

N323 Care Plan
Lakeview College of Nursing
Malea Warner

Demographics (3 points)

Date of Admission 1/14/23	Patient Initials KC	Age 20	Gender Female
Race/Ethnicity African American	Occupation Unemployed	Marital Status Single	Allergies Grapefruit
Code Status Full Code	Observation Status Every 15 Minute Rounds	Height 154.9 cm	Weight 58.1 kg

Medical History (5 Points)

Past Medical History: Congenital toe anomaly, Dental Caries, currently pregnant with estimated due date of 8/18/23.

Significant Psychiatric History: Paranoid Schizophrenia, Psychosis, Depression, Anxiety, Bipolar Disorder, attempted overdose with blood pressure medication 1/5/23.

Family History: Biological mother has a diagnosis of schizophrenia and hydrocephalus. Patient is adopted and unable to report any other family history.

Social History (tobacco/alcohol/drugs): Cigars 1-2 times per day for 2 years. Alcohol use: 3-4 beers a day up to 4 times per week for 2 years. Marijuana use: 2-3 times day for 3 years. Patient reports stopping the use of tobacco, alcohol and drugs since becoming pregnant.

Living Situation: Homeless. Prior to being homeless she lived with her adoptive mother.

Strengths: Good Communicator, digital media hobbies and interested in learning new skills.

Support System: Patient reports she has four older sisters and two older brother who are supportive of her. She also reports she has an aunt and uncle she is close with who live in Urbana, Illinois.

Admission Assessment

Chief Complaint (2 points): “I became aggressive and combative when I was supposed to get my shot”

Contributing Factors (10 points): Suicidal ideations due to feeling depressed and hopeless because her boyfriend and adoptive mother do not support her pregnancy, stopping her monthly injection for paranoid schizophrenia, Invega Sustenna, due to pregnancy and not being compliant with outpatient services available to her.

Factors that lead to admission: The patient reported refusing her injectable medication for her Schizophrenia; she reports she became combative with staff at an outpatient medical facility when they and her mother were trying to “force” her to get the injection. She was having anxiety about getting the injection due to her pregnancy and the effects it could have on her baby. She reports they were trying get her to take the injection, she felt very claustrophobic causing her to have a panic attack. The patient reports during this episode she “blacked out” and “did not know what she was doing”. She reports she was told she pushed one of the nurses and disrupted the exam room she was in. She reports she “feels bad” for doing this.

History of suicide attempts: 1/5/23 by overdosing on blood pressure medication.

Primary Diagnosis on Admission (2 points): Paranoid Schizophrenia

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: N/A				
Witness of trauma/abuse: N/A				
	Current	Past (what age)	Secondary Trauma	Describe

			(response that comes from caring for another person with trauma)	
Physical Abuse	Yes	“As a teenager”.	N/A	“My adoptive mom was verbally and physically abusive to me on a daily basis”.
Sexual Abuse	Yes	19	N/A	“I was raped by my boyfriend”
Emotional Abuse	Yes	“As a teenager”.	N/A	“My adoptive mom was emotionally abusive to me on a daily basis”.
Neglect	N/A	N/A	N/A	N/A
Exploitation	N/A	N/A	N/A	N/A
Crime	N/A	N/A	N/A	N/A
Military	N/A	N/A	N/A	N/A
Natural Disaster	N/A	N/A	N/A	N/A
Loss	Yes	6		“When my biological father passed away”.
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	Patient describes her sad mood happening since becoming pregnant and not having the support of the baby’s father or her mother.
Loss of energy or interest in activities/school	Yes	No	N/A
Deterioration in hygiene and/or grooming	Yes	No	N/A
Social withdrawal or isolation	Yes	No	Patient reports not having many friends or family members locally.
Difficulties with home, school, work, relationships, or responsibilities	Yes	No	Patient reports due to the side effects of her current medications, she is tired. She also reports being tired due to her pregnancy. This makes it hard for her to hold down a job. The patient also reports discontent with the relationship with her adoptive mother and the father of her baby.
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes	No	N/A

Difficulty falling asleep	Yes	No	N/A
Frequently awakening during night	Yes	No	N/A
Early morning awakenings	Yes	No	Patient reports this happens to her when she is not taking her medication as prescribed it alters her sleeping pattern.
Nightmares/dreams	Yes	No	She frequently has nightmares where there are “people who are after me”.
Other	Yes	No	N/A
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite	Yes	No	N/A
Binge eating and/or purging	Yes	No	N/A
Unexplained weight loss?	Yes	No	N/A
Amount of weight change:			
Use of laxatives or excessive exercise	Yes	No	N/A
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	Yes	No	Patient reports having anxiety since being a teenager daily and some days are better than others. She describes this as an internal

			vibration. Depending on the trigger it can last a few minutes to several hours.
Panic attacks	Yes	No	Patient reports her panic attacks have started within the past couple of months due to her pregnancy and problems with her adoptive mother and the father of her baby. Her panic attacks happen when she becomes very anxious.
Obsessive/ compulsive thoughts	Yes	No	N/A
Obsessive/ compulsive behaviors	Yes	No	N/A
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes	No	N/A
Rating Scale			
How would you rate your depression on a scale of 1-10?		"My depression is at a 6 right now"	
How would you rate your anxiety on a scale of 1-10?		"My anxiety is 7 right now"	
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 reports her anxiety would "flare up" while she was trying to work. Also, due to her

			medication side effects she found it hard to make it to work on time, so she lost her job.
School	Yes	No	N/A
Family	Yes	No	Patient reports her family did not like seeing her having episodes of her schizophrenia and would often “make fun of her” while she was having said episodes. She reports this has been going on since she was a teenager.
Legal	Yes	No	N/A
Social	Yes	No	Patient reports “no one likes me” because “I act different”. She reports this feeling anytime she is around people in general and would last until the interaction ended.
Financial	Yes	No	Patient reports feeling financially stressed because she does not have any money or a job, the duration of this stress is until she can get the help she needs and get back into the work force.

Other	Yes	No	N/A	
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	Facility/ MD/ Therapist	Inpatient/ Outpatient	Reason for Treatment	Response/ Outcome
January 2023	Inpatient Outpatient Other: Rosecorance	Outpatient	Therapy And Medication Administratio n	No improvement Some improvement Significant improvement
January 2023	Inpatient Outpatient Other: The Pavilion	Inpatient	Paranoid Schizophrenia	No improvement Some improvement Significant improvement
March 2021	Inpatient Outpatient Other: Greenwood Hospital	Inpatient	Paranoid Schizophrenia	No improvement Some improvement Significant improvement
Personal/Family History				
Who lives with you?	Age	Relationshi	Do they use substances?	

		P		
Kendra	52	Adoptive Mother	Yes	No
Takira	12	Sister	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
If yes to any substance use, explain: N/A				
Children (age and gender): No Children. Currently 10 weeks pregnant.				
Who are children with now? N/A				
Household dysfunction, including separation/divorce/death/incarceration: Patient reports living with adoptive mother who is verbally, emotionally and physically abusive. Patient reports “my mother is horrible to me; she never has liked me”.				
Current relationship problems: Patient is currently 10 weeks pregnant the baby’s father does not want a relationship with the patient. The patient’s adoptive mother will not let her come back to live with her unless she has an abortion. The patient is unwilling to have an abortion so when she leaves the facility, she will be homeless, unless she can find another family member who will take her in.				
Number of marriages: N/A				
Sexual Orientation: Heterosexual	Is client sexually active? Yes		Does client practice safe sex? Yes	
Please describe your religious values, beliefs, spirituality and/or preference: Patient reports practicing Christianity but did not elaborate.				
Ethnic/cultural factors/traditions/current activity: N/A				

Describe:
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): N/A
How can your family/support system participate in your treatment and care? Patient states her family could be more supportive and caring towards her by encouraging her to stay in outpatient therapy, keeping up with her medications and reminding her to take care of herself.
Client raised by: Natural parents Grandparents Adoptive parents Foster parents Other (describe):
Significant childhood issues impacting current illness: Patient reports her adoptive mother being verbally, emotionally and physically abusive to her.
Atmosphere of childhood home: Patient reports her childhood home abusive and chaotic at times but there were also times where it was comfortable. Loving Comfortable Chaotic Abusive Supportive Other:
Self-Care: Independent Assisted Total Care
Family History of Mental Illness (diagnosis/suicide/relation/etc.) Biological mother has schizophrenia and hydrocephalus.
History of Substance Use: Patient reports using marijuana and alcohol in the past. She has

stopped since she became pregnant.
<p>Education History:</p> <p>Grade school High school College Other: Patient expresses interest in furthering her education to obtain a business degree.</p>
<p>Reading Skills:</p> <p>Yes No Limited</p>
Primary Language: English
Problems in school: Patient reports problems in school with writing essays and conflicts with other classmates.
Discharge
Client goals for treatment: The client’s goals are to get her mental health conditions under control so she can get a job so she can afford a car and a place to live for her and her baby.
Where will client go when discharged? The patient reports she is unsure where she will go when she is discharged from the facility as her mother does not support her and her pregnancy and she is not willing to have an abortion.

Outpatient Resources (15 points)

Resource	Rationale
1. Outpatient Therapy	1. This is a recommendation for the patient as

	<p>she expressed wanting to learn to fix the relationship with her mother. She also expressed wanting to learn how she can resolve family conflicts. Outpatient therapy is a resource for the patient to learn to gain skills such as managing relationships, setting boundaries and resolving conflicts with others like the father of her baby.</p>
<p>2. Women, Infants and Children (WIC) Services at local county health department</p>	<p>2. This is a recommendation for the patient as she expresses wanting to keep her baby. This is a great resource for education and nutrition for women who are currently pregnant to gain information about having a healthy pregnancy and healthy baby. This program can also get the patient in touch with other resources she might need in the future.</p>
<p>3. 988 Suicide & Crisis Lifeline</p>	<p>3. This is a recommendation for the patient because she recently did have an attempted suicide. This hotline is available to anyone who is having a suicidal crisis or who is suffering from emotional distress. It is confidential and available 24 hours a day and 7 days a week. This would give the patient</p>

	someone to talk to and hopefully talk her down from any episode she might be having.
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Current Medications (10 points)

Complete all of your client’s psychiatric medications

PATIENT ONLY HAS 7 MEDICATIONS ON THEIR MEDICATION LIST

Brand/ Generic	One a Day prenatal multivitamin/ prenatal vitamin with folic acid	Prilosec/ omeprazole	Risperdal/ risperidone	Zofran/ ondansetron	Trazorel/ trazodone
Dose	1 tablet	20 mg	2 mg	4mg	50 mg
Frequency	Daily	Daily	At bedtime	Every 6 hours as needed.	At bedtime as needed.
Route	Oral	Oral	Oral	Oral	Oral
Classification	Iron Product, vitamin and mineral combination	Therapeutic : Antiulcer Pharmacologic : Proton Pump Inhibitor	Therapeutic: Antipsychotics, mood stabilizers. Pharmacologic: Benzisoxazoles	Therapeutic: Antiemetics Pharmacologic: 5-HT3 antagonists	Therapeutic: Antidepressant
Mechanism of Action	Prenatal vitamins are used to provide the	“Binds to an enzyme on gastric parietal cells	“Selectively blocks serotonin and dopamine	“Blocks serotonin receptors centrally in	“Blocks serotonin reuptake along the

	<p>additional vitamins needed during pregnancy (RxList, 2023).</p>	<p>in the presence of acidic gastric pH, preventing the final transport of hydrogen ions into the gastric lumen” (Vallerand, 2023, p. 968).</p>	<p>receptors in the mesocortical tract of the CNS to suppress psychotic symptoms” (Jones, 2023, p. 1156)</p>	<p>the chemoreceptor trigger zone and peripherally at the vagal nerve terminals in the intestine. This action reduces nausea and vomiting by preventing serotonin release in the small intestine and by blocking signals to the CNS. Ondansetron may also bind to serotonin receptors and to mu-opioid receptors” (Jones, 2023, p. 1009),</p>	<p>presynaptic neuronal membrane, causing an antidepressant effect. Trazodone exerts a 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” (Jones, 2023, p. 1328-1329),</p>
<p>Therapeutic Uses</p>	<p>Prenatal vitamins can serve as further supplementation to lactating women who need plenty of nutrients to make breast milk (One A Day, 2023).</p>	<p>“Diminished accumulation of acid in the gastric lumen with lessened gastroesophageal reflux. Healing of duodenal ulcers” (Vallerand, 2023, p. 968).</p>	<p>“Decrease symptoms of psychoses, bipolar mania or autism” (Vallerand, 2023, p. 1124).</p>	<p>“Decrease incidences and severity of nausea and vomiting following chemotherapy, radiation or surgery” (Vallerand, 2023, p. 970).</p>	<p>“To treat major depression” (Jones, 2023, p. 1328).</p>
<p>Therapeutic Range (if applicable)</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>	<p>N/A</p>

Reason Client Taking	Prevent vitamin deficiency during pregnancy	GERD	Paranoid Schizophrenia	Nausea	Insomnia
Contraindications (2)	<ol style="list-style-type: none"> 1. Hypersensitivity to any components of One a day prenatal multivitamin (One A Day, 2023). 2. Allergy to fish or soy (One A Day, 2023). 	<ol style="list-style-type: none"> 3. “Safety not established in breastfeeding” (Vallerand, 2023, p. 968). 4. “Concurrent use with rilpivirine” (Jones, 2023, p. 998). 	<ol style="list-style-type: none"> 1. “Neonates at increased risk for extrapyramidal symptoms and withdrawal after delivery when exposed during the 3rd trimester; use during pregnancy only if potential maternal benefit justifies 	<ol style="list-style-type: none"> 1. “Use during pregnancy only if potential maternal benefit justifies potential fetal risk” (Vallerand, 2023, p. 970). 2. “Safety not established in breastfeeding” (Vallerand, 2023, p. 970). 	<ol style="list-style-type: none"> 1. “Suicidal behavior may increase risk of suicide attempt/ideation especially during early treatment or dose adjustment” (Vallerand, 2023, p. 1260). 2. “Lactation: Discontinue drug or bottle feed” (Vallerand, 2023, p. 1260).

			<p>potential fetal risks” (Valle rand, 2023, p. 1124).</p> <p>2. “Lact ation” (Valle rand, 2023, p. 1124).</p>		
<p>Side Effects/Ad verse Reactions (2)</p>	<p>1. High levels of folic acid, especially in older adults, hide signs of vitamin B-12 deficiency (such as pernicious anemia), a condition that can cause nerve damage (RxLis</p>	<p>3. Agitation (Jones, 2023) .</p> <p>4. Psych ic Distu rbanc e (Jones, 2023) .</p>	<p>1. Aggre ssive behav ior (Valle rand, 2023).</p> <p>2. Increa sed sleep distur bance (Valle rand, 2023).</p>	<p>1. Anxiet y (Jones, 2023).</p> <p>2. Seroto nin syndro me (Valler and, 2023).</p>	<p>1. Halluc ination s (Valler and, 2023).</p> <p>2. Insom nia (Valler and, 2023).</p>

	<p>t, 2022).</p> <p>2. Constipation, diarrhea or upset stomach can occur while taking prenatal vitamins (Web MD, 2023).</p>				
Medication/Food Interactions	<p>“This vitamin can decrease the absorption of other drugs such as bisphosphonates (for example, alendronate), levodopa, penicillamine, quinolone antibiotics (for example, ciprofloxacin, levofloxacin), thyroid medications and tetracycline antibiotics” (WebMD, 2023).</p>	<p>“Omeprazole is metabolized by the CYP450 enzyme system and may compete with other agents metabolic by this system” (Vallerand, 2023, p. 968).</p>	<p>“Increased CNS depression may occur with other CNS depressants, including alcohol, antihistamines, sedative/hypnotics or opioid analgesics” (Vallerand, 2023, p. 1124).</p>	<p>“5-HT3 receptor antagonists, selective serotonin reuptake inhibitors: Increased risk of serotonin syndrome” (Jones, 2023, p. 1002).</p>	<p>“Alcohol use: Increased CNS depression, risk of hypotension and respiratory depression” (Jones, 2023, p. 1329).</p>
Nursing Considerations (2)	<p>1. Avoid taking antacids,</p>	<p>3. “Know that because</p>	<p>1. “Instruct mothers</p>	<p>1. Monitor patient for</p>	<p>1. “Monitor patient closely</p>

	<p>dairy products, tea or coffee within 2 hours before or after this medication because they may decrease its effectiveness (Web MD, 2023).</p> <p>2. To prevent constipation exercise daily and drink plenty of fluid s(<i>Prenatal vitamins: Why they matter , how to choose</i> 2022).</p>	<p>se drug can interfere with absorption of vitamin B12, monitor patient for macrocytic anemia” (Jones, 2023, p. 999).</p> <p>4. “It is not known if drug causes fetal harm. Use caution only if benefit to mother outweighs possible</p>	<p>who are breastfeeding while taking risperidone to monitor the infant for abnormal muscle movements , excessive sedation, failure to thrive, jitteriness or tremors” (Jones, 2023, p. 1158).</p> <p>2. “Inform women of childbearing age</p>	<p>serotonin syndrome, which may include agitation, chills, confusion, diaphoresis, diarrhea, fever, hyperactive reflexes, poor coordination, restlessness, shaking, talking , or acting with uncontrolled excitement, tremor, and twitching” (Jones, 2023, p. 1003).</p> <p>2. “Advise</p>	<p>for serotonin syndrome exhibited by agitation, coma, diarrhea, hallucination, hyperreflexia , hypertremia , incoordination, labile blood pressure, nausea , tachycardia, and vomiting” (Jones, 2023, p. 1329).</p> <p>2. “It is not known if drug can cause fetal</p>
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		<p>ble risk to fetus” (Jones, 2023, p. 999).</p>	<p>that risperi done may reduce fertility, but that is reversible after drug is discontinued” (Jones, 2023, p. 1158).</p>	<p>patient to immediately report signs of hypersensitivity, such as rash” (Jones, 2023, p. 1003).</p>	<p>harm. Use with caution only if benefit to mother outweighs potential risk to fetus. Drug may be present in breast milk, patient should check with prescriber before breastfeeding” (Jones, 2023, p. 1329).</p>
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Brand/Generic		Tums/calcium	N/A	N/A	N/A
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	Tylenol/ acetaminophen	carbonate	See Above	See Above	See Above
Dose	650 mg	1000 mg	N/A	N/A	N/A
Frequency	Every 6 hours as needed.	Every 4 hours as needed.	N/A	N/A	N/A
Route	Oral	Oral	N/A	N/A	N/A
Classification	Pharmacologic: Antipyretic, nonopioid analgesic	Pharmacologic: Antacid, antihypermagnesemic, antihyperphosphatemi c, antihypocalcemic, calcium replacement, cardiotonic.	N/A	N/A	N/A
Mechanism of Action	“Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system. Acetaminophen also acts directly on temperature regulating center in the hypothalamus by inhibiting synthesis of prostaglandin E2” (Jones, 2023, p. 9).	“Increases levels of intracellular and extracellular calcium, which is needed to maintain homeostasis, especially in the nervous and musculoskeletal systems. Also plays a role in normal cardiac and renal function, respiration, coagulation and cell membrane and capillary permeability. Helps regulate the release and storage of neurotransmitters and hormones. Oral forms also neutralize or buffer stomach acid to relieve discomfort caused by hyperacidity” (Jones, 2023, p. 191).	N/A	N/A	N/A
Therapeutic Uses	Therapeutic: Nonsalicylate, para- aminophenol derivative	Therapeutic: Calcium salts	N/A	N/A	N/A

Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	Pain	GI Upset	N/A	N/A	N/A
Contraindications (2)	<ol style="list-style-type: none"> 1. “Use of any drug at any time during pregnancy may increase risk of attention deficit hyperactivity disorder. Use with caution only if benefit to mother outweighs potential risk to fetus” (Jones, 2023, p. 10). 2. Drug may be present in breast milk, patient should check with prescriber before breastfeeding” (Jones, 2023, p. 10). 	<ol style="list-style-type: none"> 1. “Hypercalcemia may increase risk of maternal and fetal complications” (Vallerand, 2023, p. 275). 2. “Breast feeding not expected to harm infant provided that serum calcium levels monitored” (Vallerand, 2023, p. 275). 	N/A	N/A	N/A
Side Effects/Adverse Reactions (2)	<ol style="list-style-type: none"> 1. Agitation (Jones, 2023, p. 10). 2. Anxiety (Jones, 2023, p. 10). 	<ol style="list-style-type: none"> 1. Constipation (Vallerand, 2023, p. 275). 2. Nausea (Vallerand, 2023, p. 275). 	N/A	N/A	N/A
Medication/Food Interactions	“Alcohol use: Increased risk of hepatotoxicity” (Jones, 2023, p. 10).	“Cereals, spinach or rhubarb may decrease the absorption of calcium supplements”	N/A	N/A	N/A

		(Vallerand, 2023, p. 275).			
Nursing Considerations (2)	<ol style="list-style-type: none"> 1. “Calculate total daily intake of acetaminophen including other products that may contain acetaminophen so maximum daily dosage is not exceeded” (Jones, 2023, p. 11). 2. Teach patient to recognize signs of hepatotoxicity, such as bleeding, easy bruising, and malaise, which commonly occurs with chronic overdose” (Jones, 2023, p. 11). 	<ol style="list-style-type: none"> 1. “Urge patient to chew chewable tablets thoroughly before swallowing and to drink a glass of water afterwards” (Jones, 2023, p. 192). 2. “Instruct patient to take calcium carbonate tablets 1 to 2 hours after meals and other forms with meals” (Jones, 2023, p. 192). 	N/A	N/A	N/A

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023) *2022 nurse’s drug handbook* (21st ed.). Jones & Bartlett Learning.

Mayo Foundation for Medical Education and Research. (2022, April 19). *Prenatal vitamins: Why they matter, how to choose*. Mayo Clinic. Retrieved January 22, 2023, from

<https://www.mayoclinic.org/healthy-lifestyle/pregnancy-week-by-week/in-depth/prenatal-vitamins/art-20046945>.

One A Day® women's prenatal 1. (n.d.). Retrieved January 22, 2023, from

<https://www.oneaday.com/vitamins/prenatal-pregnancy-vitamins/prenatal-multivitamin>.

RxList. (2022, May 10). *PrimaCare one (prescription prenatal, postnatal multivitamin): Uses,*

dosage, side effects, interactions, warning. RxList. Retrieved January 22, 2023, from

<https://www.rxlist.com/primacare-drug.htm#description>.

Vallerand, A. H., & Sanoski, C. A. (2023). *Davis's drug guide for Nurses.* F.A. Davis.

WebMD. (n.d.). *One daily prenatal oral: Uses, side effects, interactions, pictures, warnings &*

dosing. WebMD. Retrieved January 22, 2023, from

<https://www.webmd.com/drugs/2/drug-156173/one-daily-prenatal-oral/details>.

Mental Status Exam Findings (20 points)

<p>APPEARANCE: Behavior: Build: Attitude: Speech: Interpersonal style: Mood: Affect:</p>	<p>The patient shows no signs of distress, and she appears to be well groomed. She did wrap herself in a blanket due to poor temperature regulation on the floor. Her behavior is friendly, engaged, she is willing to answer my questions. Her attitude is good, she appears shy but calm. She was wearing a mask during the interview, but I could tell she was smiling by her eyes. Her posture is erect and appropriate. Her speech was clear and appropriate. The patient's interpersonal style was normal eye contact, and she was willing to answer my questions. The patient's mood was upbeat. The patient's affect is appropriate for the</p>
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	interview.
MAIN THOUGHT CONTENT: Ideations: Delusions: Illusions: Obsessions: Compulsions: Phobias:	<p>The patient's main thought content how she wanted to get well enough to focus on getting a job so she could support herself and her baby. The patient denied any current ideations, delusions, illusions, obsession, compulsion, and phobias at this time.</p>
ORIENTATION: Sensorium: Thought Content:	<p>Patient is alert and oriented x 4. The patient's sensorium appears to be clear with good concentration and free of limitations. Her thought content appears positive this is demonstrated by her happy facial expressions.</p>
MEMORY: Remote:	<p>The patient's memory is intact, and she can recite three words told to her prior to the interview. She does not appear to have any remote memory impairment.</p>
REASONING: Judgment: Calculations: Intelligence: Abstraction: Impulse Control:	<p>The patient's reasoning and judgement skills are good. When asked what you would do if you found someone's wallet lying in a parking lot she responded with "I would return it to whom it belongs to". Her calculations are intact, and she was able to repeat the days of the week backwards without difficulty. The patient's intelligence is that of an individual who has graduated high school and has the ability to use abstract thinking. The patient's impulse control is intact at this time but in the past the patient has demonstrated having issues with this due to her attempted suicide.</p>
INSIGHT:	<p>The patient demonstrates awareness of her diagnosis. She is open to using coping mechanisms which are healthy. She open to outpatient therapy which can assist her in learning ways to handle her triggers and stressor which are positive.</p>
GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements:	<p>The patient's gait is even and smooth and does not require assistive devices. Her posture is erect, shoulders are even and upright. The patients muscle tone is firm, there is no weakness in the upper or lower extremities. The strength in her upper and lower extremities is 5/5. The patient has no deficits in performing her activities</p>

	of daily living. The patient’s motor movements are active in upper and lower extremities.
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Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1000	95 bpm	113/69	14	98.4-degree F temporal	99% on room air
1600	86 bpm	118/70	14	98.2-degree F temporal	99% on room air

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1000	Numeric Scale	N/A	0 out of 10	N/A	N/A
1600	Numeric Scale	N/A	0 out of 10	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: Breakfast: 100%	Oral Fluid Intake with Meals (in mL) Breakfast: 480 mL

Lunch: 100%	Lunch: 960 mL
Dinner: N/A	Dinner: N/A

Discharge Planning (4 points)

Discharge Plans (Yours for the client): The discharge plan for the patient is complicated. Ideally, having her to return home may not be in the best interest of her. We did discuss her reaching out to her aunt and uncle in town to see if she could stay with them once she is discharged and how she should reach out to her adoptive mother to see if she would be willing to attend family counseling with her. One goal we discussed is re-establishing a healthy relationship with her mother. There is no medical equipment needed at home. We also discussed the importance of continuing her current medication regimen, getting a prenatal appointment to establish care for her pregnancy and discuss her current medications as well as the possible effects they can have on her baby. We also discussed her getting an appointment with the county WIC office. Education material was provided to the patient with current medications, diagnoses, and effective coping mechanisms.

Nursing Diagnosis (15 points)

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

Nursing Diagnosis	Rational	Immediate Interventions (At admission)	Intermediate Interventions (During hospitalization)	Community Interventions (Prior to discharge)
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” 	<ul style="list-style-type: none"> • Explain why the nursing 			

and “as evidenced by” components	diagnosis was chosen			
<p>1. Risk for suicide related to paranoid schizophreni a as evidence by attempted suicide by overdose on 1/5/23.</p>	<p>This nursing diagnosis was chosen due to patient admitting to attempting suicide by overdose with blood pressure medication.</p>	<p>1. The patient will be removed from any harmful situations.</p> <p>2. The patient will have one on one observation.</p> <p>3. The patient and belongings will be searched for any harmful substances upon admission.</p>	<p>1. The patient will be rounded on every 15 minutes while at the facility.</p> <p>2. The patient will be encouraged to attend and participate in group therapy sessions.</p> <p>3. The patient will be provided with care that is nonjudgmental.</p>	<p>1. The patient will have appropriate referrals to outside facilities upon discharge.</p> <p>2. The patient will be provided with phone numbers and other important information about resources in the area.</p> <p>3. The patient will achieve goals developed for future long term psychiatric care.</p>
<p>2. Anxiety related to conflict about life goals as evidence by worry of unplanned pregnancy.</p>	<p>This nursing diagnosis was chosen due to patient facing conflict with mother and boyfriend due to her unplanned pregnancy.</p>	<p>1. The patient will be identifying the relating factors causing anxiety.</p> <p>2. The patient will set boundaries on factors creating anxiety.</p> <p>3. The patient will identify strategies to decrease</p>	<p>1. The patient will be provided with active listening where she can freely discuss her anxiety without judgment.</p> <p>2.The patient will be taught relaxation techniques to be used when the patient is feeling anxious.</p> <p>3. The patient</p>	<p>1. The patient will be free from anxiety about unplanned pregnancy.</p> <p>2. The patient will use emotional support systems available to her.</p> <p>3. The patient will receive</p>

		anxiety.	will be provided with an environment that is free of external stressors.	appropriate prenatal care.
3. Readiness for enhanced coping related to anxiety as evidence by expressed desire to enhance knowledge of stress management strategies.	This nursing diagnosis was chosen due to patient willingness to learn about coping mechanisms.	<p>1. The patient will identify feelings toward the coping mechanisms she currently uses.</p> <p>2. The patient will express she is ready to learn new coping strategies.</p> <p>3. The patient will identify a family member or friend to help her with goal achievement.</p>	<p>1. The patient will build a safe and trusting relationship with staff.</p> <p>2. The staff will establish therapy options for the patient during the initial assessment.</p> <p>3. The staff will meet with the patient consistently to help the patient attain their goals and check on her progress.</p>	<p>1. The patient will be able to find and attend therapy sessions upon discharge.</p> <p>2. The patient can use coping mechanisms when presented with triggers or stressors.</p> <p>3. The patient is able to identify achieving stress management successfulness in less significant events.</p>

Other References (APA):

Phelps, L.L. (2020). *Sparks and Taylor’s nursing diagnosis reference manual* (11th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

- Most recent vitals:**
- "I became aggressive and combative when I was supposed to get my shot"
 - HR: 86 bpm
 - RR: 18 / min was verbally and physically abusive to me on a daily basis".
 - "I was raped by my boyfriend"
 - SpO2: 98% on 6 right now"
 - "My anxiety is 7 right now"
 - T: 98.2 F temporal
 - O2: 99% Room Air

Patient is A & O x 4.
Objective Data

The patient is a twenty-year-old female who presents to The Pavilion for paranoid schizophrenia with a past medical history of depression, anxiety, delirium, ideation, congenital toe anomaly, dental currently pregnant with reading level and advanced coping related to anxiety. Patient attempted suicide 1/5/23 by overdose with blood pressure medication.

Patient Information

- **Risk for suicide related to paranoid schizophrenia as evidenced by attempted suicide by overdose on 1/5/23.**
- **Patient won't harm self.**
- **Anxiety related to conflict about life goals as evidenced by worry of unplanned pregnancy.**
- **Patient will make use of emotional support.**
- **Patient identifies with group support or session for coping.**

Nursing Diagnosis/Outcomes

1. Nursing Diagnosis 1
 1. The patient will be removed from any harmful situations.
 2. The patient will have one on one observation.
 3. The patient and belongings will be searched for any harmful substances.
2. Nursing Diagnosis 2
 1. The patient will be identifying the relating factors causing anxiety.
 2. The patient will identify strategies to decrease anxiety.
3. Nursing Diagnosis 3
 1. The patient will identify feelings toward the coping mechanisms she currently uses.
 2. The patient will express she is ready to learn new coping strategies.
 3. The patient will identify a family member or friend to help her with goal achievement.

Nursing Interventions

