I disorder with a depressive**	**1.Initiate appropriate safety protocols by removing from patient's environment anything that could be used to inflict further self-injury to help**	**1.Use a warm, caring, nonjudgmental manner to show unconditional positive regard.** **2. Listen carefully to patient and don't challenge patient to**	**1. Make appropriate referrals to mental health professionals to help patient work through suicidal feelings and develop healthier alternatives.**

	overdose by the patient	**episode so it is priority for the nurse to keep the patient safe, since they have reported suicidal ideations with a plan to overdose.**	**ensure patient's safety.** **2. Ask patient directly, "Have you thought about killing yourself?" If so, ask, "What do you plan to do?" Suicide risk increases if patient has a definite plan** **3.Help patient set a goal for obtaining long-term psychiatric care. Ambivalence about psychiatric care or refusal to consult with a therapist marks the suicidal patient's lack of insight and use of denial.**	**communicate care and support** **3. Provide supervision (one-on-one observation when possible) for patient based on facility policy to ensure compliance with legal requirements to protect patient and to reassure patient of staff concern.**	**2. Provide patient with telephone numbers and other information about crisis centers, hot lines, and counselors. Alternatives may ease anxiety about the perceived threat of long-term psychotherapy.** **3. Have the patient summarize coping behaviors to deal with suicidal ideations.**
2.	**Ineffective coping related to drug abuse as evidenced by financial issues and unemployment**	**The patient claimed to have traveled back to their home town, which triggered a psychiatric breakdown. Patient says they were "too close to drugs and gangsters." Employment is another struggle due to drug addiction and they were recently fired for being intoxicated on the job. Improved coping mechanisms could improve the life of the patient because their reliance on drugs is self-destructive.**	**1. Identify triggers that could contribute to coping with drug use.** **2. Encourage verbalization of thoughts and feelings.** **3. Provide a safe and quiet environment with precautions for withdrawal.**	**1.Help patient recognize and feel good about positive personal qualities and accomplishments. Provide rewards to reinforce acceptable coping behaviors.** **2.Teach strategies that patient can use to develop coping skills. Knowing different strategies gives patient options in stressful situations.** **3. Discuss current treatment plan including risks and benefits along with medications and their side effects.**	**1. Encourage seeking assistance from self-help groups.** **2. Have the patient verablize new coping mechanisms that have been learned.** **3. Plan to refer patient to substance rehab program once he is psychiatrically stable.**
3.	**Impaired mood**	**The patient has problems that**	**1. Provide environment that**	**1. Provide assistance, cues, or**	**1. Assist patient with referral to**

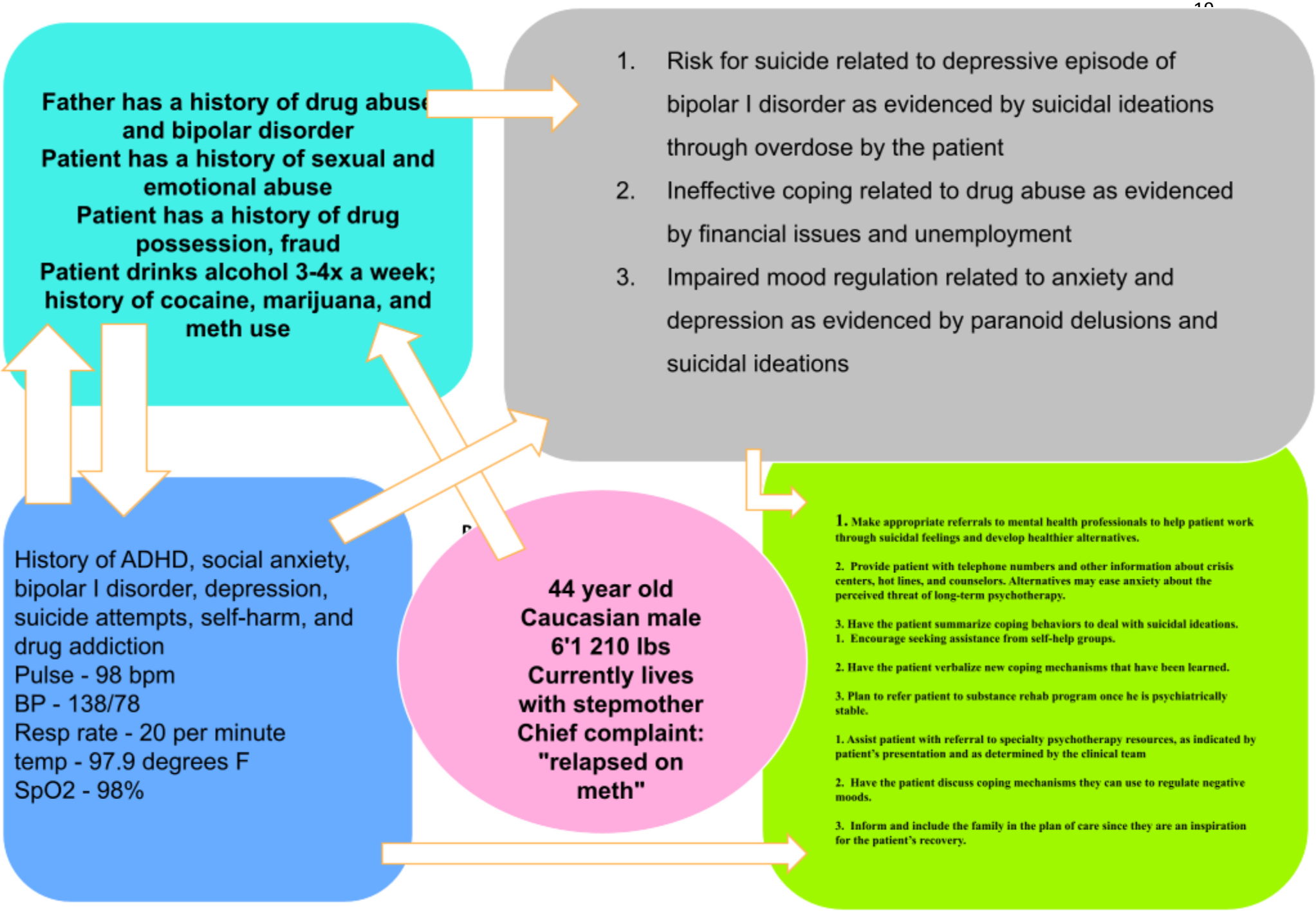
regulation related to anxiety and depression as evidenced by paranoid delusions and suicidal ideations	**originate from their inability to control their mood. Anxiety has a major influence as it causes paranoid delusions and panic attacks that could lead to impulsivity. The patient has also been noncompliant with their medications, but needs them to control their diagnosed bipolar disorder and ADHD that contribute to anxiety and depression.**	**is safe and with low stimuli for the patient.** **2. Support measures to resolve effects of substance action or substance withdrawal to promote safe elimination of substance from the body and prevent complications of substance action or withdrawal.** **3. Determine the patient's cognitive function and judgment.**	**reminders, as needed, for the completion of activities of daily living (ADLs) as impaired concentration, flight of ideas, psychomotor agitation, or psychomotor retardation may restrict independent skill or follow-through on ADLs.** **2. Assist the patient in identifying negative thoughts. Promote positive way of thinking for the patient.** **3. Administer mood-stabilizing medications and monitor for side effects.**	**specialty psychotherapy resources, as indicated by patient's presentation and as determined by the clinical team** **2. Have the patient discuss coping mechanisms they can use to regulate negative moods.** **3. Inform and include the family in the plan of care since they are an inspiration for the patient's recovery.**

Other References (APA):

Phelps, L.L. (2020). ***Sparks and Taylor's Nursing Diagnosis Reference Manual*** **(11 th ed.).**

Wolters Kluwer.

Concept Map (20 Points):


Father has a history of drug abuse and bipolar disorder
Patient has a history of sexual and emotional abuse
Patient has a history of drug possession, fraud
Patient drinks alcohol 3-4x a week; history of cocaine, marijuana, and meth use
1. Risk for suicide related to depressive episode of bipolar I disorder as evidenced by suicidal ideations through overdose by the patient
2. Ineffective coping related to drug abuse as evidenced by financial issues and unemployment
3. Impaired mood regulation related to anxiety and depression as evidenced by paranoid delusions and suicidal ideations
History of ADHD, social anxiety, bipolar I disorder, depression, suicide attempts, self-harm, and drug addiction
Pulse - 98 bpm
BP - 138/78
Resp rate - 20 per minute
temp - 97.9 degrees F
SpO2 - 98%
44 year old
Caucasian male
6'1 210 lbs
Currently lives with stepmother
Chief complaint: "relapsed on meth"
1. Make appropriate referrals to mental health professionals to help patient work through suicidal feelings and develop healthier alternatives.
2. Provide patient with telephone numbers and other information about crisis centers, hot lines, and counselors. Alternatives may ease anxiety about the perceived threat of long-term psychotherapy.
3. Have the patient summarize coping behaviors to deal with suicidal ideations.
1. Encourage seeking assistance from self-help groups.
2. Have the patient verbalize new coping mechanisms that have been learned.
3. Plan to refer patient to substance rehab program once he is psychiatrically stable.
1. Assist patient with referral to specialty psychotherapy resources, as indicated by patient's presentation and as determined by the clinical team
2. Have the patient discuss coping mechanisms they can use to regulate negative moods.
3. Inform and include the family in the plan of care since they are an inspiration for the patient's recovery.