

N323 Care Plan
Lakeview College of Nursing
Elijah E. Lamb

Demographics (3 points)

Date of Admission 03/20/2023	Patient Initials J.M.	Age 23	Gender Nonbinary/Female (She/They pronouns)
Race/Ethnicity Caucasian	Occupation CNA	Marital Status Single	Allergies NKA
Code Status Full Code	Observation Status q15min	Height 165.0 cm	Weight 99.8 kg

Medical History (5 Points)

Past Medical History: Generalized Anxiety Disorder (2018); Major Depressive Disorder (2018); Bipolar I Disorder (2020)

Significant Psychiatric History: Patient was diagnosed with anxiety and depression at age 18 after meeting with a psychiatrist for suicidal ideation without attempts, though self-harm was noted. A later instance of suicidal ideation (again with no attempt) led to their seeking additional psychiatric treatment, which resulted in the diagnosis of bipolar I.

Family History: Father – Unknown; Mother – Depression

Social History (tobacco/alcohol/drugs): Patient uses no tobacco and no alcohol. Patient smokes marijuana for anxiety, taking “a few puffs” once a day.

Living Situation: Patient has lived with their boyfriend’s family since 2015. Patient reports that they were unable to live with their mother due to the mother’s depression, at which point the patient began living with their boyfriend, their boyfriend’s parents, and their boyfriend’s younger sister.

Strengths: Understands medical terminology and how healthcare works; Willing to discuss mental health; “Usually resilient” in terms of mental strength “but I sometimes think it’s all too much”

Support System: Boyfriend, boyfriend’s parents, boyfriend’s younger sister

Admission Assessment

Chief Complaint (2 points): Suicidal ideation with self-harm

Contributing Factors (10 points): The patient reports a lifelong history of mental health disorders, and they attribute this to their father moving out in approximately 2007 and their mother's subsequent depression. The patient's father stated that they did not want to hear from them or their mother, and the patient's mother became emotionally distant as the patient grew into their teens. This led to the patient moving into their boyfriend's family's house in 2015, where she has since lived. In 2018, the patient's boyfriend's family recommended they seek psychiatric treatment due to increasing suicidal ideation and an instance of cutting. The patient was then diagnosed with Major Depressive Disorder and Generalized Anxiety Disorder, and in 2020 a similar instance led to the diagnosis of Bipolar I Disorder. The patient has had multiple instances of self-discontinuing their medications, which has led to multiple "bad episodes" for which they did not seek formal treatment. This was particularly notable to the patient as occurring every time they attempted to reconcile their relationship with their mother.

Factors that lead to admission: The patient unintentionally met their mother while in Walmart, and the two engaged in a lengthy conversation that resulted in them agreeing to meet for supper at a later date. The patient felt that their mother was initially warm in conversation before becoming emotionally distant. This aggravated the patient, who threatened suicide. The patient noted that this generated no reaction from their mother and then called their boyfriend, who brought them to Sarah Bush Lincoln Health Center after finding them cutting their legs with the blade from a box cutter. The patient was then transferred to the Pavilion.

History of suicide attempts: N/A (No instance of self-harm was with suicidal intentions)

Primary Diagnosis on Admission (2 points): Major Depressive Disorder

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Patient has lifetime experience				
Witness of trauma/abuse: Yes				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	N/A	N/A	N/A	N/A
Sexual Abuse	N/A	N/A	N/A	N/A
Emotional Abuse	N/A	N/A	N/A	N/A
Neglect	Relationship with mother	Relationship with mother (since father left, approx. age 7)	N/A	After patient's father left, patient's mother became emotionally distant and failed to provide for patient's wellbeing and comfort
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	No longer significant to current health	Father left (approx. age 7)	Patient's mother's depression	Patient felt abandoned, left to care for mother
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	Considers self unworthy of love everyday, worse at night or when thinking of/talking to mother
Loss of energy or interest in activities/school	Yes	No	Struggles to concentrate in class, finds little joy in time with boyfriend & boyfriend's family for roughly one year
Deterioration in hygiene and/or grooming	Yes	No	N/A
Social withdrawal or isolation	Yes	No	Refused to speak to boyfriend & boyfriend's family prior to admission, has felt disenfranchised in college classes this semester – "I have really bad impostor syndrome"
Difficulties with home, school, work, relationships, or responsibilities	Yes	No	Suffering from constant burn-out at work and school, feels they are performing poorly at both places
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes	No	Sleeps more than 12 hours some days and fewer than 6 hours other days; States that this is unpredictable, affects ability to arrive to places on time
Difficulty falling asleep	Yes	No	N/A
Frequently awakening during night	Yes	No	N/A
Early morning awakenings	Yes	No	N/A
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	Patient states that they often suddenly lose their appetite for weeks at a time, and they attribute this to their anxiety.

			They note that this can happen randomly but almost always happens when in contact with or thinking of their mother.
Binge eating and/or purging	Yes	<u>No</u>	N/A
Unexplained weight loss?	Yes	<u>No</u>	N/A
Amount of weight change:			
Use of laxatives or excessive exercise	Yes	<u>No</u>	N/A
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	Yes	No	Constantly walking in facility, states "This place drives me crazy." Noted consistent leg shaking, fidgeting of the hands.
Panic attacks	Yes	<u>No</u>	N/A
Obsessive/compulsive thoughts	Yes	<u>No</u>	N/A
Obsessive/compulsive behaviors	Yes	<u>No</u>	N/A
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes	<u>No</u>	N/A
Rating Scale			
How would you rate your depression on a scale of 1-10?		8/10	
How would you rate your anxiety on a scale of 1-10?		8/10	
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	Burn-out, feels quality of performance is falling
School	Yes	No	Burn-out, feels quality of performance is falling
Family	Yes	No	Longing for relationship with mother, pushing away boyfriend and boyfriend's family
Legal	Yes	<u>No</u>	N/A

Social	Yes	No	Pushing away boyfriend and boyfriend’s family; Feels disenfranchised at college – “I have really bad impostor syndrome”	
Financial	Yes	No	Worries about being able to afford school, moving out of boyfriend’s family’s house	
Other	Yes	No	N/A	
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	Facility/MD/Therapist	Inpatient/Outpatient	Reason for Treatment	Response/Outcome
February 2020	Inpatient Outpatient Psychiatrist with Sarah Bush Lincoln Other:	Outpatient	Suicidal ideation, self-harm (self-harm not reported to provider)	No improvement Some improvement Significant improvement
June 2018	Inpatient Outpatient Psychiatrist with Sarah Bush Lincoln Other:	Outpatient	Anxiety, depression, suicidal ideation, self-harm (self-harm not reported to provider)	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?	
Boyfriend	23	Significant other	Yes	No
Boyfriend’s mother	43	“Surrogate mother”	Yes	No
Boyfriend’s father	50	“Surrogate father”	Yes	No

Boyfriend's sister	17	"Surrogate sister"	Yes	No
If yes to any substance use, explain: Patient's boyfriend smokes marijuana with them when either one is feeling anxious; "A few puffs" once a day				
Children (age and gender): N/A				
Who are children with now? N/A				
Household dysfunction, including separation/divorce/death/incarceration: With mother – Separation from patient's father; Current household (with boyfriend's family) "is a good place for me. They're my family, too."				
Current relationship problems: Isolation from boyfriend prior to admission				
Number of marriages: 0				
Sexual Orientation: Bisexual or Pansexual	Is client sexually active? <u>Yes</u> No		Does client practice safe sex? <u>Yes</u> No	
Please describe your religious values, beliefs, spirituality and/or preference: "I'm like a spiritual agnostic." Open to spirituality but does not practice in a church. Uses stones for energies and has no beliefs in the divine. Does not trust the concept of organized religion.				
Ethnic/cultural factors/traditions/current activity: Follows traditional Christian holidays, including Christmas and Easter, but does not follow the religion. Tries to be multicultural.				
Describe: "I like to learn about cultures in different countries, and listening to music in other languages makes it cool to learn those languages."				
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): N/A (Boyfriend's family never acquired legal custody while this patient was a minor)				
How can your family/support system participate in your treatment and care? Patient stated "I hope they forgive me for how I treated them before I got here. I was awful. I guess I just need to be with them again when I get out of here."				
Client raised by: Natural parents – Both parents until father left at approx. age 7, mother until age 15 Grandparents Adoptive parents Foster parents Other (describe): Boyfriend's family from age 15 onward				
Significant childhood issues impacting current illness: Patient's father leaving, patient's mother's subsequent depression causing her to be emotionally distant				
Atmosphere of childhood home: Loving Comfortable Chaotic Abusive Supportive Other: Patient stated that all of the above adjectives have applied throughout their life – the negative adjectives apply to the time with their mother, and the positive adjectives apply to the time with their boyfriend's family				
Self-Care: <u>Independent</u> Assisted				

Total Care
Family History of Mental Illness (diagnosis/suicide/relation/etc.): Patient’s mother was diagnosed with depression
History of Substance Use: Patient and their boyfriend smoke marijuana; “A few puffs” once a day
Education History: <u>Grade school</u> – Completed in 2014; “I was a straight A student in middle school” <u>High school</u> – Graduated in 2018; “I got As and Bs in high school” <u>College</u> – Patient has completed a CNA certificate and is currently in school for LPN Other: Stated “I have a Microsoft certification” but could not elaborate on what this means
Reading Skills: <u>Yes</u> No Limited
Primary Language: English
Problems in school: None in grade school and high school; Feels disenfranchised in college, dissatisfied with quality of performance
Discharge
Client goals for treatment: “I just want to stop thinking about killing myself all the time.” Also verbalized a desire to curb self-harm behavior while noting “I’d rather cut than feel bad.”
Where will client go when discharged? Home (with boyfriend’s family)

Outpatient Resources (15 points)

Resource	Rationale
1. Individual outpatient therapy	1. This patient stated that they had never been in therapy but would be open to talking to a therapist one-on-one, especially as a weekly or monthly “check-in.”
2. Group outpatient therapy	2. This patient stated “After my most recent episode, I don’t want [my boyfriend’s family] to think this is their fault. I want them all to be able to help me.” This patient also verbalized a concern for how their mental health affects their boyfriend’s younger sister and wants “a therapist to help me help her, too.”
3. 988 Suicide Prevention Hotline	3. This patient acknowledged that they knew this hotline existed but had never tried it out. They stated they are willing to do whatever it takes to recover and to keep their relationship with their boyfriend’s family, including seeking emergency guidance if needed.

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

Brand/Generic	Ambien/ Zolpidem tartrate	Prozac/ Fluoxetine hydrochlorid e	Ativan/ Lorazepam	Lamictal/ Lamotrigine	Xanax/ Alprazolam
Dose	5 mg	20 mg	0.5 mg	50 mg	0.5 mg
Frequency	PRN	Daily	PRN q8h x3	Daily	PRN q8h x3
Route	PO	PO	PO	PO	PO
Classification	Pharmacologic: Imidazopyridine Therapeutic : Hypnotic (Jones & Bartlett Learning, 2021)	Pharmacologic: Selective serotonin reuptake inhibitor (SSRI) Therapeutic : Antidepressant (Jones & Bartlett Learning, 2021)	Pharmacologic: Benzodiazepine Therapeutic : Anxiolytic (Jones & Bartlett Learning, 2021)	Pharmacologic: Phenyltriazine Therapeutic : Anticonvulsant	Pharmacologic: Benzodiazepine Therapeutic : Anxiolytic, antipanic (Jones & Bartlett Learning, 2021)
Mechanism of Action	Medication “may potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters. By binding to specific benzodiazepine receptors in the limbic and cortical areas of the CNS, zolpidem increases	Medication prevents the reuptake of synaptic serotonin, which increases levels of serotonin in the synaptic gap between nerves and may alleviate symptoms of depression (Jones & Bartlett Learning, 2021).	Medication “may potentiate the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS. GABA	Medication “may stabilized neuron membranes by blocking their sodium channels and inhibiting release of excitatory neurotransmitters, such as aspartate and glutamate through these channels” (Jones & Bartlett Learning, 2021, p.	Medication “may increase the effects of gamma-aminobutyric acid (GABA) and other inhibitory neurotransmitters by binding to specific benzodiazepine receptors in cortical and limbic areas of CNS. GABA inhibits excitatory

	GABA’s inhibitory effects, blocks cortical and limbic arousal, and preserves deep sleep (stages 3 and 4)” (Jones & Bartlett Learning, 2021, p. 1397).		inhibits excitatory stimulation, which helps control emotional behavior” (Jones & Bartlett Learning, 2021, p. 803).	745).	stimulation, which helps control emotional behavior” (Jones & Bartlett Learning, 2021, p. 47).
Therapeutic Uses	Inducing/improving sleep	Depression management	Anxiety/agitation, seizures, EtOH withdrawal	Seizures, mood stabilizer	Anxiety maintenance, acute anxiety relief
Therapeutic Range (if applicable)	<250 ng/mL	91-302 ng/mL	50-240 ng/mL	2-20 mcg/mL	5-25 ng/mL
Reason Client Taking	Insomnia	Depression	Anxiety & agitation	Bipolar disorder	Anxiety
Contraindications (2)	<ol style="list-style-type: none"> 1. Liver failure 2. Any known alteration in sleep behavior in prior therapy (Jones & Bartlett Learning, 2021). 	<ol style="list-style-type: none"> 1. Pimozide therapy 2. IV methylene blue or linezolid within 14 days (Jones & Bartlett Learning, 2021). 	<ol style="list-style-type: none"> 1. Acute angle-closure glaucoma 2. Sleep apnea (Jones & Bartlett Learning, 2021). 	No known contraindications aside from hypersensitivity to lamotrigine or any of its components (Jones & Bartlett Learning, 2021).	<ol style="list-style-type: none"> 1. Acute angle-closure glaucoma 2. Itracozazole therapy (Jones & Bartlett Learning, 2021)
Side Effects/Advers	Suicidal ideation,	Hyponatremia,	Coma, Tachycardia	Meningitis, Stevens-	Hypotension, Tinnitus

e Reactions (2)	Respiratory depression (Jones & Bartlett Learning, 2021).	Prolonged QT interval (Jones & Bartlett Learning, 2021).	(Jones & Bartlett Learning, 2021).	Johnson syndrome (Jones & Bartlett Learning, 2021).	(Jones & Bartlett Learning, 2021).
Medication/ Food Interactions	Sedatives (compounding effects may lead to sedation); Any food (impairs absorption, lessens/delays effects); Grapefruit (may lead to toxicity) (Jones & Bartlett Learning, 2021)	SSRIs (risk for serotonin syndrome), Aspirin/NSAIDs/Warfarin (increased risk for bleeding) (Jones & Bartlett Learning, 2021)	Sedatives (compounding effects may lead to sedation); Caffeine (may counteract effects); Grapefruit (may lead to toxicity) (Jones & Bartlett Learning, 2021)	Sedatives (compounding effects may lead to sedation); Antivirals (may reduce blood lamotrigine levels); Oral contraceptive (reduces effectiveness of both drugs); Valproic acid (may lead to toxicity) (Jones & Bartlett Learning, 2021)	Sedatives (compounding effects may lead to sedation); Caffeine (may counteract effects); Grapefruit (may lead to toxicity) (Jones & Bartlett Learning, 2021)
Nursing Considerations (2)	Monitor for dosage adjustment with other CNS depressant therapy, Monitor for suicidal ideation due to suddenly increased symptoms of depression (Jones & Bartlett Learning, 2021).	Monitor for signs of increased or suddenly decreased depression, Monitor closely for evidence of GI bleeding (Jones & Bartlett Learning, 2021).	Ensure continued use of antidepressant to avoid rebound suicidal ideation, Only use opioids for pain management if no other method is appropriate or sufficient (Jones & Bartlett Learning, 2021).	Monitor for signs of increased or suddenly decreased depression, Educate patient on need to wear medical device stating use of lamotrigine (Jones & Bartlett Learning, 2021).	Educate on avoiding sudden discontinuation of drug due to likelihood of withdrawal, Educate on informing provider immediately if chance of pregnancy (Jones & Bartlett Learning, 2021).

			Learning, 2021).		
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NOTE: Patient only had five (5) medications listed in their health records.

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. (2021). *2022 nurse’s drug handbook* (21st ed.). Jones & Bartlett Learning.

Mental Status Exam Findings (20 points)

<p>APPEARANCE: Behavior: Build: Attitude: Speech: Interpersonal style: Mood: Affect:</p>	<p>Behavior: No acute distress, maintained hygiene Build: Patient describes self as “curvy athletic” Attitude: Active participant in assessment Speech: Normal rate/rhythm, soft volume Interpersonal style: Friendly, open to socialization Mood: Cheerful; Optimistic for discharge Affect: Normal range of high and low tones</p>
<p>MAIN THOUGHT CONTENT: Ideations: Delusions: Illusions: Obsessions: Compulsions: Phobias:</p>	<p>Ideations: Suicidal ideation and desire to self-harm (prior to and shortly after admission, none at this time) Delusions: N/A Illusions: N/A Obsessions: N/A Compulsions: N/A Phobias: N/A</p>
<p>ORIENTATION: Sensorium: Thought Content:</p>	<p>A&Ox4 (Person, Place, Date/Time, Situation); Normal sensorium; Denies suicidal ideation or desire to self-harm and wishes to leave facility to return to family, is optimistic about discharge</p>
<p>MEMORY: Remote:</p>	<p>Intact/normal short-term and long-term memory; Patient able to recall breakfast, lunch, and supper; Patient able to recall details of their life from before the age of 5.</p>
<p>REASONING: Judgment: Calculations: Intelligence: Abstraction: Impulse Control:</p>	<p>Judgment: Intact; Patient aware of seriousness of mental health condition Calculations: Intact, appropriate for age Intelligence: Intact, appropriate for age Abstraction: Intact Impulse control: Poor impulse control r/t cutting prior to admission; Exhibits improved impulse control since admission</p>
<p>INSIGHT:</p>	<p>Patient exhibits good insight. They wish to improve their quality of life through both pharmacological and behavioral therapies. Patient actively participates in facility-directed activities and encourages others to as well.</p>
<p>GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements:</p>	<p>Assistive devices: None Posture: Erect, straight; Gait is smooth, balanced Muscle tone: Firm, appropriate for age Strength: 5/5 bilaterally in UE and LE Motor movements: Active, coordinated movements in UE and LE</p>

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1100	80 bpm right radial	128/80 mmHg RUE	16 resp/min	36.7 C	98% RA
1730	64 bpm right radial	118/60 mmHg RUE	16 resp/min	36.5 C	98% RA

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1100	Numeric	N/A	0/10	N/A	N/A
1730	Numeric	N/A	0/10	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: Breakfast: 100% Lunch: 100% Dinner: 100%	Oral Fluid Intake with Meals (in mL) Breakfast: 240 mL water, 240 mL 1% milk Lunch: 240 mL Kool-Aid, 360 mL Dr Pepper Dinner: 480 mL water

Discharge Planning (4 points)**Discharge Plans (Yours for the client):**

Once this client is discharged, they will return home with their boyfriend's family. They will continue to take all their prescribed medications and meet with their psychiatrist for ongoing management of their mental health. This patient will consult an individual therapist weekly as well as a group therapist monthly for ongoing management of their mental health and how it affects their family. This patient demonstrates no need for home health equipment. This patient will utilize the 988 suicide prevention hotline if needed to prevent suicide by intervening in times of suicidal ideation. They have thus far verbalized understanding of their plan of care and will be provided with a list of resources to contact for additional questions regarding their treatment.

Nursing Diagnosis (15 points)

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

<p>Nursing Diagnosis</p> <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	<p>Immediate Interventions (At admission)</p>	<p>Intermediate Interventions (During hospitalization)</p>	<p>Community Interventions (Prior to discharge)</p>
<p>1. Risk for suicide related to loss of important relationship as evidenced by patient becoming suicidal after interacting with mother</p>	<p>Patient stated they typically notice suicidal ideation after they think of or try to contact their mother</p>	<ol style="list-style-type: none"> 1. Remove any objects that may be used for self-harm 2. Make a short-term contract with patient on not harming self during hospital stay 3. Assess patient’s current suicidality and clarify plans for committing suicide 	<ol style="list-style-type: none"> 1. Supervise the administration of prescribed medications 2. Use a warm, caring, nonjudgmental manner to show unconditional positive regard 3. Demonstrate understanding 	<ol style="list-style-type: none"> 1. Help patient set a goal for obtaining long-term psychiatric care 2. Provide patient with telephone numbers and other information about crisis interventions 3. Make appropriate referrals to mental health professionals
<p>2. Risk for impaired nutrition related to anxiety</p>	<p>Patient stated they typically notice a loss of</p>	<ol style="list-style-type: none"> 1. Determine food preferences and provide 	<ol style="list-style-type: none"> 1. Continue monitoring daily weights 2. Ensure 	<ol style="list-style-type: none"> 1. Encourage patient to designate a support person

<p>as evidence d by patient stating they go weeks at a time without eating due to anxiety.</p>	<p>appetite only when anxiety is elevated</p>	<p>them within the patient’s prescribe d diet 2. Obtain an initial weight 3. Check electrolyt e levels</p>	<p>dietary and fluid intake 3. Continue monitoring electrolyte levels</p>	<p>who will help them maintain their intake 2. Involve family members in meal planning 3. Refer patient to a dietary team if indicated</p>
<p>3. Readines s for enhanced coping related to anxiety as evidence d by verbalize d optimism for maintaini ng mental health after discharge .</p>	<p>Patient repeatedly shared their desire to complete treatment and return to home in a better mental state</p>	<p>1. Ensure immediat e safety related to suicidal ideation and self-harm 2. Begin discussio ns at patient’s level of comfort 3. Assist the patient in identifyin g current coping mechanis ms</p>	<p>1. Establish a trusting relationship 2. Collaborate with patient to design plan of care 3. Meet with patient consistently during treatment to evaluate progress</p>	<p>1. Designate a support person to ensure complianc e with intended plan of care 2. Assist the patient in determinin g communit y therapy options 3. Encourage patient’s family to help find therapy</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

Nursing Diagnosis/Outcomes

- ❖ VS @ 1100: 80 bpm, 120/80 mmHg
- ❖ RUE, 16 resp/min, 36.7 C, 98%
- ❖ Depression 8/10
- ❖ VS @ 1700: 64 bpm, 118/60 mmHg
- ❖ Anxiety 8/10
- ❖ RUE, 16 resp/min, 36.5 C, 98%
- ❖ Disturbed sleeping patterns
- ❖ Weight 10 kg, 160 cm
- ❖ Feeling abandoned by father
- ❖ Feeling mother is especially distant
- ❖ No contact, normal motor activity, full affect; Euthymic mood; No cognitive deficits; Suicidal ideation; Cooperative behavior, good insight and judgment

23-year-old nonbinary/female full code admitted to Sarah Bush Lincoln Health Center prior to transfer to the Pavilion. Patient was exhibiting suicidal ideation and self-harm by cutting their legs with the blade from a box cutter.

1. Risk for suicide related to loss of important relationship as evidenced by patient becoming suicidal after interacting with mother
 - a. Patient will report absence of suicidal ideation and desire to self-harm
2. Risk for impaired nutrition related to anxiety as evidenced by patient stating they go weeks at a time without eating due to anxiety
 - a. Patient will show no weight loss during stay
3. Readiness for enhanced coping related to anxiety as evidenced by verbalized optimism for maintaining mental health after discharge
 - a. Patient identifies support people and seeks therapy

1. Remove any objects that may be used for self-harm
2. Assess patient's current suicidality and clarify plans for committing suicide
3. Use a warm, caring, nonjudgmental manner to show unconditional positive regard
4. Demonstrate understanding
5. Help patient set a goal for obtaining long-term psychiatric care
6. Make appropriate referrals to mental health professionals
7. Determine food preferences and provide them within the patient's prescribed diet
8. Obtain an initial weight
9. Continue monitoring daily weights
10. Encourage patient to eat with family members who help them maintain their intake
11. Involve family members in meal planning
12. Ensure immediate safety related to suicidal ideation and self-harm
13. Assist the patient in identifying current coping mechanisms
14. Collaborate with patient to design plan of care
15. Designate a support person to ensure compliance with intended plan of care
16. Assist the patient in determining community therapy options
17. Encourage patient's family to help find therapy

Nursing Interventions

Objective Data

Patient Information

