N323 Care Plan

Lakeview College of Nursing

Amanda Welker

04/15/2023

Dr. Zachary Backlin, DNP, PMHNP-BC, FNP-C, RN

Demographics (3 points)

Date of Admission	**Patient Initials**	**Age**	**Gender**
04/13/2023	**S.D.**	**24 years old**	**Male**
Race/Ethnicity	**Occupation**	**Marital Status**	**Allergies**
Caucasian	**Unemployed**	**Engaged**	**NKA**
Code Status	**Observation Status**	**Height**	**Weight**
Full Code	**Every 15 min check**	**6'5"**	**250 lbs**

Medical History (5 Points)

Past Medical History: Chronic hypertension, bicuspid/aortic valve resection and repair, asthma

Significant Psychiatric History: anxiety, depression, auditory hallucinations, self-injury behaviors (SIB)

Family History: Father- ADHD

Social History (tobacco/alcohol/drugs): vape with nicotine- 7 years (unsure of the number of cartridges a day); social alcohol consumption (maybe twice a year), and marijuana use- 2 years

Living Situation: lives with fiancé (Annabelle), son (Jasper), and fiancé's mother (Shryl)

Strengths: son, fiancé, and online gamer friends

Support System: family and online friends

Admission Assessment

Chief Complaint (2 points): Suicidal ideations with a plan to overdose

Contributing Factors (10 points): The patient stated that he is constantly battling auditory hallucinations from his alternate personality whom he calls "Zero." Patient was at a therapy session when he had expressed to his therapist that "Zero" makes him want to self-harm by overdosing on pills. Ambulance was called and he was taken to the local hospital. He was evaluated by the emergency department provider where he was then voluntarily admitted to the

Pavilion for coping mechanisms and treatment. Patient has been participating in group sessions and other treatments provided without issues.

Factors that lead to admission: suicidal ideations

History of suicide attempts: Hanging- 1 time; Overdose- 3-4 times

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

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: Patient suffered physical and emotional abuse as a child. **Witness of trauma/abuse:** Yes				
	Current	**Past (what age)**	**Secondary Trauma (response that comes from caring for another person with trauma)**	**Describe**
Physical Abuse	**Denies**	**13**	**NA**	**Father tried to kill him due to his stepmother's allegations of disrespect and name calling**

Sexual Abuse	**Denies**	**Denies**	**NA**	**NA**
Emotional Abuse	**Denies**	**13**	**NA**	**Mother and father divorced when he was at a young age. Father remarried and stepmother made him do all of the housework or there would be consequences.**
Neglect	**Denies**	**Denies**	**NA**	**NA**
Exploitation	**Denies**	**Denies**	**NA**	**NA**
Crime	**Denies**	**Denies**	**NA**	**NA**
Military	**Denies**	**Denies**	**NA**	**NA**
Natural Disaster	**Denies**	**Denies**	**NA**	**NA**
Loss	**Denies**	**Denies**	**NA**	**NA**
Other	**NA**	**NA**	**NA**	**NA**
Presenting Problems				
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**	
Depressed or sad mood	**Yes**	**No**	**Everyday, feeling depressed/sad. Strong intensity, lasting most of day.**	

Loss of energy or interest in activities/school	**Yes**	**No**	**Everyday, feeling loss of energy as he is bored. Strong intensity, lasting most of day.**
Deterioration in hygiene and/or grooming	**Yes**	**No**	**Ever since son was born there has been a deterioration in hygiene and/or grooming. Strong intensity, lasting most of day.**
Social withdrawal or isolation	**Yes**	**No**	**Everyday, social withdrawal or isolation; tired of battling "Zero" and trying to take care of his son and daily activities. Strong intensity, lasting most of day.**
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	**NA**
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**	**No**	**Suffers from insomnia. Cannot get brain to shut down or "Zero" to be quiet.**
Difficulty falling asleep	**Yes**	**No**	**Suffers from insomnia. Cannot get brain to shut down or "Zero" to be**

			quiet.
Frequently awakening during night	**Yes**	**No**	**Cannot get comfortable or starts hearing "Zero."**
Early morning awakenings	**Yes**	**No**	
Nightmares/dreams	**Yes**	**No**	**Consistently has nightmares/dreams related to abandonment or that a loved one has hurt him emotionally.**
Other	**Yes**	**No**	**NA**
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits: overeating/loss of appetite	**Yes**	**No**	**Since son has been born does not really have an appetite; forces self to eat.**
Binge eating and/or purging	**Yes**	**No**	**Will binge eat from lack of not eating then will feel awful and makes himself vomit.**
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No**	**NANA**
Use of laxatives or excessive exercise	**Yes**	**No**	**NA**
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	**Yes**	**No**	**Everyday; consistent pacing, leg bouncing, picking, and scratching.**
Panic attacks	**Yes**	**No**	**Once a week; Experiences tunnel**

			vision, sweating, shaking, feels like a smaller version of himself.
Obsessive/ compulsive thoughts	**Yes**	**No**	**Everyday; Feels as though he just needs to run and never stop.**
Obsessive/ compulsive behaviors	**Yes**	**No**	**Weekly; stress eats or stress purchases.**
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**	**No**	**Everyday; Cannot get as much done as he used to be able to.**
Rating Scale			
How would you rate your depression on a scale of 1-10?	**9**		
How would you rate your anxiety on a scale of 1-10?	**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**	**Unemployed; Would jump to worst conclusions and quit or get himself fired; can't focus on a simple task at hand.**
School	**Yes**	**No**	**NA**
Family	**Yes**	**No**	**Everyday; isolates and closes self-off from everyone.**
Legal	**Yes**	**No**	
Social	**Yes**	**No**	**Everyday; isolates and closes self-off from everyone.**

Financial	**Yes**	**No**	**At least once a month;** **depression/stress purchases then** **feels guilty about it.**	
Other	**Yes**	**No**	**NA**	
Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/ MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/ Outcome**
2023	**Inpatient** **Outpatient** **Other: Therapist**	**Outpatient**	**Recommende** **d by PCP**	**No improvement** **Some improvement** **Significant improvement**
NA	**Inpatient** **Outpatient** **Other:**	**NA**	**NA**	**No improvement** **Some improvement** **Significant improvement**
NA	**Inpatient** **Outpatient** **Other:**	**NA**	**NA**	**No improvement** **Some improvement** **Significant improvement**
Personal/Family History				
Who lives with you?	**Age**	**Relationshi**	**Do they use substances?**	

		p		
Annabelle	**23**	**Fiancé**	**Yes**	**No**
Shryl	**52**	**Fiancé's mother**	**Yes**	**No**
Jasper	**1**	**Son**	**Yes**	**No**
NA	**NA**	**NA**	**Yes**	**No**
NA	**NA**	**NA**	**Yes**	**No**
If yes to any substance use, explain: Annabelle smokes marijuana.				
Children (age and gender): 1- male **Who are children with now? Fiancé- Annabelle**				
Household dysfunction, including separation/divorce/death/incarceration: parents divoced				
Current relationship problems: NA **Number of marriages: None**				
Sexual Orientation: Male	**Is client sexually active? Yes No**		**Does client practice safe sex? Yes No**	
Please describe your religious values, beliefs, spirituality and/or preference: **Wiccan**				
Ethnic/cultural factors/traditions/current activity: **Describe: NA**				
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): NA				
How can your family/support system participate in your treatment and care? **Make sure that he takes his medications and help him to cope with "Zero."**				
Client raised by:				

Natural parents **Grandparents** **Adoptive parents** **Foster parents** **Other (describe): Father and stepmother**
Significant childhood issues impacting current illness: Father and mother divorcing; mother not caring about him as a child; stepmother being physical and emotionally abusive.
Atmosphere of childhood home: **Loving** **Comfortable** **Chaotic** **Abusive** **Supportive** **Other:**
Self-Care: **Independent** **Assisted** **Total Care**
Family History of Mental Illness (diagnosis/suicide/relation/etc.) **None that he is aware of.**
History of Substance Use: Patient smokes marijuana.
Education History: **Grade school** **High school** **College** **Other: Dropped out of Junior year of high school.**
Reading Skills: **Yes** **No** **Limited**

Primary Language: English
Problems in school: Not doing his homework due to home life.
Discharge
Client goals for treatment: Goal for treatment is to take medications, attend therapy, keep psychiatrist appointments, and spend time with family, and friends.
Where will client go when discharged? Patient will go home to fiancé's mother's house with her and their son.

Outpatient Resources (15 points)

Resource	Rationale
1. Therapist	**1. Patient is an established patient with his therapist; continuing to see the therapist.**
2. Support Groups (Rosecrance)	**2. Communicating with others who have similar issues.**
3. Volunteering (Goodwill or Habitat for Humanity)	**3. Becoming involved/participating in things the patient has interest in (working with hands)**

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

Brand/ Generic	Coreg/ carvedilol	Zyprexa/ olanzapine	Ecotrin/ aspirin	APAP/ acetaminophen	Ventolin HFA/ albuterol aerosol
Dose	**50 mg**	**5 mg**	**81 mg**	**650 mg**	**90 mcg**
Frequency	**Twice a day**	**Daily at bedtime**	**Daily**	**Every 6 hours daily**	**Every 4 hours daily**

				PRN	**PRN**
Route	**By mouth**	**By mouth**	**By mouth**	**By mouth**	**Inhalation**
Classification	**Nonselective beta blocker and alpha-1 blocker; antihypertensive, HF treatment adjunct (Jones and Bartlett Learning, 2022).**	**Thienobenzodiazepine derivative; antipsychotic (Jones and Bartlett Learning, 2022).**	**Salicylate; NSAID (anti-inflammatory, antiplatelet, antipyretic, nonopioid analgesic) (Jones and Bartlett Learning, 2022).**	**Nonsalicylate, para-aminophenol derivative, antipyretic, nonopioid analgesic (Jones and Bartlett Learning, 2022).**	**Adrenergic; bronchodilator (Jones and Bartlett Learning, 2022).**
Mechanism of Action	**Reduces cardiac output and tachycardia, causes vasodilation, and decreased peripheral vascular resistance, which reduces blood pressure and cardiac workload (Jones and Bartlett Learning, 2022).**	**May achieve antipsychotic effects by antagonizing dopamine and serotonin receptors. Anticholinergic effects may result from competitive binding to and antagonism of the muscarinic receptors M_1 through M_5 (Jones and Bartlett Learning, 2022).**	**Blocks the activity of cyclooxygenase, the enzyme needed for prostaglandin synthesis. Prostaglandins, important mediators in the inflammation response, cause vasodilation with swelling and pain (Jones and Bartlett Learning, 2022).**	**Inhibits the enzyme cyclooxygenase, blocking prostaglandin production and interfering with pain impulse generation in the peripheral nervous system (Jones and Bartlett Learning, 2022).**	**Albuterol attaches to $beta_2$ receptors on bronchial cell membrane, which stimulates the intracellular enzyme adenylate cyclase to convert ATP to cyclic AMP. This reaction decreases intracellular calcium levels (Jones and Bartlett Learning, 2022).**

Therapeutic Uses	**To control hypertension.**	**To treat schizophrenia.**	**Adjunct therapy with coronary artery bypass graft.**	**To relieve mild or moderate pain.**	**To treat or prevent bronchospasms.**
Therapeutic Range (if applicable)	**NA**	**NA**	**NA**	**NA**	**NA**
Reason Client Taking	**Chronic hypertension**	**Psychosis**	**Bicuspid and aortic valve resection & repair**	**As needed for pain**	**Asthma**
Contraindications (2)	**Bronchial asthma or related bronchospastic conditions; cardiogenic shock (Jones and Bartlett Learning, 2022).**	**Use cautiously in hepatic impairment and in patients at risk for falls or aspiration (Jones and Bartlett Learning, 2022).**	**Active bleeding or coagulation disorder; current or recurrent GI bleeding or ulcers (Jones and Bartlett Learning, 2022).**	**Severe active liver disease; severe active hepatic impairment (Jones and Bartlett Learning, 2022).**	**Use cautiously in cardiac disease and hypertension (Jones and Bartlett Learning, 2022).**
Side Effects/Adverse Reactions (2)	**Angina and hypoglycemia (Jones and Bartlett Learning, 2022).**	**Neuroleptic malignant syndrome and bradycardia (Jones and Bartlett Learning, 2022).**	**CNS depression and GI bleeding (Jones and Bartlett Learning, 2022).**	**Hypotension and stridor (Jones and Bartlett Learning, 2022).**	**Angina and oropharyngeal edema (Jones and Bartlett Learning, 2022).**
Medication/ Food Interactions	**Med: amiodarone Food: NA (Jones and Bartlett Learning, 2022).**	**Med: antihypertensives Food: alcohol use (Jones and Bartlett Learning, 2022).**	**Med: ace-inhibitors & beta blockers Food: alcohol use (Jones and Bartlett**	**Med: anticholinergics Food: alcohol use (Jones and Bartlett Learning,**	**Med: beta blockers Food: NA (Jones and Bartlett Learning, 2022).**

			Learning, 2022).	**2022).**	
Nursing Considerations (2)	**Use carvedilol cautiously in patients with PVD because it may aggravate symptoms of arterial insufficiency and monitor patient's blood glucose level, as ordered (Jones and Bartlett Learning, 2022).**	**Olanzapine shouldn't be used for elderly patients with dementia-related psychosis because drug increases risk of death in these patients and use cautiously in patients with hepatic impairment or conditions associated with limited hepatic functional reserve and in patients who are being treated with potentially hepatotoxic drugs (Jones and Bartlett Learning, 2022).**	**Don't crush timed-release or controlled release aspirin tablets unless directed; use an immediate-release aspirin in situations where a rapid onset of action is required such as in the acute treatment of MI or before percutaneous coronary intervention (Jones and Bartlett Learning, 2022).**	**Use acetaminophen cautiously in patients with hepatic impairment or active hepatic disease, alcoholism, chronic malnutrition, severe hypovolemia, or severe renal impairment; know that before and during long-term therapy including parenteral therapy, liver function test results, including AST, ALT, bilirubin, and creatinine levels, as ordered must be monitored because acetaminophen may cause**	**Administer pressurized inhalations of albuterol during second half of inspiration, when airways are open wider and aerosol distribution is more effective; use cautiously in patients with cardiac disorders, diabetes mellitus, digitalis intoxication, hypertension, hyperthyroidism, or history of seizures. Albuterol can worsen these conditions (Jones and Bartlett Learning, 2022).**

				hepatotoxicity (Jones and Bartlett Learning, 2022).	

Medications Reference (1) (APA):

Jones and Bartlett Learning. (2020). ***2022 Nurse's Drug Handbook*** **(20 th ed.). Jones and Bartlett Learning.**

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	**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.**
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	**The patient has suicidal ideations, delusions, illusions, obsessions, or compulsions. The patient has a fear of the voices commanding him to self-harm.**
ORIENTATION: **Sensorium:** **Thought Content:**	The patient is alert and oriented x 4. The patient is logical. Thought content of the patient is realistic.
MEMORY: **Remote:**	**The patient's long- and short-term memory are both intact.**
REASONING:	**The patient's judgment was intact. The**

Judgment: **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	**patient's impulse control was not assessed. The patient's calculations were intact and logistical. The patient's intelligence was normal for age.**
INSIGHT:	**The patient's insight upon observation was average.**
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	**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)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0715	**85**	**130/65**	**18**	**98.4 F**	**98%**
1300	**97**	**133/94**	**16**	**98.2 F**	**98%**

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0715	**Numerical**	**NA**	**0**	**NA**	**NA**
1300	**Numerical**	**NA**	**0**	**NA**	**NA**

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed:	**Oral Fluid Intake with Meals (in mL)**

Breakfast: 100% **Lunch: 75%** **Dinner: 100%**	**Breakfast: 360** **Lunch: 240** **Dinner: 240**

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

The patient is discharged from The Pavilion and returns home to live with his fiancé, son, and fiancé's mother. Upon returning home, the patient continues seeing the therapist on a weekly basis. While at The Pavilion, the patient learns positive coping mechanisms to handle anxiety and depression, as well as cope with and suppress auditory hallucinations. The patient can join a support group for other young adults who struggle with anxiety and depression. There he can make a few friends, become comfortable talking with others, and cope with others. The goal is not to isolate self, due to auditory hallucinations but to become more social. Ultimately, the patient refrains from self-harm and is able to use his support system to talk through his depression and anxiety and keep the hallucinations controlled through the use of medication and self-help.

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

Nursing Diagnosis • Include full	**Rational** • Explain why the	**Immediate Interventions (At admission)**	**Intermediate Interventions (During**	**Community Interventions (Prior to**

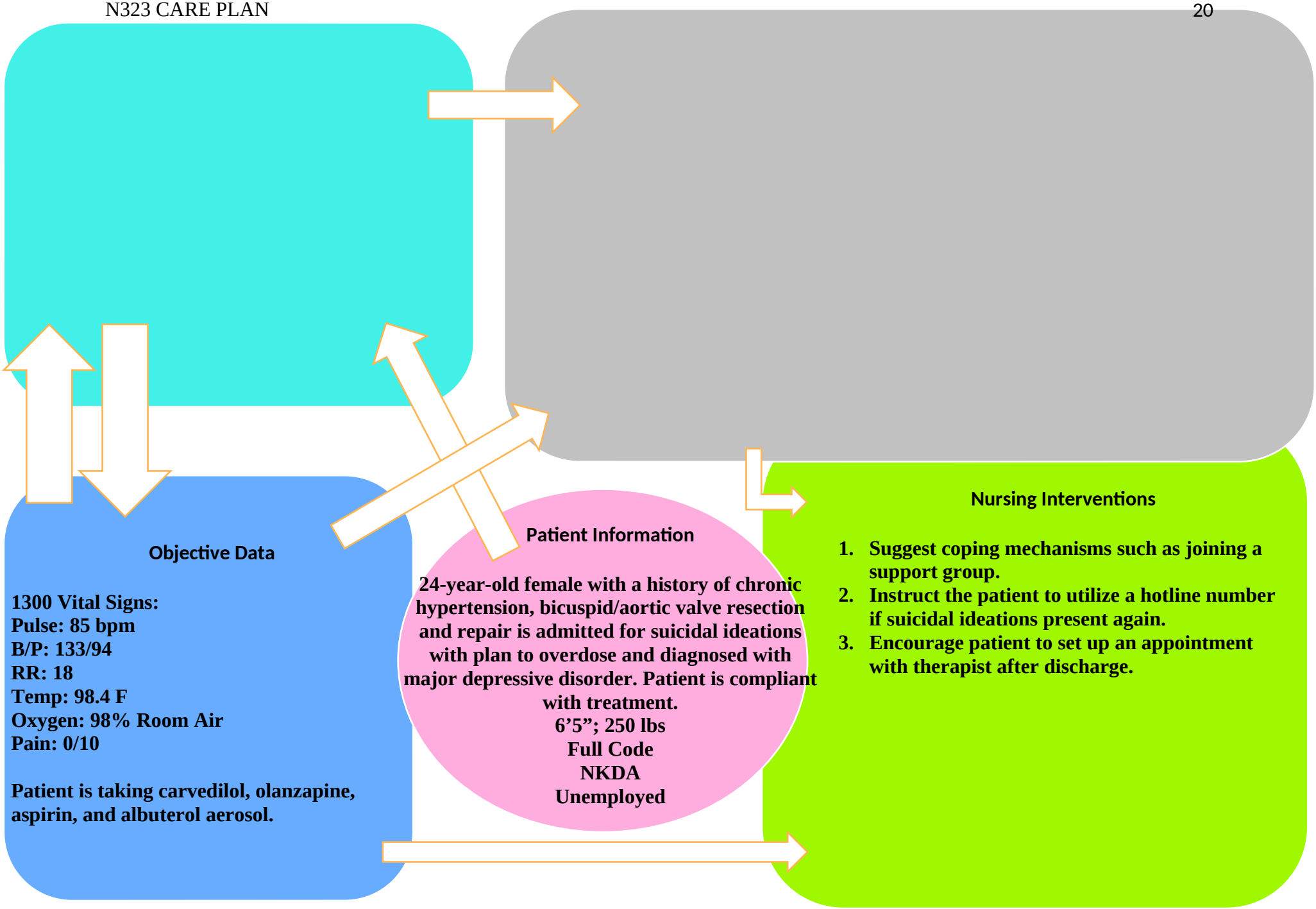
nursing diagnosis with "related to" and "as evidenced by" components	nursing diagnosis was chosen		**hospitalization)**	**discharge)**
1. Impaired social interaction related to anergia as evidenced by increased fatigue from battling auditory hallucinations.	**Patient stated that he isolates himself at any chance that he can get as he is tired from battling the consistent commands from the hallucinations.**	**1. Initially, provide activities that require minimal concentration (e.g., drawing, playing simple board games).** **2. Involve the client in gross motor activities that call for very little concentration (e.g., walking).** **3. When the client is in the most depressed state, Involve the client in one-to-one acti vity.**	**1. Eventually involve the client in group activities (e.g., group discussions, art therapy, dance therapy).** **2. Eventually maximize the client's contacts with others (first one other, then two others, etc.).** **3. Refer the client and family to self-help groups in the community.**	**1. Suggest coping mechanisms such as joining a support group.** **2. Instruct the patient to utilize a hotline number if suicidal ideations present again.** **3. Encourage patient to set up an appointment with therapist after discharge.**
1. Disturbed thought processes as related to severe anxiety or depressed mood as evidenced by impaired judgment, perception, and decision-making.	**Patient's diagnosis of major depressive disorder.**	**1. Placing the patient on 1-1 watch.** **2. Assess the patient for any triggers for further anxiety or depression.** **3. Maintain a safe and quiet environment**	**1. Use simple, concrete words.** 2. **Allow the client to have plenty of time to think and frame responses.** **3. Allow more time than usual for the client to finish usual**	**1. Encourage the patient to use the coping mechanisms at home.** **2. Educate the patient on the importance of continuing the medications without abruptly**

		for the patient upon arrival.	**activities of daily living (ADL) (e.g., eating, dressing).**	**stopping them.** **3. Encourage the patient to set up an appointment with his therapist as soon as he's discharged.**
1. Self-directed violence related to severe depression as evidenced by suicidal ideations with a plan to overdose.	**Patient's chief complaint of suicidal ideations with a plan to overdose and diagnosis of major depressive disorder.**	**1. Placing patient on 1-1 supervision.** **2. Place patient's room near nurse's station.** **3. Having patient sign a contract to refrain from self-harming.**	**1. Encourage clients to express feelings (anger, sadness, guilt) and come up with alternative ways to handle feelings of anger and frustration.** **2. Contact the family and arrange for crisis counseling. Activate links to self-help groups.** **3. Follow unit protocols.**	**1. Provide the patient with a hotline number.** **2. Educating the patient on the choice of self-harming.** **3. Providing the patient with coping techniques to handle situations with high depressive altitudes.**

Other References (APA):

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

Concept Map (20 Points):


Objective Data
1300 Vital Signs:
Pulse: 85 bpm
B/P: 133/94
RR: 18
Temp: 98.4 F
Oxygen: 98% Room Air
Pain: 0/10
Patient is taking carvedilol, olanzapine, aspirin, and albuterol aerosol.
Patient Information
24-year-old female with a history of chronic hypertension, bicuspid/aortic valve resection and repair is admitted for suicidal ideations with plan to overdose and diagnosed with major depressive disorder. Patient is compliant with treatment.
6'5"; 250 lbs
Full Code
NKDA
Unemployed
Nursing Interventions
1. Suggest coping mechanisms such as joining a support group.
2. Instruct the patient to utilize a hotline number if suicidal ideations present again.
3. Encourage patient to set up an appointment with therapist after discharge.