# N323 Care Plan

Lakeview College of Nursing

Shana Stanley

Approved: 1/6/2021

**Demographics (3 points)**

| Date of Admission<br>9/20/2022 | Patient Initials<br>AS | Age<br>21 | Gender<br>Female |
|---|---|---|---|
| Race/Ethnicity<br>Caucasian | Occupation<br>Student | Marital Status<br>Single | Allergies<br>Aspirin<br>Strawberry<br>Lamictal |
| Code Status<br>Full | Observation Status | Height<br>5”1 | Weight<br>135lb |

**Medical History (5 Points)**

**Past Medical History: The patient indicated that she has asthma, acne, bipolar, PTSD, and anxiety.**

**Significant Psychiatric History: Patient was admitted to Chicago Northwestern in may of 2022 for suicide attempt, along with auditory hallucinations.**

**Family History: No family history noted.**

**Social History (tobacco/alcohol/drugs): Patient is a daily user of cannabis and consumes alcohol a few times a week.**

**Living Situation: Patient lives in an apartment with current boyfriend.**

**Strengths: Patient feels currently she has no strengths.**

**Support System: Patient has family, but states that they are unsure how to support her.**

**Admission Assessment**

**Chief Complaint (2 points): Patient feels her medication is not working and was having thoughts of self-harm.**

**Contributing Factors (10 points): The patient already struggles daily with anxiety and depression. She made the decision to attempt suicide after finding out that her parents are going to get a divorce.**

**Factors that lead to admission: Upon admission to OSF Urbana it was discovered that the patient had consumed nine clonopine and had also drunk liquor in order to kill herself.**

**History of suicide attempts: The patient has one pervious suicide attempt that resulted in hospitalization in may of 2022.**

**Primary Diagnosis on Admission (2 points): Suicidal ideation with plan in place.**

**Psychosocial Assessment (30 points)**

| **History of Trauma** | | | | |
|---|---|---|---|---|
| **No lifetime experience:**<br><br>**Witness of trauma/abuse:** | | | | |
| | **Current** | **Past (what age)** | **Secondary Trauma (response that comes from caring for another person with trauma)** | **Describe** |
| **Physical Abuse** | **N/A** | **N/A** | **N/A** | **N/A** |
| **Sexual Abuse** | **No** | **Yes age 8-11** | **N/A** | **Patient claims to have been abused, but did not want to** |

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| | | | | **indicate parties involved.** |
| **Emotional Abuse** | No | No | No | N/A |
| **Neglect** | No | No | No | N/A |
| **Exploitation** | No | No | No | N/A |
| **Crime** | No | No | No | N/A |
| **Military** | No | No | No | N/A |
| **Natural Disaster** | No | No | No | N/A |
| **Loss** | No | **Yes 16 years** | No | **Patient lost her boyfriend to suicide at the age of 16.** |
| **Other** | No | No | No | N/A |

| **Presenting Problems** | | | |
|---|---|---|---|
| **Problematic Areas** | **Presenting?** | | **Describe (frequency, intensity, duration, occurrence)** |
| **Depressed or sad mood** | **Yes** | **No** | **Patient constantly feels sad and can't seem to get a hold on her depression. She describes it as a constant dull feeling.** |
| **Loss of energy or interest in activities/school** | **Yes** | **No** | **Patient has no drive most days to do anything. She says she has maybe one good day a week.** |
| **Deterioration in hygiene and/or** | **Yes** | **No** | |

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| **grooming** | | | |
| **Social withdrawal or isolation** | **Yes** | **No** | **Patient feels that if she stays away from others that she won't become a burden to them.** |
| **Difficulties with home, school, work, relationships, or responsibilities** | **Yes** | **No** | **Patient indicated that she has no desire to attend school most days.** |
| **Sleeping Patterns** | **Presenting?** | | **Describe (frequency, intensity, duration, occurrence)** |
| **Change in numbers of hours/night** | **Yes** | **No** | |
| **Difficulty falling asleep** | **Yes** | **No** | |
| **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?**<br><br>**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** | **The patient has infrequent attacks. It should be note that while on my shift she experienced one after a phone call and needed to use her inhaler.** |
| **Obsessive/compulsive thoughts** | **Yes** | **No** | |
| **Obsessive/compulsive behaviors** | **Yes** | **No** | |
| **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?** | **Patient indicated her depression was an 8 out of 10.** | | |
| **How would you rate your anxiety on a scale of 1-10?** | **Patient indicated that her anxiety was a 5 out of 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** | |
| **School** | **Yes** | **No** | **Patient feels that school has become a lot of work and she no longer has the passion for** |

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| | | | **what she is studying.** |
| **Family** | **Yes** | **No** | **Patient feels her family doesn't know what to do with her and doesn't really want to take the time to help her figure out her issues.** |
| **Legal** | **Yes** | **No** | |
| **Social** | **Yes** | **No** | |
| **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** |
| **May of 2022** | **Inpatient**<br>**Outpatient**<br>**Other:** | **Chicago**<br><br>**Northwestern** | **Attempted**<br><br>**suicide** | **No improvement**<br><br>**Some improvement**<br><br>**Significant improvement** |
| | **Inpatient**<br>**Outpatient**<br>**Other:** | | | **No improvement**<br><br>**Some improvement**<br><br>**Significant** |

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| | | | | **improvement** |
| | **Inpatient**<br>**Outpatient**<br>**Other:** | | | **No improvement**<br><br>**Some improvement**<br><br>**Significant improvement** |
| **Personal/Family History** | | | | |
| **Who lives with you?** | **Age** | **Relationship** | **Do they use substances?** | |
| **Boyfriend** | **21** | **boyfriend** | **Yes** | **No** |
| | | | **Yes** | **No** |
| | | | **Yes** | **No** |
| | | | **Yes** | **No** |
| | | | **Yes** | **No** |
| **If yes to any substance use, explain: cannabis, alcohol** | | | | |
| **Children (age and gender): NA**<br><br>**Who are children with now?** | | | | |
| **Household dysfunction, including separation/divorce/death/incarceration: Patient**<br><br>**indicated that her parents are divorcing.** | | | | |
| **Current relationship problems: N/A**<br><br>**Number of marriages:** | | | | |
| **Sexual Orientation:** | **Is client sexually active?**<br>**Yes No** | | **Does client practice safe sex?**<br>**Yes No** | |
| **Please describe your religious values, beliefs, spirituality and/or preference: None** | | | | |
| **Ethnic/cultural factors/traditions/current activity:**<br><br>**Describe: None** | | | | |
| **Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): None** | | | | |

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| **How can your family/support system participate in your treatment and care?**<br><br>**Patient would like for her family to participate in her care, but doesn't feel they have the time or want to.** |
| **Client raised by:**<br><br>**Natural parents**<br>**Grandparents**<br>**Adoptive parents**<br>**Foster parents**<br>**Other (describe):** |
| **Significant childhood issues impacting current illness:**<br><br>**Patient was sexually abused at an early age and often thinks about it.** |
| **Atmosphere of childhood home:**<br><br>**Loving**<br>**Comfortable**<br>**Chaotic**<br>**Abusive**<br>**Supportive**<br>**Other:** |
| **Self-Care:**<br><br>**Independent**<br>**Assisted**<br>**Total Care** |
| **Family History of Mental Illness (diagnosis/suicide/relation/etc.)**<br><br>**None that is diagnosed.** |
| **History of Substance Use: Alcohol** |
| **Education History:**<br><br>**Grade school**<br>**High school**<br>**College- currently a senior at U of I**<br>**Other:** |

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| **Reading Skills:**<br><br>**Yes**<br>**No**<br>**Limited** |
| **Primary Language: English** |
| **Problems in school: Patient indicated that she is falling behind in her classes.** |
| **Discharge** |
| **Client goals for treatment: Patient would like to get her medication under control and be able to feel normal more then one day a week.** |
| **Where will client go when discharged?**<br><br>**Patient will be going back home with her boyfriend.** |

**Outpatient Resources (15 points)**

| Resource | Rationale |
|---|---|
| **1. Lionrock Recovery, 1-800-495-2282 or lionrockrecovery.com.** | **1. Lionrock in an online substance abuse counseling. They provide sessions for individuals and families.** |
| **2. The University of Illinois Counseling Center, (217) 333-3704** | **2. The University of Illinois Counseling Center is a center committed to helping students with mental health issues while on campus. They offer therapy sessions, workshops, and coping tools for students.** |
| **3. Thriveworks Counseling & Psychiatry Champaign, (217) 282-0034** | **3. Thriveworks Counseling & Psychiatry is a company here in town that strives to** |

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| | **meet the needs of those with depression and anxiety by finding the support they need in a welcoming environment.** |

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

| **Brand/Generic** | **Zyprexa** | **Vistaril** | **Albuterol** | | | |
|---|---|---|---|---|---|---|
| **Dose** | **5mg** | **25mg** | **90 mcg per Inhale** | | | |
| **Frequency** | **QHS** | **PRN** | **PRN** | | | |
| **Route** | **PO** | **PO** | **PO** | | | |
| **Classification** | **Antipsychotic** | **Anxiolytic** | **Asthma** | | | |
| **Mechanism of Action** | **Aceves effect by antagonizing dopamine and serotonin receptors.** | **Competes with histamines for the receptor to suppress histaminic activity.** | **Albuterol acts on beta-2 adrenergic receptors to relax the bronchial smooth muscle** | | | |
| **Therapeutic Uses** | **Antipsychotic** | **Anxiety** | **Asthma** | | | |
| **Therapeutic Range (if applicable)** | **Maintenance 10mg daily after adjustment.** | **na** | **na** | | | |
| **Reason Client** | **Antipsychotic** | **Anxiety** | **Asthma** | | | |

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| **Taking** | | | | | | |
| **Contraindications (2)** | **Bone marrow depression Coronary artery disease.** | **Breastfeeding Prolonged QT** | **overactive thyroid gland. diabetes.** | | | |
| **Side Effects/Adverse Reactions (2)** | **Abnormal gate Euphoria** | **Drowsiness Hallucinations** | **Tachycardia Tremors** | | | |
| **Medication/Food Interactions** | **na** | **na** | **excessive caffeine intake** | | | |
| **Nursing Considerations (2)** | **Use caution with clients with hepatic impairment. Clients may develop hypertension.** | **Use caution for clients with history of prolonged QT. Monitor if client takes other CNS depressants.** | **Inform the doctor if the patient has an allergy to it or any similar drugs, or any kind of allergies. Monitor respiratory rate, oxygen saturation, and lungs sounds before and after administration.** | | | |

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|---|---|---|---|---|---|
| **Brand/Generic** | | | | | |
| **Dose** | | | | | |
| **Frequency** | | | | | |
| **Route** | | | | | |

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|---|---|---|---|---|---|
| **Classification** | | | | | |
| **Mechanism of Action** | | | | | |
| **Therapeutic Uses** | | | | | |
| **Therapeutic Range (if applicable)** | | | | | |
| **Reason Client Taking** | | | | | |
| **Contraindications (2)** | | | | | |
| **Side Effects/Adverse Reactions (2)** | | | | | |
| **Medication/Food Interactions** | | | | | |
| **Nursing Considerations (2)** | | | | | |

**Medications Reference (1) (APA):**

**Jones & Bartlett Learning. (2019). 2020 Nurse's drug handbook (19th ed.). Jones & Bartlett Learning.**

**Mental Status Exam Findings (20 points)**

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| **APPEARANCE:** | **Patient appears to be alert and oriented time** |

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| **Behavior:**<br>**Build:**<br>**Attitude:**<br>**Speech:**<br>**Interpersonal style:**<br>**Mood:**<br>**Affect:** | **4. Patient is friendly, cooperative, maintains appropriate eye contact, appropriate height, and weight. Patient clothing is appropriate for the setting. Patient appears clean, neat, and tidy and no odor present. Patient's attitude is open and pleasant. Patient's speech is clear and normal liveliness and offers information. Patient's mood most of the time was nervous. Patient's affect is appropriate to situation, normal and constricted.** |
| **MAIN THOUGHT CONTENT:**<br>**Ideations:**<br>**Delusions:**<br>**Illusions:**<br>**Obsessions:**<br>**Compulsions:**<br>**Phobias:** | **Patient denies hallucinations, paranoid, delusion, illusions. Patient's thought process is good, relevant to the topic being discussed, and is coherent, and logical. Patient denies delusions or ideations. Patient admits to obsession and compulsive behaviors. Patient denies having phobias. Patient denies having suicidal and homicidal and agrees to remain safe. Patient did not express delusional content.** |
| **ORIENTATION:**<br>**Sensorium:**<br>**Thought Content:** | . **Patient is oriented to time, place, person, and situation. Patients' sensorium is normal.** |
| **MEMORY:**<br>**Remote:** | . **Patient's memory is good for recent and past experiences.** |
| **REASONING:**<br>**Judgment:**<br>**Calculations:**<br>**Intelligence:**<br>**Abstraction:**<br>**Impulse Control:** | **Patient's judgement is good; able to come to appropriate conclusions; realistic decisions. Patient's impulse control is good now as well. Patient was attentive and has adequate concentration.** |
| **INSIGHT:** | **Patient's insight is good; recognizes her problems.** |
| **GAIT:**<br>**Assistive Devices:**<br>**Posture:**<br>**Muscle Tone:**<br>**Strength:**<br>**Motor Movements:** | **Patient denies use of assistive devices. Patient is independent and requires no assistance. Patient demonstrated active range of motion bilaterally throughout. Patient has a low fall risk score. Patient maintains good balance independently. Patient tolerated ambulation well and showed no signs of difficult** |

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|---|---|
| | **breathing. Patient needed no cueing and set up assistance. Patient's general motor response was normal. Patient's hang grips and pedal pushes were strong and +2 bilaterally.** |

**Vital Signs, 2 sets (5 points)**

| **Time** | **Pulse** | **B/P** | **Resp Rate** | **Temp** | **Oxygen** |
|---|---|---|---|---|---|
| **1436** | **90** | **104/72** | **18** | **98.4F**<br>**Oral** | **98%**<br>**Room air** |
| **1710**<br>**After panic attack** | **118** | **126/80** | **22** | **98.4f**<br>**Oral** | **90%**<br>**Room air** |

**Pain Assessment, 2 sets (2 points)**

| **Time** | **Scale** | **Location** | **Severity** | **Characteristics** | **Interventions** |
|---|---|---|---|---|---|
| **1436** | **0-10** | **none** | **none** | **none** | **none** |
| **1710** | **0-10** | **none** | **none** | **none** | **none** |

**Dietary Data (2 points)**

| **Dietary Intake** | |
|---|---|
| **Percentage of Meal Consumed:**<br>**Breakfast: 100%**<br>**Lunch: 60%**<br>**Dinner: 80%** | **Oral Fluid Intake with Meals (in mL)**<br>**Breakfast: 250 ml**<br>**Lunch: 250 ml**<br>**Dinner: 100 ml** |

**Discharge Planning (4 points)**

**Discharge Plans (Yours for the client):**

**The client is to be discharged home to her mother and will seek further medical treatment in Chicago. She has agreed that seeking further drug rehabilitation is a good idea and has written down the place I recommended. It is in the best interest of the client to seek further treatment due to continued attempts of suicide and drug depressant use.**

1. **Equip the patient with the following outpatient resources listed above.**
2. **Follow up with primary doctor.**
3. **Attend a therapy session at least once a week to help develop effective coping skills.**

**Nursing Diagnosis (15 points)**
***Must be NANDA approved nursing diagnosis and listed in order of priority***

| **Nursing Diagnosis**<br>• Include full nursing diagnosis with "related to" and "as evidenced by" components | **Rational**<br>• Explain why the nursing diagnosis was chosen | **Immediate Interventions (At admission)** | **Intermediate Interventions (During hospitalization)** | **Community Interventions (Prior to discharge)** |
|---|---|---|---|---|
| **1. Ineffective denial related to drug use as evidence by patient believing that her use of alcohol and cannabis is under control. (Phelps et al., 2017).** | **I chose this diagnosis because my client believes that moderate use of drugs is ok if she can control it.** | **1. Give the client information about alcohol and cannabis use in a matter-of-fact manner.**<br><br>**2. Encourage client to recognize** | **1. Do not allow the client to blame others or circumstances beyond the client's control.**<br><br>**2. Use redirection to help client to recognize her** | **1. Encourage other clients in the program to provide feedback for each other.**<br><br>**2. Identify community resources for** |

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| | | **current situation as it relates to drug use.**<br><br>**3. Help client to reflect on past decisions made under the influence** | **own issues.**<br><br>**3. Avoid allowing client to compare her situation to others in treatment.** | **the patient to be able to use.**<br><br>**3. The patient to be able to verbalize their acceptance of their responsibility.** |
| **2. Altered Family Processes/Role Performance as evidenced by client's ineffective parental communication.** | **I chose this diagnosis because the client's parents are currently in the process of getting a divorce and it is affecting the current situation.** | **1. Encourage client to recognize current situation as it relates to depression.**<br><br>**2. Help client to reflect on past decisions made based upon parents' divorce.**<br><br>**3. Assist client with good coping skills.** | **1. Do not allow the client to blame others or circumstances beyond the client's control.**<br><br>2. Use redirection to help client to recognize her own issues.<br><br>**3. Encourage client to find ways to be a more independent person.** | **1. Encourage other clients in the program to provide feedback for each other.**<br><br>**2. Identify community resources for the patient to be able to use.**<br><br>**3. The patient to be able to verbalize their acceptance of their responsibility.** |
| **3. Ineffective Individual Coping as evidenced by client's inability** | **I chose this diagnosis because the client refuses to** | **1. encourage client to look at current situation and factors** | **1. Do not allow the client to blame others or** | **1. encourage client to attend group sessions.** |

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| **to perceive personal relevance of symptoms without blaming her parents.** | **take responsibly for the situation she is in and blames it on her parent's lack of attention.** | **leading up to current treatment.**<br><br>**2. Help client to reflect on past decisions made in order to gain attention.**<br><br>**3. Allow client time to process decisions made while seeking attention for parents.** | **circumstances beyond the client's control.**<br><br>**2. Use redirection to help client to recognize her own issues.**<br><br>**3. Help client to recognize current situation in correlation to her depression and anxiety.** | **2. Have client evaluated further for depression.**<br><br>**3. Allow client to seek therapy.** |

**Other References (APA):**

**Phelps, L. L., Ralph, S. S., & Taylor, C. M. (2017).** ***Sparks and Taylor's Nursing Diagnosis Reference Manual*** **(10th ed.). Wolters Kluwer.**

**Concept Map (20 Points):**

## Subjective Data

Patient feels she needs her medication to be evaluated.

## Nursing Diagnosis/Outcomes

Ineffective denial related to drug use as evidence by patient believing that her use of alcohol and cannabis is under control. (Phelps et al., 2017).

2. Altered Family Processes/Role Performance as evidenced by client's ineffective parental communication.

3. Ineffective Individual Coping as evidenced by client's inability to perceive personal relevance of symptoms without blaming her parents.

## Objective Data

Patient appears to be seeking attention from her parents.

## Patient Information

The patient is a 21-year-old Caucasian female that was admitter on 9/20/2022 from OSF Urbana. The patient currently is a U of I student and lives with current boyfriend. The patient has had one pervious suicide attempt in May of this year that resulted in hospitalization.

## Nursing Interventions

1. encourage client to attend group sessions.
2. Have client evaluated for depression.
3. Allow client to seek therapy.
4. Identify community resources for the patient to be able to use.