

N323 Care Plan

Lakeview College of Nursing

Makynzie Wagner

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**Demographics (3 points)**

|                                      |                                     |                                 |                          |
|--------------------------------------|-------------------------------------|---------------------------------|--------------------------|
| <b>Date of Admission</b><br>3/1/2023 | <b>Patient Initials</b><br>AK       | <b>Age</b><br>29 y.o.           | <b>Gender</b><br>Female  |
| <b>Race/Ethnicity</b><br>White       | <b>Occupation</b><br>Unemployed     | <b>Marital Status</b><br>Single | <b>Allergies</b><br>NKDA |
| <b>Code Status</b><br>Full Code      | <b>Observation Status</b><br>Stable | <b>Height</b><br>5'5            | <b>Weight</b><br>234 lb. |

**Medical History (5 Points)**

**Past Medical History:** Asthma

**Significant Psychiatric History:** Consulted psychiatrist in past, hospitalized in the past, denies suicide attempts, history of self-harming behavior.

**Family History:** Mother (depression, anxiety)

**Social History (tobacco/alcohol/drugs):** Denies tobacco use, denies smokeless tobacco use, denies use of illicit drugs, rarely drinks alcohol.

**Living Situation:** Lives with boyfriend

**Strengths:** Pleasant, cooperative, willing to participate in treatment.

**Support System:** Boyfriend, sister, stepmom & therapist.

**Admission Assessment**

**Chief Complaint (2 points):** Bad anxiety

**Contributing Factors (10 points):** Patient cut both upper thighs on Saturday. She had no intention of killing herself, it was self-harm inflicted. The patient was taken to the emergency department and received 12 stitches total from cuts. She was a voluntary admit to the Pavilion for coping mechanisms and medications to help with her anxiety and depression.

**Factors that lead to admission:** Self-harm

**History of suicide attempts:** None

**Primary Diagnosis on Admission (2 points):** Major Depressive Disorder, severe, recurrent.  
 Generalized anxiety disorder. Asthma.

**Psychosocial Assessment (30 points)**

| History of Trauma  |         |                 |   |  |
|--|---------|-----------------|---|--|
| <p><b>No lifetime experience:</b> Patient was sexually abused at the age of 19.</p> <p><b>Witness of trauma/abuse:</b> Yes</p> |         |                 |   |  |
|  | Current | Past (what age) | Secondary Trauma (response that comes from caring for another person with trauma) | Describe   |
| <b>Physical Abuse</b>  | Denies  | Denies          | N/A   | N/A  |
| <b>Sexual Abuse</b>  | Denies  | 19              | N/A   | Patient unwilling to go into detail about previous abuse with student. |
| <b>Emotional Abuse</b>   | Denies  | Denies          | N/A   | N/A  |
| <b>Neglect</b>   | Denies  | Denies          | N/A   | N/A  |
| <b>Exploitation</b>  | Denies  | Denies          | N/A   | N/A  |
| <b>Crime</b>   | Denies  | N/A             | N/A   | N/A  |
| <b>Military</b>  | Denies  | Denies          | N/A   | N/A  |
| <b>Natural Disaster</b>  | Denies  | Denies          | N/A   | N/A  |

| <b>Loss</b>   | Father in Aug. 2022. | Mother at age 12. | N/A  | Father's death was unexpected. Patient her father were very close. Patient is still struggling with this loss. |
|---|----------------------|-------------------|--|--|
| <b>Other</b>  | Denies               | Denies            | N/A  | N/A  |
| Presenting Problems   |                      |                   |  |  |
| Problematic Areas   | Presenting?          |                   | Describe (frequency, intensity, duration, occurrence)  |  |
| <b>Depressed or sad mood</b>  | <b>Yes</b>           | <b>No</b>         | Everyday, feeling depressed/sad. Strong intensity, lasting most of day.                            |  |
| <b>Loss of energy or interest in activities/school</b>                          | <b>Yes</b>           | <b>No</b>         | Everyday. Has lost energy and pleasure in daily activities. Strong intensity, lasting most of day. |  |
| <b>Deterioration in hygiene and/or grooming</b>                                 | <b>Yes</b>           | <b>No</b>         | N/A  |  |
| <b>Social withdrawal or isolation</b>   | <b>Yes</b>           | <b>No</b>         | Everyday. Withdrawals self from other activities. Moderate intensity, lasting half of day.         |  |
| <b>Difficulties with home, school, work, relationships, or responsibilities</b> | <b>Yes</b>           | <b>No</b>         | 4-5 times a week. Relationship with boyfriend. Unemployed. Job searching causes anxiety to         |  |

|  |                    |    |   |
|--|--------------------|----|---|
|  |                    |    | patient. Moderate intensity, last half of day.                      |
| <b>Sleeping Patterns</b>                                     | <b>Presenting?</b> |    | <b>Describe (frequency, intensity, duration, occurrence)</b>        |
| <b>Change in numbers of hours/night</b>                      | Yes                | No | Sleeps 8-10 hours each night.                                       |
| <b>Difficulty falling asleep</b>                             | Yes                | No | Rarely, has Melatonin PRN.  |
| <b>Frequently awakening during night</b>                     | Yes                | No | N/A   |
| <b>Early morning awakenings</b>                              | Yes                | No | N/A   |
| <b>Nightmares/dreams</b>                                     | Yes                | No | N/A   |
| <b>Other</b>   | Yes                | No | N/A   |
| <b>Eating Habits</b>   | <b>Presenting?</b> |    | <b>Describe (frequency, intensity, duration, occurrence)</b>        |
| <b>Changes in eating habits: overeating/loss of appetite</b> | Yes                | No | Everyday, strong intensity. Lack of appetite.                       |
| <b>Binge eating and/or purging</b>                           | Yes                | No | N/A   |
| <b>Unexplained weight loss?</b>                              | Yes                | No | N/A   |
| <b>Amount of weight change:</b>                              |                    |    |   |
| <b>Use of laxatives or excessive exercise</b>                | Yes                | No | N/A   |
| <b>Anxiety Symptoms</b>                                      | <b>Presenting?</b> |    | <b>Describe (frequency, intensity, duration, occurrence)</b>        |
| <b>Anxiety behaviors (pacing, tremors, etc.)</b>             | Yes                | No | Self-harm (cutting). Occurrence on Saturday, 12 stitches on thighs. |
| <b>Panic attacks</b>   | Yes                | No | N/A   |
| <b>Obsessive/compulsive thoughts</b>                         | Yes                | No | N/A   |

|   |                    |           |  |
|---|--------------------|-----------|--|
| <b>Obsessive/compulsive behaviors</b>   | <b>Yes</b>         | <b>No</b> | N/A  |
| <b>Impact on daily living or avoidance of situations/objects due to levels of anxiety</b>                                 | <b>Yes</b>         | <b>No</b> | Everyday, strong intensity.<br>Avoidance of daily activities.  |
| <b>Rating Scale</b>   |                    |           |  |
| <b>How would you rate your depression on a scale of 1-10?</b>   | 8/10               |           |  |
| <b>How would you rate your anxiety on a scale of 1-10?</b>  | 8/10               |           |  |
| <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>   | <b>Yes</b>         | <b>No</b> | Unemployed, N/A.   |
| <b>School</b>   | <b>Yes</b>         | <b>No</b> | N/A.   |
| <b>Family</b>   | <b>Yes</b>         | <b>No</b> | 4-5 times a week, moderate intensity. Feels like a burden to her family. Worries of abandonment from boyfriend and family. |
| <b>Legal</b>  | <b>Yes</b>         | <b>No</b> | N/A  |
| <b>Social</b>   | <b>Yes</b>         | <b>No</b> | N/A  |
| <b>Financial</b>  | <b>Yes</b>         | <b>No</b> | Everyday, strong intensity.<br>Unemployed, financially stressed.   |
| <b>Other</b>  | <b>Yes</b>         | <b>No</b> | N/A  |

| Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient |                                      |  |                            |   |
|---|--------------------------------------|--|----------------------------|---|
| Dates   | Facility/MD/<br>Therapist            | Inpatient/<br>Outpatient                   | Reason<br>for<br>Treatment | Response/Outcome  |
| 2/25/2023   | Inpatient<br>Outpatient<br>Other: ER | Unknown<br><br>emergency<br><br>department | Cuts on<br><br>right thigh | No improvement<br><br>Some improvement<br><br>Significant improvement |
| N/A   | Inpatient<br>Outpatient<br>Other:    | N/A  | N/A                        | No improvement<br><br>Some improvement<br><br>Significant improvement |
| N/A   | Inpatient<br>Outpatient<br>Other:    | N/A  | N/A                        | No improvement<br><br>Some improvement<br><br>Significant improvement |
| Personal/Family History   |                                      |  |                            |   |
| Who lives with you?   | Age                                  | Relationship                               | Do they use substances?    |   |
| Victor  | 26 y.o.                              | Boyfriend                                  | 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  |
| N/A   | N/A                                  | N/A  | Yes                        | No  |
| If yes to any substance use, explain: N/A                               |                                      |  |                            |   |
| Children (age and gender): N/A  |                                      |  |                            |   |

|  |   |   |
|--|---|---|
| <b>Who are children with now?</b> N/A  |   |   |
| <b>Household dysfunction, including separation/divorce/death/incarceration:</b> N/A  |   |   |
| <b>Current relationship problems:</b> Fear of boyfriend leaving her.   |   |   |
| <b>Number of marriages:</b> N/A  |   |   |
| <b>Sexual Orientation:</b><br>Heterosexual   | <b>Is client sexually active?</b><br><b>Yes</b> <b>No</b> | <b>Does client practice safe sex?</b><br><b>Yes</b> <b>No</b> |
| <b>Please describe your religious values, beliefs, spirituality and/or preference:</b> Patient is a Christian.   |   |   |
| <b>Ethnic/cultural factors/traditions/current activity:</b> N/A  |   |   |
| <b>Describe:</b> N/A   |   |   |
| <b>Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates):</b> Loss of both parents, no legal issues.  |   |   |
| <b>How can your family/support system participate in your treatment and care?</b>  |   |   |
| Encouraging patient to seek treatment/talk with therapist. Being an active listener for patient when she wants to talk about her feelings/emotions/thoughts.   |   |   |
| <b>Client raised by:</b> Patient was raised by both biological parents. Mom passed away when the patient was 12. Dad remarried and stepmom helped in raising the patient. Dad passed away in August 2022, stepmom still in patient's life. |   |   |
| <b>Natural parents</b><br><b>Grandparents</b><br><b>Adoptive parents</b><br><b>Foster parents</b><br><b>Other (describe):</b>  |   |   |
| <b>Significant childhood issues impacting current illness:</b> Death of both parents.  |   |   |
| <b>Atmosphere of childhood home:</b>   |   |   |
| <b>Loving</b><br><b>Comfortable</b><br><b>Chaotic</b><br><b>Abusive</b><br><b>Supportive</b>   |   |   |

|  |
|--|
| <b>Other:</b> Dad remarried after the passing of the patient's mother.                                 |
| <b>Self-Care:</b><br><b>Independent</b><br>Assisted<br>Total Care                                      |
| <b>Family History of Mental Illness (diagnosis/suicide/relation/etc.)</b> Mother (depression, anxiety) |
| <b>History of Substance Use:</b> N/A   |
| <b>Education History:</b><br>Grade school<br><b>High school</b><br>College<br><b>Other: GED</b>        |
| <b>Reading Skills:</b><br><b>Yes</b><br>No<br>Limited  |
| <b>Primary Language:</b> English   |
| <b>Problems in school:</b> None  |
| <b>Discharge</b>   |
| <b>Client goals for treatment:</b> Coping skills and Medications                                       |
| <b>Where will the client go when discharged?</b> Home with boyfriend.                                  |

**Outpatient Resources** (15 points)

| Resource     | Rationale   |
|--------------|---|
| 1. Therapist | 1. Patient is an established patient with her therapist; continuing to see the therapist. |

|                   |   |
|-------------------|---|
| 2. Support Groups | 2. Communicating with others who have similar issues.                               |
| 3. Volunteering   | 3. Becoming involved/participating in things the patient has interest in (animals.) |

**Current Medications (10 points)**

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

|                            |   |  |  |  |
|----------------------------|---|--|--|--|
| <b>Brand/Generic</b>       | Acetaminophen (Tylenol)   | Albuterol (Ventolin)   | Melatonin  | Sertraline (Zoloft)  |
| <b>Dose</b>                | 650 mg  | 90 mcg   | 5 mg   | 25 mg  |
| <b>Frequency</b>           | x 6 hours, PRN  | x 4 hours, PRN   | x 1 at bedtime, PRN  | x 1, at morning  |
| <b>Route</b>               | By mouth  | Inhalation   | By mouth   | By mouth   |
| <b>Classification</b>      | Non-salicylate, para-aminophenol derivative   | Adrenergic, bronchodilator   | Biogenic amine   | SSRI, antianxiety  |
| <b>Mechanism of Action</b> | Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system (Jones and Bartlett Learning, | Albuterol attaches to beta-2 receptors on bronchial cell membranes, which stimulates the intracellular enzyme adenylate cyclase to convert adenosine | Binds to melatonin receptor type 1A, which acts on adenylate cyclase and the inhibition of a cAMP signal transduction pathway (Jones and Bartlett Learning, 2022). | Inhibits reuptake of the neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses (Jones and Bartlett Learning, |

|   |  |   |   |  |
|---|--|---|---|--|
|   | 2022.)   | triphosphate (ATP) to cyclic adenosine monophosphate (cAMP) (Jones and Bartlett Learning, 2022).                          |   | 2022).   |
| <b>Therapeutic Uses</b>                   | Relieve pain   | Bronchodilator  | Aid in falling asleep   | To treat anxiety   |
| <b>Therapeutic Range (if applicable)</b>  | 325-1,000 mg per dose  | 2.5 mg 3-4 times per day as needed  | 0.5-5 mg  | 10-150 ng/mL   |
| <b>Reason Client Taking</b>               | Pain management  | Asthma  | Insomnia  | Anxiety  |
| <b>Contraindications (2)</b>              | Severe hepatic impairment, severe active liver disease.  | Diabetes, high blood pressure.  | High blood pressure, bleeding disorders.  | Concurrent use of disulfiram, use of an MAO inhibitor within 14 days   |
| <b>Side Effects/Adverse Reactions (2)</b> | CV: Hypotension<br>RESP: Atelectasis   | CV: Angina<br>RESPL<br>Bronchospasm   | GI: Constipation<br>GU: Incontinence during the night   | GU: Acute renal failure<br>HEME: Hemorrhage  |
| <b>Medication/Food Interactions</b>       | Medication: Phenobarbital, phenytoin, carbamazepine<br>Food: Foods high in pectin                        | Medication: Methacholine, midodrine, linezolid, propranolol.<br>Food: Excessive caffeine intake                           | Medication: Anticoagulants, anticonvulsants, blood pressure meds, diabetic meds, contraceptives.<br>Food: Products containing caffeine. | Medication: Buspirone, Fentanyl, Lithium, Migraine medicines<br>Food: Grapefruit juice                                       |
| <b>Nursing Considerations (2)</b>         | Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease.<br>Know that | Monitor serum potassium level because albuterol may cause transient hypokalemia. Be aware that drug tolerance can develop | Avoid driving or doing other activities that require alertness until the response of the medication is known.<br>Avoid the              | Monitor liver enzymes and BUN and serum creatinine levels, as appropriate, in patients with hepatic or renal dysfunction. Be |

|  |   |   |   |   |
|--|---|---|---|---|
|  | before and during long-term therapy including parenteral therapy, liver function test results must be monitored because acetaminophen may cause hepatotoxicity (Jones & Bartlett Learning, 2022). | with prolonged use (Jones and Bartlett Learning, 2022). | concurrent use of alcohol or other CNS depressants (Jones and Bartlett Learning, 2022). | aware that effective antidepressant therapy can promote development of mania in predisposed people (Jones and Bartlett Learning, 2022). |
|--|---|---|---|---|

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

Jones and Bartlett Learning. (2020). *2022 Nurse’s Drug Handbook* (20<sup>th</sup> ed.). Jones and Bartlett Learning.

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

|  |  |
|--|--|
| <b>APPEARANCE:</b><br><b>Behavior:</b><br><b>Build:</b><br><b>Attitude:</b><br><b>Speech:</b><br><b>Interpersonal style:</b><br><b>Mood:</b><br><b>Affect:</b> | Alert and oriented to person, place, time, and situation. The patient is well groomed and in no acute distress. The patient's behavior, attitude and mood are cooperative and calm. The patient's speech is clear and coherent. The patient was engaged in conversation and eager to talk. |
| <b>MAIN THOUGHT CONTENT:</b><br><b>Ideations:</b><br><b>Delusions:</b><br><b>Illusions:</b><br><b>Obsessions:</b><br><b>Compulsions:</b><br><b>Phobias:</b>    | The patient denied having any ideations, delusions, illusions, obsessions, or compulsions. The patient does have a fear of germs and sickness.   |
| <b>ORIENTATION:</b><br><b>Sensorium:</b><br><b>Thought Content:</b>  | The patient is alert and oriented x 4. The patient is logical. Thought content of the patient is realistic.  |
| <b>MEMORY:</b><br><b>Remote:</b>   | The patient's long- and short-term memory are both intact..  |
| <b>REASONING:</b><br><b>Judgment:</b><br><b>Calculations:</b><br><b>Intelligence:</b><br><b>Abstraction:</b><br><b>Impulse Control:</b>                        | The patient's judgement was intact. The patient's impulse control was not assessed. The patient's calculations were intact and logistical. The patient's intelligence was normal for age.  |
| <b>INSIGHT:</b>  | The patient's insight upon observation was average.  |
| <b>GAIT:</b><br><b>Assistive Devices:</b><br><b>Posture:</b><br><b>Muscle Tone:</b><br><b>Strength:</b><br><b>Motor Movements:</b>                             | The patient uses no assistive devices. The patient's posture, muscle tone, strength, and motor movements are all appropriate for her age, height and weight.   |

**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> |
|-------------|--------------|------------|------------------|-------------|---------------|
| 0710        | 86           | 116/74     | 18               | 98.4        | 98%, room air |
| 1330        | 94           | 124/80     | 18               | 98.3        | 99%, 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> |
|-------------|--------------|-----------------|-----------------|------------------------|----------------------|
| 0710        | Numeric      | None            | 0/10            | None                   | None                 |
| 1330        | Numeric      | None            | 0/10            | None                   | None                 |

**Dietary Data (2 points)**

| <b>Dietary Intake</b>   |   |
|---|---|
| <b>Percentage of Meal Consumed:</b><br><br><b>Breakfast:</b> 75%<br><br><b>Lunch:</b> 75%<br><br><b>Dinner:</b> N/A | <b>Oral Fluid Intake with Meals (in mL)</b><br><br><b>Breakfast:</b> 240 mL<br><br><b>Lunch:</b> 480 mL<br><br><b>Dinner:</b> N/A |

**Discharge Planning (4 points)**

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

The patient is discharged from The Pavilion and returns home to live with boyfriend. Upon returning home, the patient continues seeing therapist on a weekly basis. While at The Pavilion, the patient learns positive coping skills to handle anxiety and depression, along with being prescribed antianxiety medications. The patient is able to join a support group for other young

adults who struggle with anxiety and depression. There she is able to make a few friends, become comfortable talking with others and coping with one another. Ultimately, the patient refrains from self-harm and is able to use her support system (stepmom, boyfriend, sister) to talk through her depression and anxiety.

**Nursing Diagnosis (15 points)**

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

| <b>Nursing Diagnosis</b><br>• Include full nursing diagnosis with “related to” and “as evidenced by” components   | <b>Rational</b><br>• Explain why the nursing diagnosis was chosen | <b>Immediate Interventions (At admission)</b>   | <b>Intermediate Interventions (During hospitalization)</b>  | <b>Community Interventions (Prior to discharge)</b>  |
|---|---|---|---|--|
| <ol style="list-style-type: none"> <li>1. Hopelessness related to loss of significant support systems as evidenced by the loss of both biological parents.</li> </ol> | Patient’s loss of both parents.                                   | <ol style="list-style-type: none"> <li>1. Placing the patient on 1-1 watch.</li> <li>2. Ensure the patient is stable and has no thoughts of suicide or thoughts of self-harm.</li> <li>3. Create a non-judgmental environment for the patient, to allow her to feel welcome.</li> </ol> | <ol style="list-style-type: none"> <li>1. Encourage the patient to talk with someone if feelings of hopelessness continue/worsen.</li> <li>2. Suggest coping mechanisms such as journaling, meditation, and guided imagery.</li> <li>3. Having the patient discuss feelings of hopelessness.</li> </ol> | <ol style="list-style-type: none"> <li>1. Suggest coping mechanisms such as joining a grief support group to cope with the loss of parents.</li> <li>2. Instruct the patient to utilize a hotline number if wanting to speak with someone about grief.</li> <li>3. Encouraging patient to set</li> </ol> |

|  |  |  |   |   |
|--|--|--|---|---|
|  |  |  |   | up an appointment with therapist after discharge.   |
| <p><b>2.</b> Ineffective individual coping related to personal loss or threat of rejection as evidenced by expression of anxiety and depression.</p> | <p>Patient’s diagnosis of major depressive disorder.</p> | <p><b>1.</b> Placing the patient on 1-1 watch.</p> <p><b>2.</b> Assess the patient for any triggers for further anxiety.</p> <p><b>3.</b> Maintain a safe and quiet environment for the patient upon arrival.</p>              | <p><b>1.</b> Encourage the patient to talk with someone if feelings of anxiety/depression continue/worsen.</p> <p><b>2.</b> Suggest coping mechanisms such as deep breathing, meditation, journaling, or guided imagery.</p> <p><b>3.</b> Use therapeutic communication to establish and maintain a trusting relationship with the patient.</p> | <p><b>1.</b> Encourage the patient to use the coping mechanisms at home.</p> <p><b>2.</b> Educate the patient on the importance of continuing the medications without abruptly stopping them.</p> <p><b>3.</b> Encourage the patient to set up an appointment with her therapist as soon as she’s discharged.</p> |
| <p><b>3.</b> Risk for suicide as evidenced by diagnosis of major depressive disorder as evidenced by recent right thigh out needing 12 sutures.</p>  | <p>Patient’s self-harm.</p>                              | <p><b>1.</b> Placing patient on 1-1 supervision.</p> <p><b>2.</b> Having patient sign a contract to refrain from self-harming.</p> <p><b>3.</b> Reassess patient for new/recurring thoughts of self-harm every 15 minutes.</p> | <p><b>1.</b> Educating family/boyfriend on how to recognize impending self-harm behaviors.</p> <p><b>2.</b> Identifying thoughts, behaviors, and ideas of wanting to self-harm.</p> <p><b>3.</b> Continuing to reassess patient every 15 minutes.</p>   | <p><b>1.</b> Provide the patient with a hotline number.</p> <p><b>2.</b> Educating the patient on the choice of self-harming.</p> <p><b>3.</b> Providing the patient with coping techniques to handle situations with high anxiety.</p>   |

**Other References (APA):**

Phelps, L.L. (2020). *Sparks and Taylor's Nursing Diagnosis Reference Manual* (11<sup>th</sup> ed.).

Wolters Kluwer.

**Concept Map (20 Points):**

Subjective Data

1330 Vital Signs:  
 Patient reports she is having thoughts of being a burden of boyfriend leaving and thoughts of Reshma. Her boyfriend, stepmom and sister are Her support system. Denies smoking, use of illicit drugs and alcohol. No previous suicide attempts. ER visit 2 days prior for 12 sutures due to large cuts on Patient's right hand. Currently taking Sertraline, Albuterol, Acetaminophen, and Melatonin.

Objective Data

29-year-old female  
 Major Depressive Disorder  
 Generalized anxiety disorder  
 Asthma.  
 5'5, 234 lb  
 Unemployed  
 Full Code

Patient Information

Nursing Diagnosis/Outcomes

Nursing Interventions 1: Suggest coping mechanisms such as joining a grief support group to cope with the loss of parents. Instruct the patient to utilize a hotline number if wanting to speak with someone about grief. Encouraging patient to set up an appointment with her therapist after discharge.  
 Nursing Diagnosis 1: Hopelessness related to loss of significant support system as evidenced by the loss of both biological parents.  
 Nursing Diagnosis 2: Ineffective individual coping related to personal loss or threat of rejection as evidenced by expression of anxiety and depression.  
 Nursing Intervention 2: Encourage the patient to use the coping mechanisms at home. Educate the patient on the importance of continuing the medications without abruptly stopping them.  
 Nursing Outcome 1: The patient does not have continuing thoughts of hopelessness and has a positive grieving process.  
 Nursing Outcome 2: The patient is able to retain the positive coping skills learned at The Pavilion and puts them into effect at home.  
 Nursing Outcome 3: The patient remains free from self-harm after discharge, eliminating the risk of suicide.  
 Nursing Interventions  
 Nursing Intervention 3: Provide the patient with a hotline number. Educating the patient on the choice of self-harming. Providing the patient with coping techniques to handle situations with high anxiety.



