N323 Care Plan

Lakeview College of Nursing

Whisper Brown

Demographics (3 points)

Date of Admission 10/11/23	**Patient Initials** N.K.	**Age** 18 y/o	**Gender** Female
Race/Ethnicity Caucasian	**Occupation** Student Worker (Coffee shop on campus)	**Marital Status** Single	**Allergies** Dairy care (lactase-lactobacillus), gluten meal, pineapple, gabapentin
Code Status Full Code	**Observation Status** Inpatient, rounds every 15 minutes, voluntary admission	**Height** 5’4” (162.6 cm)	**Weight** 114 lb 12.8 oz (52.1 kg)

Medical History (5 Points)

Past Medical History: Asthma, depression, and seizure. Had ataxia and seizure from head trauma in 2001

Significant Psychiatric History: No previous inpatient psychiatric the missions. Under the care of psychiatrist in Rush Presbyterian Hospital in Chicago, Illinois you know it's prescribed a combination of Effexor XR 187.5 mg once a day and the lorazepam as needed for anxiety

Family History: Denies family history of mental illness

Social History (tobacco/alcohol/drugs): Denies smoking, denies the use of smokeless tobacco, denies current use of alcohol, denies drugs, patient is a freshman student in psychology and studio in University of Illinois at Urbana, Champaign. She is single, never married, and does not have children. She works part time at a coffee shop. She lives by herself in a dorm. Between ages six and eight, she was sexually abused by her maternal grandfather. She has nightmares and flashbacks

Living Situation: Lives alone in dorm on campus

Strengths: Patient believes her strengths are “knowledge of treatment/coping mechanisms”

Support System: The patient reports her friends are her support group

Admission Assessment

Chief Complaint (2 points): Sitting at the top of a parking garage. Patient stated “I did not think about jumping”

Contributing Factors (10 points):

Factors that lead to admission: Before admission, the patient was found sitting on top of a parking garage on 10/11/23. The patient also has financial stress related to paying for school which is causing a lot of stress and depression in the patient. The patient then discussed “visiting railroad tracks” and “thinking about suicide without a plan of how to do it” before coming to OSF. The patient has a history of cutting her wrists. On the day of her admission, the patient reported that she “did not plan of jumping while on top of the parking garage.” The patient ended up at the emergency room at OSF in Champaign on 10/11/23. The patient admitted herself voluntarily into the behavioral health unit at OSF. The patient claims that she wants to “get help and start feeling better.”

History of suicide attempts: Patient states “no previous incidental attempts”

Primary Diagnosis on Admission (2 points): Bipolar disorder, type 2

Psychosocial Assessment (30 points)

History of Trauma
No lifetime experience: No, has experience **Witness of trauma/abuse:** Has not experienced

	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	Denies	Denies	N/A	N/A
Sexual Abuse	Denies	Between ages 6 and 8	N/A	Patient reports being sexually abused between the ages of six and eight by the patient's maternal grandfather
Emotional Abuse	Denies	Denies	N/A	N/A
Neglect	Denies	Denies	N/A	N/A
Exploitation	Denies	Denies	N/A	N/A
Crime	Denies	Denies	N/A	N/A
Military	Never enlisted	Never enlisted	N/A	N/A
Natural Disaster	Denies	Denies	N/A	N/A
Loss	Denies	Denies	N/A	N/A
Other	Denies	Denies	N/A	N/A
Presenting Problems				
Problematic Areas	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**	
Depressed or sad mood	**Yes**	**No**	Patient states she "feels depressed or sad moderately every day for seven months now" Patient rates her intensity as a "5 out of 10"	
Loss of energy or interest in	**Yes**	**No**	Patient states she has "loss of energy or interest to do things	

activities/school			60% of the time." Patient rates the intensity as a "7 out of 10"
Deterioration in hygiene and/or grooming	**Yes**	**No**	Denies
Social withdrawal or isolation	**Yes**	**No**	Patient states she "feels socially withdrawn or isolated 100% of the time, every day of the week." She rates the intensity as a "10 out of 10"
Difficulties with home, school, work, relationships, or responsibilities	**Yes**	**No**	Patient states that her "anxiety causes some difficulty when it comes to relationships." The patient rates the intensity as a "2 out of 10"
Sleeping Patterns	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Change in numbers of hours/night	**Yes**	**No**	Patient states she's "been sleeping for three to four hours every night almost every night during the week." Patient states "somedays I'll sleep three to four hours a night but some nights I'll sleep 12 hours. "She rates the intensity as a "5 out of 10"
Difficulty falling asleep	**Yes**	**No**	Patient states she "experiences difficulty falling asleep most nights of the week." She rates the intensity as a "6 out of 10"
Frequently awakening during night	**Yes**	**No**	Denies
Early morning awakenings	**Yes**	**No**	Denies
Nightmares/dreams	**Yes**	**No**	Patient states she has "intense nightmares about once a week." Patient states "the nightmares do not wake me up but are still unpleasant." Patient rates the intensity as a "6 out of 10"
Other	**Yes**	**No**	Denies
Eating Habits	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Changes in eating habits:	**Yes**	**No**	Denies

overeating/loss of appetite			
Binge eating and/or purging	**Yes**	**No**	Denies
Unexplained weight loss? **Amount of weight change:**	**Yes**	**No**	Denies
Use of laxatives or excessive exercise	**Yes**	**No**	Denies
Anxiety Symptoms	**Presenting?**		**Describe (frequency, intensity, duration, occurrence)**
Anxiety behaviors (pacing, tremors, etc.)	**Yes**	**No**	Patient states that when she gets "anxious, I become sweaty and fidgety." Patient rates the intensity as a "5 out of 10"
Panic attacks	**Yes**	**No**	Denies
Obsessive/compulsive thoughts	**Yes**	**No**	Denies
Obsessive/compulsive behaviors	**Yes**	**No**	Denies
Impact on daily living or avoidance of situations/objects due to levels of anxiety	**Yes**	**No**	Patient states she has "anxiety when it comes to social situations, and it impacts activities and daily living." Patient rates the intensity as a "8 out of 10"
Rating Scale			
How would you rate your depression on a scale of 1-10?		Patient states she would rate her depression a "5/10"	
How would you rate your anxiety on a scale of 1-10?		Patient states she would rate her anxiety a "2 out of 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**	Denies
School	**Yes**	**No**	Denies
Family	**Yes**	**No**	Denies
Legal	**Yes**	**No**	Denies

Social	**Yes**	**No**	Denies
Financial	**Yes**	**No**	Patient states “paying for school is a current stressor in life. “Patient rates the intensity as a “3 out of 10”
Other	**Yes**	**No**	Denies

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient				
Dates	**Facility/MD/ Therapist**	**Inpatient/ Outpatient**	**Reason for Treatment**	**Response/Outcome**
Patient states “I don't remember the dates I started or stopped therapy”	**Inpatient Outpatient Other:** Patient states they “cannot remember the name of the therapist”	Inpatient	Depressive episodes	**No improvement** **Some improvement** Patient states that “while I was doing therapy, I thought it had a positive contribution to the depressive episodes.” Patient states that the “therapist dropped me due to insurance reasons” **Significant improvement**
Patient states “I cannot remember the dates I attended the hospital in Chicago”	**Inpatient Outpatient Other:** Rush Presbyterian	Inpatient	Depressive episodes	**No improvement** **Some improvement** Patient states “some

	Hospital in Chicago, Illinois			improvement came out of being at the hospital” **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?**	
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**
N/A	N/A	N/A	**Yes**	**No**

If yes to any substance use, explain: N/A

Children (age and gender): N/A

Who are children with now? N/A

Household dysfunction, including separation/divorce/death/incarceration:
Denies

Current relationship problems: Denies (Single)

Number of marriages: 0

Sexual Orientation:	**Is client sexually active?**	**Does client practice safe sex?**
Asexual	**Yes** **No**	**Yes** **No**

Please describe your religious values, beliefs, spirituality and/or preference:
Christian

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? Patient states that their support system can "continue to support by visiting hand calling on a regular basis"
Client raised by: **Natural parents** **Grandparents** (15-18 y/o, paternal grandparents) **Adoptive parents** **Foster parents** **Other (describe):**
Significant childhood issues impacting current illness: Patient has a history of sexual abuse from her maternal grandfather.
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.) Denies
History of Substance Use: Denies
Education History: **Grade school** **High school** **College** (Currently attending the University of Illinois. Currently a freshman) **Other:**
Reading Skills: **Yes**

No **Limited**
Primary Language: English (also speaks Russian and Ukrainian)
Problems in school: Denies
Discharge
Client goals for treatment: Patient states they want to “improve self-care, talk to a therapist, and stop self-isolating”
Where will client go when discharged? The client will go back to school after discharge with hopes of finding a new therapist to talk with

Outpatient Resources (15 points)

Resource	Rationale
1. Insight Therapy	**1.** This therapy group provides treatment for bipolar disorders, depression, trauma, addiction, and abuse. The patient's neighborhood is in Champaign, where it is located.
2. New Dawn Counseling Center	**2.** This therapy group provides mental health counseling along with family health. This therapy group is also in Champaign.
3. The Rock Counseling Group	**3.** This therapy group is a multi-specialty private mental health and wellness group practice that works collaboratively with local individuals, families, schools, and community partners. This group is also located in Champaign.

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

Brand/Generic	Aripiprazole (Abilify)	Benztropine (Cogentin)	Haloperidol (Haldol)	Hydroxyzine (Atarax)	Trazodone (Desyrel)
Dose	5 mg	2 mg	5 mg	25 mg	50 mg
Frequency	Daily	2 times daily PRN	Every 4 hours PRN	3 times daily PRN	Nightly PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	Pharmacologic: Atypical antipsychotic Therapeutic: Antipsychotic	Pharmacologic: Anticholinergic Therapeutic: Antiparkinsonian, central-acting anticholinergic	Pharmacologic: Butyrophenone derivative Therapeutic: Antipsychotic	Pharmacologic: Piperazine derivative Therapeutic: Anxiolytic, antiemetic, antihistamine, sedative-hypnotic	Pharmacologic: Triazolopyridine Therapeutic: Antidepressant
Mechanism of Action	"May produce antipsychotic effects through partial agonist and antagonist actions. Aripiprazole Acts as a partial agonist at dopamine receptors and serotonin receptors. The drug acts as an antagonist at serotonin receptor sites" (Jones & Bartlett, 2023).	"Blocks acetylcholine's action at cholinergic receptor sites. This restores the brain's normal dopamine and acetylcholine balance, which relaxes muscle movement and decreases drooling, rigidity, and tremor. Benztropine also may inhibit dopamine re uptake and storage which prolongs dopamine's actions" (Jones & Bartlett, 2023).	"May block postsynaptic dopamine receptors in the limbic system and increase brain turnover of dopamine, producing an antipsychotic effect" (Jones & Bartlett, 2023).	"Competes with histamine for histamine receptor sites on surfaces of effector cells. This suppresses results of histaminic activity, including edema, flare, and pertussis. Sedative actions occur at subcortical levels of CNS and are dose related" (Jones & Bartlett, 2023).	"Blocks serotonin reuptake along the presynaptic neuronal membrane, causing an antidepressant effect. Trazodone exerts an alpha-adrenergic blocking action and produces modest histamine blockade, causing a sedative effect. It also inhibits the vasopressor first response to norepinephrine, which reduces blood pressure" " (Jones & Bartlett, 2023).
Therapeutic Uses	Antipsychotic	Antiparkinsonian, central-acting anticholinergic	Antipsychotic	Anxiolytic, antiemetic, antihistamine, sedative-hypnotic	Antidepressant
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	To help with delusions and mania	Movement disorder	Psychosis and mania	Anxiety	Sleep
Contraindications (2)	1. Hypersensitivity to aripiprazole or its components 2. Allergic reaction to aripiprazole	1. Hypersensitivity to benztropine or its components 2. Tachycardia	1. Severe toxic CNS comatose states or depression 2. Hypersensitivity to haloperidol or its components	1. Early pregnancy 2. Prolonged QT interval	1. Hypersensitivity to Trazodone or its components 2. Prolonged QT interval
Side Effects/Adverse Reactions (2)	1. Abnormal gait 2. Seizures	1. Drowsiness 2. Hypotension	1. Edema 2. Hypertension	1. Drowsiness 2. seizures	1. Anxiety 2. Agitation
Medication/Food Interactions	• Grapefruit juice • Alcohol • Alfentanil • Apalutamide • Buprenorphine • Butorphanol • Bupropion • Carbamazepine • Codeine • Clozapine • Deutetrabenazine • Dezocine	• Amantadine • Phenothiazines • Tricyclic Antidepressants • Haloperidol	• Phenytoin • Ritonavir • Sertraline • Buspirone • Quinidine • Ketoconazole • Fluoxetine • Alprazolam	• Droperidol • Sotalol • Pentamidine • Clozapine • Iloperidone • Quetiapine • Citalopram • Moxifloxacin • Gatifloxacin	• Aspirin • Warfarin • Procainamide • Quinidine • Clopidogrel • Dabigatran • Rivaroxaban • Barbiturates • Phenytoin • Rifampin • Ritonavir
Nursing Considerations (2)	1. "Know that aripiprazole shouldn't be used to treat dementia related psychosis in the elderly because of an increased risk of death" (Jones & Bartlett, 2023). 2. "Use cautiously in patients with cardiovascular disease, cerebrovascular disease, or conditions that would predispose them to hypotension. Also use cautiously in those with a history of seizures or with conditions that lower the seizure threshold, such as Alzheimer's disease" (Jones & Bartlett, 2023).	1. "Assess muscle rigidity and tremor at baseline. Then monitor them often for improvement, which indicates drug's effectiveness" (Jones & Bartlett, 2023). 2. "Monitor patient's movements closely. High dose benztropine therapy may cause weakness and inability to move specific muscle groups. If this occurs, expect to reduce benztropine dosage" (Jones & Bartlett, 2023).	1. "Be aware that haloperidol shouldn't be used to treat dementia related psychosis in the elderly because of an increase mortality risk" (Jones & Bartlett, 2023). 2. Be aware that haloperidol concentrations may increase in hepatically impaired patients. Monitor closely for adverse reactions"	1. "Observe for over sedation if patient takes another CNS depressant" (Jones & Bartlett, 2023). 2. "Use hydroxyzine cautiously in patients with risk factors for QT prolongation" (Jones & Bartlett, 2023).	1. "Use Trazodone cautiously in patients with cardiac disease, because drug can cause arrhythmias" (Jones & Bartlett, 2023). 2. "Expect most patients who respond to Trazodone to do so by the end of the second week of therapy" (Jones & Bartlett, 2023).

			(Jones & Bartlett, 2023).		

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2023). *Nurse's drug handbook* (22nd ed.). Jones & Bartlett Learning.

Mental Status Exam Findings (20 points)

APPEARANCE: **Behavior:** **Build:** **Attitude:** **Speech:** **Interpersonal style:** **Mood:** **Affect:**	The patient was seen to be well-groomed, sporting a lean frame, and wearing the uniform that was provided by the hospital. The patient claimed to take daily showers. The patient had a somewhat shy demeanor and spoke quietly. The patient would stay on topic. The patient was conversational, attentive, and involved. The patient was upbeat about her recovery and had a calm demeanor.
MAIN THOUGHT CONTENT: **Ideations:** **Delusions:** **Illusions:** **Obsessions:** **Compulsions:** **Phobias:**	The patient claims to not be experiencing any delusions, illusions, obsessions, compulsions, or phobias. The patient acknowledged having a fear of crowds and she acknowledged that it affects her daily living. Although the patient did not bring it up in this interview, she had previously acknowledged having intrusive ideas of hurting herself. The patient indicated that she does not have any obsessive or compulsive thoughts or behaviors. Additionally, she acknowledged having suicidal thoughts.

ORIENTATION: **Sensorium:** **Thought Content:**	Patient seemed reasonable but A&O x4 with some mental fuzziness. The sensorium wasn't tested.
MEMORY: **Remote:**	Short-term memory looked to be normal and undamaged. Long-term memory was mostly normal but some mental fuzziness contributed to traumatic brain injury.
REASONING: **Judgment:** **Calculations:** **Intelligence:** **Abstraction:** **Impulse Control:**	For someone her age, the patient seemed to have good judgment and a high degree of intelligence. It was found that impulse control was average. Abstraction and calculation were not graded.
INSIGHT:	It was found that insight was ordinary.
GAIT: **Assistive Devices:** **Posture:** **Muscle Tone:** **Strength:** **Motor Movements:**	The patient uses crutches. When we spoke, the posture was slouched and relaxed. Age, height, and muscle strength and movement were all suitable.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0912	90 bpm	118/81 mm Hg	16 bpm	97.8 °F	98%
N/A	N/A	N/A	N/A	N/A	N/A

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0912	0-10 scale	N/A	0/10	N/A	N/A

N/A	N/A	N/A	N/A	N/A	N/A

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: **Breakfast:** 50% **Lunch:** 50% **Dinner:** 50%	**Oral Fluid Intake with Meals (in mL)** **Breakfast:** 360 mL **Lunch:** 360 mL **Dinner:** 360 mL

Discharge Planning (4 points)

Discharge Plans (Yours for the client): After being released, the patient intends to return to her dorm at the University of Illinois, and she wants to be referred to a psychiatrist. Additionally, the patient wishes to locate a therapist to carry on therapy with after leaving OSF. To help the patient with her social anxiety, I would like her to join a group on campus. To confirm or dispute the bipolar 2 diagnosis, it is a good idea for the patient to have a relationship with a qualified psychiatrist. I also concur with the patient's desire to receive frequent therapy from a trained professional in order to treat her depression, anxiety, and unpleasant thoughts.

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	**Rational** • Explain why the nursing diagnosis was chosen	**Immediate Interventions (At admission)**	**Intermediate Interventions (During hospitalization)**	**Community Interventions (Prior to discharge)**

evidenced by" components				
1. Risk for suicide related to depression as evidence by previous thoughts of suicide	The patient has a history of thoughts of suicide and visiting parking garages and railroad tracks along with cutting before being admitted	**1.** Ask the patient about any suicide ideations and/or plans to commit suicide **2.** Create a short-term contract with the patient that he won't hurt himself **3.** Put patient on 1:1 watch	**1.** Continue to supervise the patient every 15 minutes **2.** Monitor patient's mood and medication **3.** Use therapeutic communication	**1.** Provide the patient with resources for therapists **2.** Refer the patient to a therapist to ensure regular visits **3.** Provide patient with information about crisis hotlines
2. Risk of self-harm related to depression as evidence by previous episodes of cutting	The patient has history of self-harming by cutting her wrists	**1.** Ask the patient about any intrusive thoughts about harming themselves **2.** Remove any objects that the patient could use to harm themselves **3.** Ask the patient how long they have been harming themselves	**1.** Continue to keep objects that could be used to harm the patient removed from patient's room **2.** Continue to check up on the patient every 15 minutes **3.** Assess the patient for any injuries while taking vitals	**1.** Provide information about crisis hotlines **2.** Educate the patient on the consequences of self-harming **3.** Provide a therapist that specializes in patients that self-harm
3. Risk for increased depression related to sexual abuse as a child as evidence by the patient stating they "get more depressed when thinking about what happened"	The patient was sexual abuse by her maternal grandfather between the ages of 6 and 8 and gets increasingly depressed while talking about it	**1.** Ask the patient about any intrusive thought **2.** Put the patient on 1:1 watch **3.** Ask the patient is they are having depressive thoughts	**1.** Discuss the patient boundaries when it comes to talking about the sexual abuse **2.** Watch for signs of hesitation when interacting with male patients **3.** Remove anything that would remind the patient of the incident	**1.** Refer the patient to a counselor that specializes in sexual abuse victims **2.** Work with the patient to develop a treatment plan a schedule when it comes to going to therapy **3.** Provide information about crisis hotlines incase the patient needs to talk about how they are feeling

Other References (APA):

Phelps, L. L. (2023). Nursing Diagnosis Reference Manual (12th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

- Patient reports no pain
- Patient reports stress in school
- Patient reports feeling depressed
- Patient reports no previous suicide attempts
- Patient report no plan on about suicide attemot

Nursing Diagnosis/Outcomes

- Risk for suicide related to depression as evidence by previous thoughts of suicide
  - Patient will report decreased thoughts of suicide
- Risk of self-harm related to depression as evidence by previous episodes of cutting
  - Patient will report decreased episodes of self-harm
- Risk for increased depression related to sexual abuse as a child as evidence by the patient stating they "get more depressed when thinking about what happened"
  - Patient will be able to talk about the sexual abuse without feeling depressed

Objective Data

- Vitals Signs
  - 90 bpm
  - 118/81 mm Hg
  - 16 bpm
  - 97.8 °F
  - 98%
- No reported labs

Patient Information

On October 11th, 2023, an 18-year-old white, female was admitted to OSF Heart of Mary for sitting on top of a parking garage. The patient has a history of sexual abuse from her maternal grandfather. The patient also has history of cutting.

Nursing Interventions

- Nursing Diagnosis 1
  - Ask the patient about any suicide ideations and/or plans to commit suicide
  - Create a short-term contract with the patient that he won't hurt himself
  - Put patient on 1:1 watch
- Nursing Diagnosis 2
  - Ask the patient about any intrusive thoughts about harming themselves
  - Remove any objects that the patient could use to harm themselves
  - Ask the patient how long they have been harming themselves
- **Nursing Diagnosis 3**
  - Ask the patient about any intrusive thought
  - Put the patient on 1:1 watch
  - Ask the patient is they are having depressive thoughts