N323 Care Plan

Lakeview College of Nursing

Tasnim mustafiz

Demographics (3 points)

Date of Admission 02/27/2023	Patient Initials LM	Age 16	Gender Female
Race/Ethnicity White American	Occupation Student	Marital Status Single	Allergies NKA
Code Status FULL	Observation Status Q15	Height 5'6	Weight 94.6 kg

Medical History (5 Points)

Past Medical History: Patient denied any past medical history.

Significant Psychiatric History: Patient have history of ADHD, MDD, DMD, and Anxiety.

Family History: PT states her biological family have a history of ODD, Depression, Schizophrenia, Bipolar Disorder, Alcohol Addiction, and Polysubstance Disorder. However, her foster family does not have any mental health history.

Social History (tobacco/alcohol/drugs): Patient denies any alcohol or any marijuana use.

Living Situation: Patient was living with her foster family.

Strengths: PT states, she likes music, watching, and playing board games.

Support System: PT states her foster family.

Admission Assessment

Chief Complaint (2 points): Patient states, "I didn't want to die but didn't feel motivated to live, so I took 63 pills".

Contributing Factors (10 points): Sixteen years old female who has been going through a lot, and she feels like there's no point in living. This patient was originally living in Indiana with her biological mother. However, her mother couldn't care for her due to substance use. Then the patient was living with her grandmother, but in 2021 her grandmother had to go to long-term care. The patient moved to Illinois with her biological father. The patient states that her biological father physically and emotionally abused her and was sexually

assaulted by her half-brothers. The patient wanted to move back to her mother. However, her father got a restraining order and didn't let the patient visit with her mother. The patient states she understands her mother is not financially there to care for her, but she feels comfortable there and would be more pleased with her mother than her father. Eventually, the patient ran away from her father and went to the neighbor to ask for help. A family finally adopted the patient beginning of 2023. She loves her foster mother. The patient states her foster mother is very loving, but she isn't happy. That's why she wanted to commit suicide and took 63 pills; however, she got scared of dying and had her foster mother call 911.

History of suicide attempts: The patient states she has thought of it multiple since the age of 11, but this was her first attempt. However, the patient says, "I don't want to die, but I just feel like there's no point in living."

Primary Diagnosis on Admission (2 points): Impulsive behavior, Bipolar Disorder, Depression, Post-traumatic Disorder, and Anxiety.

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Sexual, physical, and emotional abuse in the past at a young age. **Witness of trauma/abuse: Biological father and step brothers from her dad's side.**				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another**	**Describe**

			person with trauma)	
Physical Abuse	**No**	**At the age of 11 by her father.**	**No**	**Father would physically abuse her.**
Sexual Abuse	**No**	**At the age of 11 by her stepbrothers.**	**No**	**By her stepbrothers when she was living with her father.**
Emotional Abuse	**No**	**Since PT was 5 years old.**	**No**	**PT states, "She feels emotionally abused because she did not have sable place to live. She was staying between her mother, father, grandmother and now at her foster home".**
Neglect	**No**	**Since PT was 5 years old.**	**No**	**PT feels neglected by her mother. PT did not have sable place to live due to her mother using drugs.**
Exploitation	**No**	**N/A**	**No**	**N/A**
Crime	**No**	**N/A**	**No**	**N/A**
Military	**No**	**N/A**	**No**	**N/A**
Natural Disaster	**No**	**N/A**	**No**	**N/A**
Loss	**No**	**N/A**	**No**	**N/A**
Other	**No**	**N/A**	**No**	**N/A**
Presenting Problems				
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**	
Depressed or sad mood	**Yes**	**No**	**She is depressed sometimes, but today she had a good day. She isn't motivated to live.**	

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**	**N/A**
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	**N/A**
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**	**No**	**PT states, "Some nights I get 4-5 hours of sleep, and sometimes I get full 8 hours of sleep".**
Difficulty falling asleep	**Yes**	**No**	**PT states, "Sometimes I have heard time going to sleep; I don't know why".**
Frequently awakening during night	**Yes**	**No**	**PT states, "Sometimes I wake up 3-4 times at night then can't go back to sleep."**
Early morning awakenings	**Yes**	**No**	**7 am in the morning so she can get ready for school.**
Nightmares/dreams	**Yes**	**No**	**N/A**
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**	**PT states, "I binge eat when I'm upset".**
Unexplained weight loss? Amount of weight change:	**Yes**	**No**	**N/A**
Use of laxatives or excessive exercise	**Yes**	**No**	**N/A**
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors	**Yes**	**No**	**N/A**

(pacing, tremors, etc.)			
Panic attacks	**Yes**	**No**	**PT states, "I get panic attacks in public".**
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?	**8**		
How would you rate your anxiety on a scale of 1-10?	**8**		
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**	**N/A**
School	**Yes**	**No**	**PT was diagnosed IDP.**
Family	**Yes**	**No**	**N/A**
Legal	**Yes**	**No**	**N/A**
Social	**Yes**	**No**	**N/A**
Financial	**Yes**	**No**	**N/A**
Other	**Yes**	**No**	**N/A**
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient			

Dates	Facility/MD/ Therapist	Inpatient/ Outpatient	Reason for Treatment	Response/Outcome
2012	Inpatient Outpatient Other:	Outpatient	PT has been receiving therapy.	No improvement Some improvement Significant improvement
2021	Inpatient Outpatient Other:	PT has been inpatient and outpatient from 2021 – 2022.	N/A	No improvement Some improvement Significant improvement
N/A	Inpatient Outpatient Other:	N/A	N/A	No improvement Some improvement Significant improvement

Personal/Family History				
Who lives with you?	**Age**	**Relationship**	**Do they use substances?**	
AS	42	Mother	Yes	No
KS	23	Bother	Yes	No
If yes to any substance use, explain: N/A				
Children (age and gender): None. Who are children with now? N/A				
Household dysfunction, including separation/divorce/death/incarceration: Domestic violence in the home. She feels like she gets treated differently because she is adopted.				
Current relationship problems: None. Number of marriages: None				
Sexual Orientation: She doesn't know yet.	Is client sexually active? Yes No		Does client practice safe sex? Yes No N/A	
Please describe your religious values, beliefs, spirituality and/or preference: N/A				

Ethnic/cultural factors/traditions/current activity: None. **Describe: N/A**
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? **The biological mother and foster mother could come to family therapy and learn how to treat the patient's illness.**
Client raised by: **Natural parents** **Grandparents** **Adoptive parents** **Foster parents** **Other (describe):**
Significant childhood issues impacting current illness: Patient states no.
Atmosphere of childhood home: **Loving** **Comfortable** **Chaotic** **Abusive** **Supportive** **Other: Toxic.**
Self-Care: **Independent** **Assisted** **Total Care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) Patient's foster family does not have any mental illness, but biological parents have a history of mental illness.
History of Substance Use: Patient denies any substance use.
Education History: **Grade school** **High school – Junior**

College **Other:**
Reading Skills: **Yes** **No** **Limited**
Primary Language: English.
Problems in school: No.
Discharge
Client goals for treatment: Patient will not threaten or harm others, take prescribed medications, and report worsening symptoms.
Where will client go when discharged? Patient currently don't have a place to go, and her foster family don't want her back.

Outpatient Resources (15 points)

Resource	Rationale
1. 988 Suicide & Crisis Lifeline: You can call 1-800-273-8255, or text or call 988. You also can contact them through their website.	**1. Prevention of suicide. This is a hotline number.**
2. American Counseling Association Please contact the Suicide Prevention Hotline at 800-273-TALK or 800-273-8255	**2. This is community resources/group therapy; patient can receive treatment for anxiety.**
3. Hope Counseling INC Imagine. Hope. Become. 217-431-8825	**3. This is a community resources; patient can receive treatment for bipolar disorder.**

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

Brand/Generic	**Aripiprazole /Abilify**	**Adderall Amphetamine/ Dextroamp-hetamine**	**Venlafaxine/ Effexor XR**	**Oxcarbazepine/ Trileptal**	**N/A**
Dose	**5 mg**	**5 mg**	**650 mg**	**150 mg**	**N/A**
Frequency	**QAM**	**Morning**	**Morning**	**3 times a day**	**N/A**
Route	**PO**	**PO**	**PO**	**PO**	**N/A**
Classification	**Pharmacologic class: Atypical antipsychotic Therapeutic class: Antipsychotic**	**Pharmacologic class: Schedule II Therapeutic class: Stimulants**	**Pharmacologic class: Selective serotonin and norepinephrine reuptake inhibitor (SSNRI) Therapeutic class: Antidepressant**	**Pharmacologic class: Carboxamide derivative Therapeutic class: Anticonvulsant**	**N/A**
Mechanism of Action	**May produce antipsychotic effects through partial agonist and antagonist actions. Aripiprazole acts as a partial agonist at dopamine (especially Da) receptors and serotonin (especially 5-HT, A) receptors. The drug acts as an antagonist at 5-HT2A**	**May produce its CNS stimulant effects by facilitating release and blocking the reuptake of norepipnhrenie at adrenergic nerve terminals and by direct stimulation of alpha and beta receptors in the peripheral nervous**	**Inhibits neuronal reuptake of norepinephrine and serotonin, along with its active metabolite. These actions raise norepinephrine and serotonin levels at nerve synapses, elevating mood and reducing anxiety, depression, and panic.**	**May prevent or halt seizures by blocking or dosing sodium channels in neuronal cell membrane. By preventing sodium from entering the cell, oxcarbazepine may slow nerve impulse transmissio**	**N/A**

	serotonin receptor sites.	**system**		**n, thus decreasing the rate at which neurons fire.**	
Therapeutic Uses	**Antipsychotic**	**Stimulant**	**Antidepressant**	**Anticonvulsant**	**N/A**
Therapeutic Range (if applicable)	**2 – 15 mg/daily**	**5 – 30 mg daily**	**100 – 400 mg daily**	**1200 – 2400 mg daily**	**N/A**
Reason Client Taking	**PT is taking this to treat depressive disorder.**	**PT have a history of ADHD.**	**PT is taking this to treat her depression.**	**PT take this as a mood stabilizer.**	**N/A**
Contraindications (2)	**Hypersensitivity to aripiprazole or its Components, Diabetes.**	**Agitation, Hypertension.**	**Hypersensitivity to desvenlafaxine, venlafaxine, or their components, Hyperthyroidism.**	**Hypersensitivity to oxcarbazepine, eslicarbazepine acetate, or their components**	**N/A**
Side Effects/Adverse Reactions (2)	**Abnormal gait & aggression.**	**Serotonin syndrome & growth suppression in children.**	**Fatigue & attention disturbance.**	**Seizure & Vertigo.**	**N/A**
Medication/ Food Interactions	**Oral solution may be given on a milligram-per-milligram basis in place of tablets up to 25 mg. Abilify Mycite tablets should be swallowed whole. Tablets should not be**	**Anti-histamines antihypertension, MAO inhibitors, SSRIs, SNRIs, tricyclic antidepressants**	**Administer drugs with food and give with a full glass of water. Administer drug at the same time each day morning or evening**	**Administer XR tablets 1 hour before or 2 hours after a meal, because adverse reactions are more likely to occur when taken with food. Tablets**	**N/A**

	chewed, crushed, or split because tablet contains a sensor to track patient compliance.			**should be swallowed whole and not chewed, crushed, or split.**	
Nursing Considerations (2)	**Know that aripiprazole shouldn't be used to treat dementia-related psychosis in the elderly because of an increased risk of death. Know that most ingestions can be tracked with Abilify Mycite within 30 minutes, but it may take up to 2 hours for the smartphone app and web portal to detect that the tablet has been taken.**	**Monitor growth and weight while receiving this drug long term. Acute stress will exacerbation of ADHD symptoms, treatment for exacerbations is not indicated.**	**Use cautiously in patients who have medical conditions that might be made worse by an increased heart rate, as in heart failure, hyperthyroidism, or recent MI. Be aware that desvenlafaxine and venlafaxine should not be given to patients with bradycardia, congenital long OT syndrome, hypokalemia or hypomagnesemia.**	**Monitor serum sodium level for signs of hyponatremia, especially during first 3 months. Know that elderly patients may be at higher risk for hyponatremia because of age-related reductions in creatinine clearance. - Monitor therapeutic oxcarbazepine levels during initiation and titration, and expect to adjust dosage accordingly**	**N/A**

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

Medications Reference (1) (APA):

Jones & Bartlett Learning, LLC. (2022). *2021 Nurse's Drug Handbook* (21st ed.).

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	**Guarded, but cooperative** **Well developed** **Shy** **Normal** **Timid, guarded** **Ups & downs, anxiety, irritability, anger, aggression, and feelings of sadness** **Anxious**
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	 **N/A** **N/A** **N/A** **N/A** **None**
ORIENTATION: **Sensorium:** **Thought Content:**	 **A&O x 4** **Average.**
MEMORY: **Remote:**	**Remote memory is intact.**
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	**Poor** **Poor** **Average** **Intact** **Poor**
INSIGHT:	**Poor**

GAIT:	
Assistive Devices:	**N/A**
Posture:	**Good**
Muscle Tone:	**Good**
Strength:	**Good**
Motor Movements:	**Distractable and hyperactive**

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:45 am	**86**	**100/61**	**18**	**98.3**	**99%**
3:30 pm	**72**	**116/62**	**19**	**98.6**	**100%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:45 am	**0 – 10**	**N/A**	**PT denies pain at this time.**	**N/A**	**N/A**
3:30 pm	**0 – 10**	**N/A**	**PT denies pain at this time.**	**N/A**	**N/A**

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: 100%	**Oral Fluid Intake with Meals (in mL)**
Breakfast: Boiled egg and toast.	**Breakfast: 240 mL**
Lunch: Chicken and mashed potatoes	**Lunch: 240 mL**
Dinner: Italian sandwich with fries	**Dinner: 240 mL**

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

The patient's ability to control her emotions and impulses must either be present or improve. The patient must be able to quit endangering herself and stop posing a threat to herself. The patient will be on time must take all recommended medications. The care team should be able to get reports from the patient about worsening emotions or symptoms. This patient is in dire need of instruction in developing and utilizing efficient coping methods and therapy. To attain a therapeutic level, the patient must also take the appropriate drug at the appropriate dose. I would recommend that the patient continues with outpatient psychiatry and therapy. I would inform the foster parent that patient's medications and the nature of their illness so they can better manage their deteriorating symptoms before it is too late. Finally, I would like to go into further detail about how important each of these plans is to the client and their family and encourage them to call if they have any further inquiries.

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

Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rational** • Explain why the nursing diagnosis was chosen	**Immediate Interventions (At admission)**	**Intermediate Interventions (During hospitalization)**	**Community Interventions (Prior to discharge)**

Impaired mood regulation related to diagnosis of disruptive mood dysregulation disorder as evidenced by a history of daily fights with peers.	**This diagnosis was chosen because the patient's aggressive outbursts were worsened by a lack of mood regulation**	**1. The nurse will ensure the patient's safety. 2. The nurse will determine potential triggers and coping mechanisms for the client and care team to know. 3. Monitor focus and reorient patient as needed.**	**1. The nurse will encourage the patient to identify the signs of worsening behavior to report. 2. The nurse will provide the patient with education regarding what are the risk factors and potential safety hazards in the environment. 3. The nurse will provide a safe environment for the patient.**	**1. The patient will learn the steps to make situation-appropriate decisions. 2. The patient will identify the time-effective and appropriate coping mechanisms. 3. Include the patient and family when developing a plan of care in order to ensure the highest amount of adherence**
Risk for other-directed violence related to the patient's inability to maintain boundaries as evidenced by the patient stealing from her mother and harming other children.	**This diagnosis was chosen because the patient exhibited an inability to maintain boundaries while admitted as well as her history of harming others.**	**1. Ensure the patient knows that everyone's safety is the first priority and what is expected of this patient to maintain this 2. Inform the patient that you are there to help and identify ways for the patient to get better. Doing this establishes trust and rapport with the client. 3. The nurse will actively**	**1. Orient the patient to the floor and allow the patient a couple of minutes to get comfortable to the new environment. 2. Educate the patient about what coping mechanisms and alternate activities she can do instead of harming others. 3. Ensure close monitoring of the patient when the patient is interacting with other children**	**1. The patient will be able to identify and utilize coping mechanism in order to maintain a level of safety 2. The patient will take all her medication on time effectively and her and her family know the appropriate steps to take if she misses a dose or needs a refill. 3. The nurse will arrange to follow up with**

		listen to the patient and use therapeutic language in order to gain the most knowledge about the patient's feelings and thought processes behind these motivations.	**and staff.**	**psychiatric therapy in order to maintain the prescription and have a professional monitor signs and symptoms as well as the psychological therapy listed above.**
Ineffective coping method related to inadequate confidence in ability to deal with a situation as evidenced by patient's anxiety	**Patient needs to adopt new coping mechanism to reduce anxiety.**	**1.Group therapy Can help reduce anxiety. 2. Suggest music to reduce anxiety since she likes to sing. 3. Sit and listen to ways she can come up with ideas to reduce anxiety.**	**1. Offer journaling to the patient reduce anxiety. 2. Give patent pamphlets on anxiety to learn how to cope. 3. Administer medications as prescribed to reduce anxiety.**	**1. The nurse will provide patient with anxiety hotline number. 2. The nurse will help patient find outpatient anxiety center. 3. The nurse will provide information on group therapy.**

Other References (APA):

Phelps, L. L. (2021). *Sparks & Taylor's nursing diagnosis pocket guide*. Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

PT states history of mental health issues. No contact with biological parents. She was living with her foster parents. She is a victim of sexual, physical, and emotional abuse in the past, family history of mental health issues, bullies, and stress from school. Bullying and increased fighting at school got her expelled, so her foster family kicked her out. She lived with her best friend and then got kicked out of there. Currently have nowhere to go.

Nursing Diagnosis/Outcomes

1. **Ineffective coping method related to inadequate confidence in ability to deal with a situation as evidenced by patient's anxiety.**
   - Patient expresses feelings associated with current coping strategies
2. **Risk for other-directed violence related to the patient's inability to maintain boundaries as evidenced by the patient stealing from her mother and harming other children.**
   - Parent will discuss activities that decrease anxious behaviors.
3. **Impaired mood regulation related to diagnosis of disruptive mood dysregulation disorder as evidenced by a history of daily fights with peers.**
   - The patient will not engage in harmful to others.

Objective Data

B/P: 116/62
Pulse: 72
Resp Rate: 19
Temp: 98.6
Oxygen: 100

Patient Information

16-year-old, female
Student
5'6; 94.6 K
Impulsive behavior, Bipolar Disorder, Depression, Post-traumatic Disorder, and Anxiety.

Nursing Interventions

1. The patient will learn the steps to make situation-appropriate decisions.
2. The patient will identify the time-effective and appropriate coping mechanisms.
3. Include the patient and family when developing a plan of care in order to ensure the highest amount of adherence
1. The patient will be able to identify and utilize coping mechanism in order to maintain a level of safety
2. The patient will take all her medication on time effectively and her and her family know the appropriate steps to take if she misses a dose or needs a refill.
3. The nurse will arrange to follow up with psychiatric therapy in order to maintain the prescription and have a professional monitor signs and symptoms as well as the psychological therapy listed above.
1. The nurse will provide patient with anxiety hotline number.
2. The nurse will help patient find outpatient anxiety center.
3. The nurse will provide information on group therapy.