

N323 Care Plan  
Lakeview College of Nursing  
Marianna Craighead

**Demographics (3 points)**

<b>Date of Admission</b> 11/16/21	<b>Patient Initials</b> AF	<b>Age</b> 21	<b>Gender</b> Female
<b>Race/Ethnicity</b> African-American	<b>Occupation</b> Lab Assistant	<b>Marital Status</b> Single	<b>Allergies</b> NKA
<b>Code Status</b> Full	<b>Observation Status</b> In-patient	<b>Height</b> 5'4"	<b>Weight</b> 156

**Medical History (5 Points)**

**Past Medical History:** Insomnia.

**Significant Psychiatric History:** NA

**Family History:** Health Family

**Social History (tobacco/alcohol/drugs):** Drink once a week about 2 drinks

**Living Situation:** Apartment downtown campus town

**Strengths:** Organized

**Support System:** Roommate

**Admission Assessment**

**Chief Complaint (2 points):** “Carle sent me over for self-harm”

**Contributing Factors (10 points):**

**Factors that lead to admission:** Depression

**History of suicide attempts:** NA

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

**Psychosocial Assessment (30 points)**

<b>History of Trauma</b>				
<b>No lifetime experience:</b>				
<b>Witness of trauma/abuse:</b>				
	<b>Current</b>	<b>Past (what age)</b>	<b>Secondary Trauma (response that comes from caring for another person with trauma)</b>	<b>Describe</b>
<b>Physical Abuse</b>	NA	13	NA	Was stabbed in middle school
<b>Sexual Abuse</b>	NA	NA	NA	NA
<b>Emotional Abuse</b>	NA	NA	NA	NA
<b>Neglect</b>	NA	NA	NA	NA
<b>Exploitation</b>	NA	NA	NA	NA
<b>Crime</b>	NA	NA	NA	NA
<b>Military</b>	NA	NA	NA	NA
<b>Natural Disaster</b>	NA	NA	NA	NA
<b>Loss</b>	NA	NA	NA	NA
<b>Other</b>	NA	NA	NA	NA
<b>Presenting Problems</b>				
<b>Problematic Areas</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>	
<b>Depressed or sad</b>	<b>Yes</b>	<b>No</b>	NA	

<b>mood</b>			
<b>Loss of energy or interest in activities/school</b>	<b>Yes</b>	<b>No</b>	Feels like what used to make me happy doesn't make me happy
<b>Deterioration in hygiene and/or grooming</b>	<b>Yes</b>	<b>No</b>	NA
<b>Social withdrawal or isolation</b>	<b>Yes</b>	<b>No</b>	NA
<b>Difficulties with home, school, work, relationships, or responsibilities</b>	<b>Yes</b>	<b>No</b>	NA
<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>	NA
<b>Difficulty falling asleep</b>	<b>Yes</b>	<b>No</b>	NA
<b>Frequently awakening during night</b>	<b>Yes</b>	<b>No</b>	NA
<b>Early morning awakenings</b>	<b>Yes</b>	<b>No</b>	NA
<b>Nightmares/dreams</b>	<b>Yes</b>	<b>No</b>	NA
<b>Other</b>	<b>Yes</b>	<b>No</b>	NA
<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>	NA
<b>Binge eating and/or purging</b>	<b>Yes</b>	<b>No</b>	NA
<b>Unexplained weight loss?</b>	<b>Yes</b>	<b>No</b>	NA
<b>Amount of weight change:</b>			
<b>Use of laxatives or excessive exercise</b>	<b>Yes</b>	<b>No</b>	NA
<b>Anxiety Symptoms</b>	<b>Presenting?</b>		<b>Describe (frequency, intensity, duration, occurrence)</b>

Anxiety behaviors (pacing, tremors, etc.)	Yes	No	NA
Panic attacks	Yes	No	NA
Obsessive/compulsive thoughts	Yes	No	NS
Obsessive/compulsive behaviors	Yes	No	NA
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes	No	NA
<b>Rating Scale</b>			
How would you rate your depression on a scale of 1-10?	0		
How would you rate your anxiety on a scale of 1-10?	0		
<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>
Work	Yes	No	
School	Yes	No	Preparing for finals is stressing me out a lot recently
Family	Yes	No	Stressful relationship with mom argues a lot
Legal	Yes	No	
Social	Yes	No	
Financial	Yes	No	
Other	Yes	No	
<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>
NA	Na	Na	Na	No improvement Some improvement Significant improvement
Na	Na	Na	Na	No improvement Some improvement Significant improvement
Na	Na	Na	Na	No improvement Some improvement Significant improvement
<b>Personal/Family History</b>				
<b>Who lives with you?</b>	<b>Age</b>	<b>Relationship</b>	<b>Do they use substances?</b>	
Sierra	22	College friend	Yes	No
			Yes	No
<b>If yes to any substance use, explain:</b>				
<b>Children (age and gender):</b>				
<b>Who are children with now?</b>				

<b>Household dysfunction, including separation/divorce/death/incarceration:</b> No		
<b>Current relationship problems:</b> NO		
<b>Number of marriages:</b> 0		
<b>Sexual Orientation:</b> Heterosexual	<b>Is client sexually active?</b> Yes <b>No</b>	<b>Does client practice safe sex?</b> <b>Yes</b> No
<b>Please describe your religious values, beliefs, spirituality and/or preference:</b> None		
<b>Ethnic/cultural factors/traditions/current activity:</b> None		
<b>Describe:</b>		
<b>Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates):</b> None		
<b>How can your family/support system participate in your treatment and care?</b>		
They can be more understanding of my stressful situations and talk with me		
<b>Client raised by:</b>		
<b>Natural parents</b> Grandparents Adoptive parents Foster parents Other (describe):		
<b>Significant childhood issues impacting current illness:</b>		
<b>Atmosphere of childhood home:</b>		
<b>Loving</b> <b>Comfortable</b> Chaotic Abusive <b>Supportive</b> Other:		
<b>Self-Care:</b>		
<b>Independent</b> Assisted Total Care		

<b>Family History of Mental Illness (diagnosis/suicide/relation/etc.)</b> None
<b>History of Substance Use:</b> None
<b>Education History:</b>  <b>Grade school:</b> Graduated <b>High school:</b> Graduated <b>College:</b> Senior year of college <b>Other:</b>
<b>Reading Skills:</b>  <b>Yes</b> <b>No</b> <b>Limited</b>
<b>Primary Language:</b> English
<b>Problems in school:</b> None
<b>Discharge</b>
<b>Client goals for treatment:</b> To develop better-coping skills
<b>Where will the client go when discharged?</b> Back to college apartment

**Outpatient Resources (15 points)**

Resource	Rationale
Crisis Line	When experiencing a crisis, you can text HOME to 741741 to reach a volunteer crisis Counselor.
The Pavillion	When experiencing a crisis call 213-373-1700 or present to this facility for assistance.
Carle Emergency	In the case of an emergency call 911. Please present to the emergency department is advised.

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

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

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

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

Jones & Bartlett Learning. (2023). *NDH nurses drug handbook* (21 st ed.). World Headquarters

Jones and Bartlett Learning.

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

<p><b>APPEARANCE:</b>  <b>Behavior:</b>  <b>Build:</b>  <b>Attitude:</b>  <b>Speech:</b>  <b>Interpersonal style:</b>  <b>Mood:</b>  <b>Affect:</b></p>	<p>Well-groomed, neat                  Cooperative                  Obese                  Pleasant                  Quite a tone                  Humble                  Calm and composed                  Appropriate for situation</p>
<p><b>MAIN THOUGHT CONTENT:</b>  <b>Ideations:</b>  <b>Delusions:</b>  <b>Illusions:</b>  <b>Obsessions:</b>  <b>Compulsions:</b>  <b>Phobias:</b></p>	<p>Reported, nothing currently reported                  No issues                  No issues                  No issues                  No issues                  No issues</p>
<p><b>ORIENTATION:</b>  <b>Sensorium:</b>  <b>Thought Content:</b></p>	<p>Alert and oriented x 4                  Conscious-normal                  Linear and goal-directed</p>
<p><b>MEMORY:</b>  <b>Remote:</b></p>	<p>Denied any issues                  Denied any issues</p>
<p><b>REASONING:</b>  <b>Judgment:</b>    <b>Calculations:</b>  <b>Intelligence:</b>  <b>Abstraction:</b>  <b>Impulse Control:</b></p>	<p>.                  Adequate, able to use feedback to learn from mistakes                  Satisfactory                  Good                  Adequate                  Normal</p>
<p><b>INSIGHT:</b></p>	<p>Improving with coping names</p>
<p><b>GAIT:</b>  <b>Assistive Devices:</b>  <b>Posture:</b>  <b>Muscle Tone:</b>  <b>Strength:</b>  <b>Motor Movements:</b></p>	<p>No difficulties                  None                  Open                  Average                  Average                  Normal</p>

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

<b>Time</b>	<b>Pulse</b>	<b>B/P</b>	<b>Resp Rate</b>	<b>Temp</b>	<b>Oxygen</b>
1400	75	120/76	17	97.4	98% room air
1730	77	126/75	16	98.1	100% room air

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

<b>Time</b>	<b>Scale</b>	<b>Location</b>	<b>Severity</b>	<b>Characteristics</b>	<b>Interventions</b>
1400	1-10	NA	0	NA	NA
1730	1-10	NA	0	NA	NA

**Dietary Data (2 points)**

<b>Dietary Intake</b>	
<p><b>Percentage of Meal Consumed:</b></p> <p><b>Breakfast:</b> NA</p> <p><b>Lunch:</b> NA</p> <p><b>Dinner:</b> 75%</p>	<p><b>Oral Fluid Intake with Meals (in mL)</b></p> <p><b>Breakfast:</b> NA</p> <p><b>Lunch:</b> NA</p> <p><b>Dinner:</b> 230mL</p>

**Discharge Planning (4 points)**

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

Discharge to a safe and healthy environment

Add physical activity to your daily routine.

Make positive social connections on a regular basis.

Contact/obtain a primary care physician to discuss issues of depression

**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>At risk for suicide related to self-harm statements as evidenced by horizontal cuts on arm.</p>	<p>This diagnosis was chosen because she has self-harmed</p>	<p>Go through belongings for potential harm items</p> <p>Paper scrubs for client</p> <p>Observation 1 on 1 until the patient is not at risk for self-harm</p>	<p>Create a verbal contract stating will not act in self-harm</p> <p>Attend group therapy</p> <p>Will report any thoughts of self-harm</p>	<p>Follow up with a psychiatric doctor about self-harm/depression</p> <p>Establish environment is safe to return to</p> <p>Assess the patient’s ability to cope</p>
<p>Impaired social interaction related to depression as</p>	<p>This diagnosis was chosen because the</p>	<p>Will discuss mood with staff</p>	<p>Attend group therapy</p>	<p>Referral for family and individual</p>

evidenced by the client's statements.	patient stated she felt withdrawn in her hobbies and interests	Gross motor activities such as walking  The client will do one-to-one activities to minimize anxiety	Will keep a journal of my thoughts and mood  Will participate in group activities	therapy  Will show sociable ready to return to school  Will continue journal of mood
Fatigue related to dx of insomnia as evidenced by lack of interest in hobbies	This diagnosis was chosen because of the dx of insomnia	Discuss changes in sleep patterns what helps and what doesn't  Educate the patient on energy-saving measures  Discuss what the cause may be	Set a strict schedule of when to wake up, when naps are allowed and when it is bedtime  Establish a workout routine with periods of rest  Assess the client's fatigue daily	Establish a daily exercise routine to maintain an active lifestyle  Establish when to notify PCP  Establish a hygiene schedule that promotes sleep.

**Other References (APA):**

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

**Concept Map (20 Points):** see page 15

### Subjective Data

Client currently denies any pain currently. Client states that she currently is not having any thoughts of suicide. Client also states that they are not experiencing any anxiety or depression at this time

### Nursing Diagnosis/Outcomes

At risk for suicide related to self-harm statements as evidenced by horizontal cuts on arm.  
Client will remain from self-harm  
Impaired social interaction related to depression as evidenced by the client's statements.  
Client will participate in all group therapies  
Fatigue related to dx of insomnia as evidenced by lack of interest in hobbies  
Client will sleep for 8 hours every night.

### Objective Data

Vitals: B/P 126/75, P 77, R 16, T 98.1, O2 100% on room air  
Client is well groomed. Client is calm and cooperative for assessment.

### Patient Information

A.F. was admitted 11/16/22.  
Age: 21  
Code: Full  
Gender: Female  
Chief Complaint: "CARLE sent me over for self-harm"  
Dx: Suicidal Ideation

### Nursing Interventions

Create a verbal contract stating will not act in self-harm  
Attend group therapy  
Will report any thoughts of self-harm  
Will keep a journal of my thoughts and mood  
Will participate in group activities  
Set a strict schedule of when to wake up, when naps are allowed and when it is bedtime  
Establish a workout routine with periods of rest  
Assess the client's fatigue daily





