

N323 Care Plan  
Lakeview College of Nursing  
Molly Niemerg

**Demographics (3 points)**

<b>Date of Admission</b> 9/16/22	<b>Patient Initials</b> MM	<b>Age</b> 12	<b>Gender</b> Female
<b>Race/Ethnicity</b> African American	<b>Occupation</b> N/A	<b>Marital Status</b> N/A	<b>Allergies</b> Patient denied of having previous allergies
<b>Code Status</b> Full Code	<b>Observation Status</b> Self-harm/suicide precautions inpatient facility	<b>Height</b> 60 inches	<b>Weight</b> 143.0 lbs

**Medical History (5 Points)**

**Past Medical History:** Patient denied of having past medical history. Chart stated the patient has been diagnosed with major depression disorder and ADHD.

**Significant Psychiatric History:**

1. Six previous suicide attempts
2. ADHD
3. Depression disorder
4. Multiple previous hospitalizations documented in chart. Patient only felt comfortable discussing one.

**Family History:** Patient could not recall family history.

**Social History (tobacco/alcohol/drugs):** Patient denied using tobacco, alcohol, and drugs.

**Living Situation:** Patient lived with her biological parents till age six then off and on again.

Patient recalled moving into foster care at age 6, 9, and 12 years old. Patient now remains with foster parents.

**Strengths:** The patient was unable to verbalize strengths that portrayed her. The patient is highly motivated to get better. Patient expressed her goals were “I will stop killing myself.” Patient

described older brother as a role model in her life. The patient verbalized her feelings throughout the assessment.

**Support System:** The patient feels her case worker “Grace” as a huge support system. The patient also expressed older brother as a role model throughout the experience.

### **Admission Assessment**

**Chief Complaint (2 points):** Suicidal ideation and homicidal ideations

**Contributing Factors (10 points):**

Factors that lead to admission: 12-year-old female was admitted for suicidal and homicidal ideation. The patient acted on self-harm from bullying at school. Self-harming resulted in “scratching myself all over my body.” The patient reported of being in a fight with her best friend at the time. This fight led her to express that she was going to attempt to run into oncoming traffic. The patient expressed she wanted to stab her best friend. Patients chart discussed the patients desire to stab the principal as well as the best friend.

**History of suicide attempts:** The patient admits to attempting six times in the past. The patient expressed she tried running into oncoming traffic five times. Patient also reported wanting to “slice my neck with scissors.”

**Primary Diagnosis on Admission (2 points):**

The patient suffers from major depression disorder.

**Psychosocial Assessment (30 points)**

History of Trauma				
<p><b>No lifetime experience:</b> Patient expressed she was slapped across the face by her biological dad. Patient also expressed being punched by biological mother.</p> <p><b>Witness of trauma/abuse:</b> Patient witnessed mom and siblings getting abused by dad. Patient also reported witnessing her uncle dying from a gun shot when she was eight years old.</p>				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
<b>Physical Abuse</b>	No	Yes (age 6)	n/a	Patient was slapped across the face by her biological father. Patient reported being punched by biological mother when asking a question. Patient does not recall incident being reported to

				authorities.
<b>Sexual Abuse</b>	No	No	n/a	n/a
<b>Emotional Abuse</b>	No	Yes (age 7)	n/a	Patient recalls biological mother yelling at her when patient asks questions then punching her. Patient does not recall incident being reported.
<b>Neglect</b>	No	Yes (age 9)	n/a	Patient recalled parents leaving all seven kids at home for five days to fend for themselves. Patient does not recall incident being reported.
<b>Exploitation</b>	No	No	n/a	n/a
<b>Crime</b>	No	No	n/a	n/a
<b>Military</b>	No	No	n/a	n/a
<b>Natural Disaster</b>	No	No	n/a	n/a

<b>Loss</b>	No	Yes (age 8)	n/a	Patient describes the feeling of grief from previous family members. The patient states witnessing her uncle being shot and dying in front of her.
<b>Other</b>	No	No	n/a	n/a

**Presenting Problems**

<b>Problematic Areas</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>
<b>Depressed or sad mood</b>	<b>Yes</b>	<b>No</b>	Patient Denies
<b>Loss of energy or interest in activities/school</b>	<b>Yes</b>	<b>No</b>	“I don’t have any interest to participate in school.” The feeling comes and goes. The feelings occur about twice a week.
<b>Deterioration in hygiene and/or grooming</b>	<b>Yes</b>	<b>No</b>	Patient Denies
<b>Social withdrawal or isolation</b>	<b>Yes</b>	<b>No</b>	“I like to be by myself and not interact with anyone.” The feeling usually happens every day but comes and goes throughout

			the day.
<b>Difficulties with home, school, work, relationships, or responsibilities</b>	<b>Yes</b>	<b>No</b>	Patient Denies
<b>Sleeping Patterns</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>
<b>Change in numbers of hours/night</b>	<b>Yes</b>	<b>No</b>	Patient Denies
<b>Difficulty falling asleep</b>	<b>Yes</b>	<b>No</b>	Patient reports of insomnia almost every day. Patient reports she lays in bed staring at the ceiling.
<b>Frequently awakening during night</b>	<b>Yes</b>	<b>No</b>	“I fall asleep around 10:30 p.m. but wake up 1-2 times throughout the night.” Patient reports awakening at night three times a week.
<b>Early morning awakenings</b>	<b>Yes</b>	<b>No</b>	Patient reports being forced to wake up at 6:45 a.m.
<b>Nightmares/dreams</b>	<b>Yes</b>	<b>No</b>	Patient Denies
<b>Other</b>	<b>Yes</b>	<b>No</b>	Patient Denies
<b>Eating Habits</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>
<b>Changes in eating habits: overeating/loss of appetite</b>	<b>Yes</b>	<b>No</b>	Patient Denies
<b>Binge eating and/or purging</b>	<b>Yes</b>	<b>No</b>	Patient Denies
<b>Unexplained weight loss?</b>	<b>Yes</b>	<b>No</b>	Patient reports losing 5 pounds

<b>Amount of weight change:</b>			since she has been admitted to the facility.
<b>Use of laxatives or excessive exercise</b>	Yes	No	Patient Denies
<b>Anxiety Symptoms</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>
<b>Anxiety behaviors (pacing, tremors, etc.)</b>	Yes	No	Patient Denies
<b>Panic attacks</b>	Yes	No	Patient Denies
<b>Obsessive/compulsive thoughts</b>	Yes	No	Patient Denies
<b>Obsessive/compulsive behaviors</b>	Yes	No	Patient Denies
<b>Impact on daily living or avoidance of situations/objects due to levels of anxiety</b>	Yes	No	Patient Denies
<b>Rating Scale</b>			
<b>How would you rate your depression on a scale of 1-10?</b>	4 out of 10		
<b>How would you rate your anxiety on a scale of 1-10?</b>	2 out of 10		
<b>Current Stressors of Areas of Life Affected by Presenting Problem (work, school, family, legal, social, financial)</b>			
<b>Problematic Area</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>
<b>Work</b>	Yes	No	Patient Denies
<b>School</b>	Yes	No	Patient Denies. Chart stated patient had several previous fights at school.
<b>Family</b>	Yes	No	Patient Denies
<b>Legal</b>	Yes	No	Patient Denies
<b>Social</b>	Yes	No	Patient Denies
<b>Financial</b>	Yes	No	Patient Denies

<b>Other</b>	<b>Yes</b>	<b>No</b>	Patient Denies	
<b>Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient</b>				
<b>Dates</b>	<b>Facility/MD/ Therapist</b>	<b>Inpatient/ Outpatient</b>	<b>Reason for Treatment</b>	<b>Response/Outcome</b>
Patient does not recall date at Lincoln Prairie Behavioral Center.	<b>Inpatient</b> <b>Outpatient</b> <b>Other:</b> Patient does not recall medical doctor or therapist.	Inpatient	Suicidal  Ideation	<b>No improvement</b>  <b>Some improvement</b>  <b>Significant improvement</b>
N/A	<b>Inpatient</b> <b>Outpatient</b> <b>Other:</b> N/A	N/A	N/A	<b>No improvement</b>  <b>Some improvement</b>  <b>Significant improvement</b>
N/A	<b>Inpatient</b> <b>Outpatient</b> <b>Other:</b> N/A	N/A	N/A	<b>No improvement</b>  <b>Some improvement</b>  <b>Significant improvement</b>
<b>Personal/Family History</b>				
<b>Who lives with you?</b>	<b>Age</b>	<b>Relationship</b>	<b>Do they use substances?</b>	
Andrea	Patient could not recall age of	Foster mother	Yes	<b>No</b>

	foster mom.			
Neil	Patient could not recall age of foster dad.	Foster father	Yes	No
N/A	N/A	N/A	Yes	No
N/A	N/A	N/A	Yes	No
N/A	N/A	N/A	Yes	No
<b>If yes to any substance use, explain:</b> N/A				
<b>Children (age and gender):</b> Foster parents do not have any children or other foster children. <b>Who are children with now?</b> N/A				
<b>Household dysfunction, including separation/divorce/death/incarceration:</b> Patient denies of any household dysfunction, separation, divorce, and incarceration. Patient has experience death of uncle due to gun shot.				
<b>Current relationship problems:</b> The patient does not have a partner. <b>Number of marriages:</b> N/A				
<b>Sexual Orientation:</b> N/A	<b>Is client sexually active?</b> Yes No		<b>Does client practice safe sex?</b> N/A	
<b>Please describe your religious values, beliefs, spirituality and/or preference:</b> Patient states she is a Christian. No other description was given by the patient.				
<b>Ethnic/cultural factors/traditions/current activity:</b> <b>Describe:</b> The patients traditions include celebrating Christmas with family.				
<b>Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates):</b> Neil (foster father) was arrested for fighting.				
<b>How can your family/support system participate in your treatment and care?</b> The patient				

denies wanting help from family during treatment and care.
<p><b>Client raised by:</b></p> <p><b>Natural parents: mother and father off and on</b>  <b>Grandparents</b>  <b>Adoptive parents</b>  <b>Foster parents: Neil and Andrea</b>  <b>Other (describe):</b></p>
<b>Significant childhood issues impacting current illness:</b> N/A
<p><b>Atmosphere of childhood home:</b> Patient reported of witnessing lots of fighting and abuse growing up. Patient has seven biological siblings and five step siblings.</p> <p><b>Loving</b>  <b>Comfortable</b>  <b>Chaotic</b>  <b>Abusive</b>  <b>Supportive</b>  <b>Other:</b></p>
<p><b>Self-Care:</b></p> <p><b>Independent</b>  <b>Assisted</b>  <b>Total Care</b></p>
<b>Family History of Mental Illness (diagnosis/suicide/relation/etc.)</b> Patient denies of having a family history of mental illness.
<b>History of Substance Use:</b> Patient denies of having a history of substance abuse.
<p><b>Education History:</b> Patient is in the 7<sup>th</sup> grade.</p> <p><b>Grade school</b>  <b>High school</b>  <b>College</b>  <b>Other:</b></p>
<p><b>Reading Skills:</b> Patients reading level is 3<sup>rd</sup>/4<sup>th</sup> grade.</p> <p><b>Yes</b>  <b>No</b>  <b>Limited</b></p>

<b>Primary Language:</b> English
<b>Problems in school:</b> Patient experienced several fights and arguing with classmates and teachers.
<b>Discharge</b>
<b>Client goals for treatment:</b> “Try not to kill myself after something bad happens.”
<b>Where will client go when discharged?</b> Patient does not know where she will go after being discharged. Chart stated the foster mother is willing to have her back.

**Outpatient Resources (15 points)**

Resource	Rationale
1. National Suicide Prevention Lifeline 1(800)-273-8255	Patient has tried to commit suicide six times. Every time something bad has happened patient has turned to suicide. Identifying coping strategies and triggers will allow the patient to reach out when bad things happen.
2. Substance Abuse and Mental Health Helpline (800)-662-4357 <a href="https://www.samhsa.gov/find-help/national-helpline">https://www.samhsa.gov/find-help/national-helpline</a>	Mental Health Helpline helps patients struggling with mental health disorders such as depression and suicidal ideation.
3. Community Health & Emergency Services 1340 N. Cedar Ct., Carbondale, IL 62901 618-457-7821	This facility is an outpatient treatment and intensive outpatient treatment that treats mental health. Patient suffers from depression, suicidal ideation, and homicidal ideation. Local facilities will allow easy access to assistance.

**Current Medications (10 points)**

**\*Complete all of your client’s psychiatric medications\***

<b>Brand/Generic</b>	Abilify /	Prozac /	Tenex /	<b>N/A</b>	<b>N/A</b>
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	aripiprazole	fluoxetine hydrochloride	guanfacine		
<b>Dose</b>	5 mg	10 mg	2 mg	N/A	N/A
<b>Frequency</b>	1x Daily	1x Daily	1x Daily	N/A	N/A
<b>Route</b>	PO	PO	PO	N/A	N/A
<b>Classification</b>	Pharmacological- “Atypical antipsychotic” (Nurses Drug Handbook, 2021, p. 92). Therapeutic class: “Antipsychotic” (Nurses Drug Handbook, 2021, p. 92).	Pharmacological: “Selective serotonin reuptake inhibitor (SSRI)” (Nurses Drug Handbook, 2021, p. 567). Therapeutic class: “Antidepressant” (Nurses Drug Handbook, 2021, p. 567).	Pharmacological & Therapeutic: “Centrally acting alpha-adrenergic receptor agonists” (DrugBank Online, 2022).	N/A	N/A
<b>Mechanism of Action</b>	“May produce antipsychotic effects through partial agonist and antagonist actions. Aripiprazole acts as partial agonist at dopamine receptors and serotonin receptors. The drug acts as an antagonist at 5-HT <sub>2A</sub> serotonin receptor sites” (Nurse’s Drug Handbook, 2021, p. 95)	“Selectively inhibits reuptake of the neurotransmitter serotonin by CAN neurons and increased the amount of serotonin available in nerve synapses. An elevated serotonin level may result in elevated mood and, consequently, reduce depression, lessen obsessive-compulsive behavior, and diminish panic symptoms, as well as relieve	“Guanfacine is selective alpha-2A adrenergic receptor agonist, which reduces the effects of the sympathetic nervous system on the heart and circulatory system. The link between guanfacine’s molecular mechanism and its effect on the treatment of ADHD has not been determined.” (DrugBank Online, 2022).	N/A	N/A

		premenstrual dysmorphic discomfort.” (Nurses Drug Handbook, 2021, p. 568).			
<b>Therapeutic Uses</b>	To treat the patient’s major depressive disorder	To treat ADHD by controlling her attention and impulsivity	To treat ADHD by controlling her attention and impulsivity	<b>N/A</b>	<b>N/A</b>
<b>Therapeutic Range (if applicable)</b>	N/A	N/A	N/A	<b>N/A</b>	<b>N/A</b>
<b>Reason Client Taking</b>	Major Depressive Disorder	ADHD	ADHD	<b>N/A</b>	<b>N/A</b>
<b>Contraindications (2)</b>	<p>“Hypersensitivity to aripiprazole or its components” (Nurses Drug Handbook, 2021, p. 95).</p> <p>No other contraindications listed.</p>	<p>“Hypersensitivity to fluoxetine, other selective serotonin reuptake inhibitors or their components” (Nurses Drug Handbook, 2021, p. 569).</p> <p>“Concurrent therapy with pimozide or thioridazine” (Nurses Drug Handbook, 2021, p. 569).</p>	<p>Hypersensitivity to guanfacine.</p> <p>No other contraindications listed.</p>	<b>N/A</b>	<b>N/A</b>
<b>Side Effects/Adverse Reactions (2)</b>	<p>“Homicidal ideation” (Nurses Drug Handbook, 2021, p. 95).</p> <p>“Suicidal ideation” (Nurses Drug Handbook, 2021, p. 95).</p>	<p>“Suicidal ideation” (Nurses Drug Handbook, 2021, p. 569).</p> <p>“Insomnia” (Nurses Drug Handbook, 2021, p. 569).</p>	<p>“Mental Depression” (DrugBank Online, 2022).</p> <p>“Mood or Mental changes” (DrugBank Online, 2022).</p>	<b>N/A</b>	<b>N/A</b>
<b>Medication/Food Interactions</b>	“CYP2D6 inhibitors such as fluoxetine, quinidine, paroxetine” (Nurses Drug	“Increased anticonvulsant levels with potential for toxicity aspirin, NSAIDs,	“Do not take with or immediately after a high-fat meal. High fat meals increase	<b>N/A</b>	<b>N/A</b>

	Handbook, 2021, p. 95).	warfarin” (Nurses Drug Handbook, 2021, p. 569).	drug exposure.” (DrugBank Online, 2022).		
<b>Nursing Considerations (2)</b>	<p>“Know that aripiprazole shouldn’t be used to treat dementia-related psychosis in the elderly because of an increased risk of death.”</p> <p>“Use cautiously in patients with cardiovascular disease, cerebrovascular disease, or conditions that would predispose them to hypotension. Also use cautiously in those with a history of seizures or with conditions that lower the seizure threshold, such as Alzheimer’s disease.”</p> <p>(Nurses Drug Handbook, 2021, p. 95).</p>	<p>“Use fluoxetine cautiously in patients with a history of seizures and in children, because of potential for adverse effects.”</p> <p>(Nurses Drug Handbook, 2021, p. 569-570).</p> <p>“Use fluoxetine cautiously in patients with congenital long QT syndrome, previous history of QT prolongation, or family history of long QT syndrome or sudden cardiac death.”</p> <p>(Nurses Drug Handbook, 2021, p. 570).</p>	<p>“Guanfacine may make you drowsy or dizzy. DO not drive a car or operate machinery until you know how this medication affects you.”</p> <p>(U.S. National Library of Medicine,2018).</p> <p>“May faint if you become dehydrated or overheated during your treatment with guanfacine. Be sure to drink plenty of liquids and stay cool while you are taking this medication.”</p> <p>(U.S. National Library of Medicine, 2018).</p>	<b>N/A</b>	<b>N/A</b>

<b>Brand/Generic</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
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<b>Dose</b>	N/A	N/A	N/A	N/A	N/A
<b>Frequency</b>	N/A				
<b>Route</b>	N/A	N/A	N/A	N/A	N/A
<b>Classification</b>	N/A	N/A	N/A	N/A	N/A
<b>Mechanism of Action</b>	N/A	N/A	N/A	N/A	N/A
<b>Therapeutic Uses</b>	N/A	N/A	N/A	N/A	N/A
<b>Therapeutic Range (if applicable)</b>	N/A	N/A	N/A	N/A	N/A
<b>Reason Client Taking</b>	N/A	N/A	N/A	N/A	N/A
<b>Contraindications (2)</b>	N/A	N/A	N/A	N/A	N/A
<b>Side Effects/Adverse Reactions (2)</b>	N/A	N/A	N/A	N/A	N/A
<b>Medication/Food Interactions</b>	N/A	N/A	N/A	N/A	N/A
<b>Nursing Considerations (2)</b>	N/A	N/A	N/A	N/A	N/A

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

*Guanfacine*. Uses, Interactions, Mechanism of Action | DrugBank Online. (2022). Retrieved from <https://go.drugbank.com/drugs/DB01018>

Jones & Bartlett Learning. (2021). *2021 Nurse’s drug handbook* (20th ed.), (p. 92, 95, 567, 568, 569, & 570) Jones & Bartlett Learning.

U.S. National Library of Medicine. (2018). *Guanfacine: Medlineplus drug information*. MedlinePlus. Retrieved from <https://medlineplus.gov/druginfo/meds/a601059.html>

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

<b>APPEARANCE:</b>	Client is A&O x4, is well groomed, no acute
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<b>Behavior:</b> <b>Build:</b> <b>Attitude:</b> <b>Speech:</b> <b>Interpersonal style:</b> <b>Mood:</b> <b>Affect:</b>	distress. Patient has an average and appropriate build for age. BMI within normal range. Patient has a positive attitude. Speech is not slurred with primary language being English. Patients interpersonal style is an introverted. The patient’s mood is appropriate and congruent with a positive affect.
<b>MAIN THOUGHT CONTENT:</b> <b>Ideations:</b> <b>Delusions:</b> <b>Illusions:</b> <b>Obsessions:</b> <b>Compulsions:</b> <b>Phobias:</b>	The patient has suicidal and homicidal ideations. The patient expressed that she attempted suicide 6 times. Homicidal ideations were expressed during the last admission towards a peer and principle. The patient has no delusions, illusions, obsessions, compulsions, or phobias noted.
<b>ORIENTATION:</b> <b>Sensorium:</b> <b>Thought Content:</b>	The patient is A&O x4. The patient’s thought content was realistic.
<b>MEMORY:</b> <b>Remote:</b>	The patient's short-term memory is intact. Patient had difficult time recalling dates specifically bad memories.
<b>REASONING:</b> <b>Judgment:</b> <b>Calculations:</b> <b>Intelligence:</b> <b>Abstraction:</b> <b>Impulse Control:</b>	The patient's judgment is intact. Inductive and deductive reasoning skills are intact. The patient is of average intelligence and has poor impulse control resulting in aggressive behavior.
<b>INSIGHT:</b>	Patients' insight is unimpaired.
<b>GAIT:</b> <b>Assistive Devices:</b> <b>Posture:</b> <b>Muscle Tone:</b> <b>Strength:</b> <b>Motor Movements:</b>	The patient's gait is stable with no assistive devices. The patient's muscle tone is intact with equal bilateral strength (5/5). Her fine and gross motor movements are intact and equal.

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

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
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<b>1442</b>	<b>86 bpm</b>	<b>115/58 mmHg</b>	<b>14 RR</b>	<b>97.2 F</b>	<b>99%</b>
<b>1807</b>	<b>92 bpm</b>	<b>128/79 mmHg</b>	<b>12 RR</b>	<b>97.4 F</b>	<b>99%</b>

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
<b>1442</b>	<b>Numeric</b>	<b>Nose</b>	<b>7</b>	<b>“Feels bruised”</b>	<b>Patient could put a cold compress pad over nose twice a day.</b>
<b>1807</b>	<b>Numeric</b>	<b>N/A</b>	<b>0</b>	<b>N/A</b>	<b>N/A</b>

**Dietary Data (2 points)**

<b>Dietary Intake</b>	
<b>Percentage of Meal Consumed:</b>	<b>Oral Fluid Intake with Meals (in mL)</b>
<b>Breakfast: 100%</b>	<b>Breakfast: 240 mL</b>
<b>Lunch: 100%</b>	<b>Lunch: 180 mL</b>
<b>Dinner: 100%</b>	<b>Dinner: 270 mL</b>

**Discharge Planning (4 points)**

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

The patient was unsure who she was going home with, but the chart state the foster mother would take her back. Discharge plans would include placing the patient in a stable home with no aggressive history. Staff will provide assistance with coping mechanisms and strategies towards her aggressive behavior. Staff will provide suicide prevention materials. Staff will also provide education on medication management with continuing medications prescribed. Follow-up appointments will be made with the primary provider.

**Nursing Diagnosis (15 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

<p><b>Nursing Diagnosis</b></p> <ul style="list-style-type: none"> <li>• Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<p><b>Rational</b></p> <ul style="list-style-type: none"> <li>• Explain why the nursing diagnosis was chosen</li> </ul>	<p><b>Immediate Interventions (At admission)</b></p>	<p><b>Intermediate Interventions (During hospitalization)</b></p>	<p><b>Community Interventions (Prior to discharge)</b></p>
<p>Impaired mood regulation related to recurrent thoughts of suicide as evidenced by aggression towards peers.</p>	<p>Patient has a history of multiple fights including September 27th, 2022 resulting in putting a patient in a choke hold.</p>	<ol style="list-style-type: none"> <li>1. Place patients in a room by themselves near the nurse’s station.</li> <li>2. “Initiate suicide and/or self-harm precautions as necessary to ensure patient remains safe from suicide and self-harm” (Phelps, 2022 p. 384).</li> <li>3. Provide the patient with a safe environment by removing harmful objects</li> </ol>	<ol style="list-style-type: none"> <li>1. Identify the patient's triggers that can be removed during high stimuli.</li> <li>2. “Encourage and support appropriate levels of rest and activity” (Phelps, 2022, p. 384).</li> <li>3. “Assist patient in evaluating the efficacy of patients strategies to meet goals” (Phelps, 2022, p. 385).</li> </ol>	<ol style="list-style-type: none"> <li>1. Provide patients with resources to access their psychoeducation resources.</li> <li>2. Encourage patient to attend group therapies outside of the facility for outpatient centers.</li> <li>3. Assisting the patient with ways of replacing self-destruction with self-positivity.</li> </ol>
<p>Risk for injury related to self-harm as evidenced by suicidal ideations</p>	<p>Patient has a history of self-harm by scratching herself all over her body. Patient also has a history of suicide attempts by verbalizing she was going to run into oncoming traffic. Patient also verbalized</p>	<ol style="list-style-type: none"> <li>1. “Assist patient and family to identify situations and hazards that can cause accidents” (Phelps, 2022, p. 337).</li> <li>2. Place patient in a room closest to the nurse’s station.</li> </ol>	<ol style="list-style-type: none"> <li>1. Determine the thought process of what led her to make her decision.</li> <li>2. Encourage patient to participate in group therapy every day.</li> <li>3. Spend time with patient to build a relationship with trust.</li> </ol>	<ol style="list-style-type: none"> <li>1. “Refer patient to appropriate community resources for more information about identifying and removing safety hazards.” (Phelps, 2022, p. 338).</li> <li>2. Encourage the patient to get</li> </ol>

	she was going to “slice her neck with scissors.”	<b>3.</b> Maintain a low stimulus environment including fewer people and low noise level.		involved in community programs that discuss mental health concerns.  <b>3.</b> Consult with the case manager to discuss weekly check-ups/appointments.
Dysfunctional family processes related to ineffective coping strategies as evidenced by an unstable family environment.	Patient stated her home life was chaotic with several siblings. Patient experienced witnessing abuse from the biological father. Foster father was also arrested for history of fighting.	<b>1.</b> “Encourage family members to acknowledge that aggression/abusive behavior is a problem within the family to break through family denial” (Phelps, 2022, p. 214).  <b>2.</b> Encourage the patient to identify the reasoning to why the patient acts on violence.  <b>3.</b> Schedule individual therapy with the patient until behavior is under control.	<b>1.</b> “Provide an opportunity for family members to discuss conflicts in an open, safe atmosphere to help family members develop confidence in their ability to resolve problems” (Phelps, 2022, p. 215).  <b>2.</b> “Encourage family members to continue to seek counseling to enhance interpersonal skills and strengthen the family unit” (Phelps, 2022, p. 215).  <b>3.</b> Encourage family members to be a part of the patient's recovery process if applicable.	<b>1.</b> Consult case manager about making home visits so the family is maintaining quality health.  <b>2.</b> Determine valuable relationships that the patient wants to maintain with her family.  <b>3.</b> Assist the patient with identifying and clarifying lifestyle changes that need to be made.

**Other References (APA):**

Phelps, L.L. (2020). *Sparks and Taylor's nursing diagnosis reference manual* (11<sup>th</sup> ed.), p. 211, 214, 215, 336, 337, 338, 383, 384, & 385. Wolters Kluwer.

**Concept Map (20 Points):**

**Subjective Data**

"I watched my siblings and mom get abused by my dad."  
"My dad slapped me across the face."  
"I want to jump in front of oncoming traffic."  
"My plan for suicide was going to be slice my neck."  
"I watched my uncle get shot right in front of me when I was eight years old."  
"My goal for treatment is try not to kill myself after something bad happens."  
"My parents left my siblings and I alone for 5 days and we had to take care of ourselves."  
"I was moved from my home at age 6, 9, and 12."  
"I have had four different foster families."  
"I look up to my caseworker and big brother (Lawrence)."

Impaired mood regulation related to recurrent thoughts of suicide as evidenced by aggression towards peers.

Outcome → Patient will learn coping mechanisms towards her aggression towards peers within one week.

Risk for injury related to self-harm as evidenced by suicidal ideations.

Outcome → Patient will not perform self-harm acts within two months after discharge.

Dysfunctional family processes related to ineffective coping strategies as evidenced by an unstable family environment.

Outcome → Patient will act on the coping mechanisms when a behavioral incident occurs.

**Nursing Diagnosis/Outcomes**

**Nursing Interventions**

**Nursing Diagnosis 1**

Immediate

- Place patients in a room by themselves near the nurse's station.
- Provide the patient with a safe environment by removing harmful objects

Intermediate

- Identify the patient's triggers that can be removed during high stimuli.
- "Assist patient in evaluating the efficacy of patients strategies to meet goals" (Phelps, 2022, p. 385).

Environment

- Educate patient on the importance of upkeeping medication.
- Assisting the patient with ways of replacing self-destruction with self-positivity.

**Nursing Diagnosis 2**

Immediate

- Place patient in a room closest to the nurse's station.
- Maintain a low stimulus environment including fewer people and low noise level.

Intermediate

- Encourage patient to participate in group therapy every day.
- Spend time with patient to build a relationship with trust.

Environment

- "Refer patient to appropriate community resources for more information about identifying and removing safety hazards" (Phelps, 2022, p. 338).
- Encourage the patient to get involved in community programs that discuss mental health concerns.

**Nursing Diagnosis 3**

Immediate

- Encourage the patient to identify the reasoning to why the patient acts out with violence.
- Schedule individual therapy with the patient until behavior is under control.

Intermediate

"Encourage family members to continue to seek counseling to enhance interpersonal skills and strengthen the family unit" (Phelps, 2022, p. 215).

Encourage family members to be a part of the patient's recovery process if applicable.

Environment

- Determine valuable relationships that the patient wants to maintain with her family.
- Assist the patient with identifying and clarifying lifestyle changes that need to be made.

**Objective Data**

1442  
Pulse- 86 bpm  
B/P- 115/58 mmHg  
Respirations- 14  
Temperature- 97.2 F  
Oxygen- 99%

1807  
Pulse- 92  
B/P- 128/79 mmHg  
Respirations- 12  
Temperature- 97.4 F  
Oxygen- 99%  
Patient denied some questions because she wasn't comfortable answering.

**Patient Information**

12-year-old female admitted to Pavilion Behavioral Health System, with a history of major depression disorder, admitted for suicidal and homicidal ideation. The patient was compliant throughout the assessment.





