

N323 Care Plan #1

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Lakeview College of Nursing

N323: Mental and Behavioral Health

Professor Irelan

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Demographics (3 points)

Date of Admission 11/5/2023	Patient Initials Legally: J.U. Preferred: S.U.	Age 26 years of age	Gender Biological: Male Identifies as: Female Pronouns: she, her
Race/Ethnicity White/Caucasian	Occupation Unemployed	Marital Status Single	Allergies None
Code Status Full Code	Observation Status Voluntary Admit	Height 5' 5"	Weight 143 lbs.

Medical History (5 Points)

Past Medical History: IBS with constipation (diagnosis date unknown) and bruxism (diagnosis date unknown)

Family Medical History: Mother – cancer (type unknown); father – colon cancer; paternal grandfather – lung cancer

Significant Psychiatric History: Gender dysphoria in adult; PTSD; multiple personality disorder; trichotillomania; GAD; depression (no dates provided for diagnoses)

Family Psychiatric History: Mother – schizophrenia and substance use disorder; brothers (2) – substance use disorder; cousin on maternal side successfully committed suicide.

Social History (tobacco/alcohol/drugs): The client admits to smoking delta8 at least four times a week and tobacco via a vape pen but no use of alcohol.

Living Situation: The client lived with her grandfather before admission to OSF. The client might be participating in an inpatient rehab program before returning home. Depending on the client's relationship with her grandfather, she hopes to remain living with her grandfather.

Strengths: The client identified math, empathy, "being logical," and the fact that she sought care for herself as strengths.

Support System: Grandfather

Admission Assessment

Chief Complaint (2 points): The client stated, “I don’t remember.” The client was found to be confused and disoriented.

Contributing Factors (10 points): Before admission to OSF, the client had been diagnosed with Gender dysphoria in adulthood, and according to her electronic health record, she claims to be non-binary. She also had been diagnosed with multiple personality disorder before admission. The client has a history of illicit drug use and admits to currently still using. The client smoked a substance called delta8, which is a substance that has been known to cause psychosis. She stated, “My opa (grandfather) doesn’t think I should be smoking, but he doesn’t understand.”

Factors that lead to admission: The client was exhibiting erratic behavior while high on delta8 and destroyed her grandfather’s house by trashing it.

History of suicide attempts: The client has no history of suicide attempts; however, she did admit that she has had suicidal ideations in the past but has never acted on them.

Primary Diagnosis on Admission (2 points): Bipolar disorder, type 1, manic episode with psychosis

Secondary Diagnosis: Substance use induced psychosis

Psychosocial Assessment (30 points)

History of Trauma				
<p>No lifetime experience: The client has experienced trauma in her lifetime.</p> <p>Witness of trauma/abuse: Yes</p>				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	Denies	Yes, the client mentioned that she has experienced physical abuse all throughout childhood, she did not want to go into specifics.	N/A	Mother’s friends would hit him frequently while growing up.
Sexual Abuse	Denies	Yes, the client stated all throughout childhood, she did not want to go into specifics.	N/A	The client’s uncle sexually abused her and some of her mother’s friends also sexually abused her.
Emotional Abuse	Yes	The client said, “the emotional abuse has happened a	N/A	Mother’s friends would emotionally abuse her.

		lot,” “it has varied throughout the years.”		
Neglect	Denies	5 – 18 yoa	N/A	Mother neglected her almost throughout her whole childhood.
Exploitation	Denies	10 – 18 yoa	N/A	Mother’s boyfriend sexually exploited him.
Crime	Denies	Around early 20’s	Adulthood	The client had to watch an innocent girl get smacked around by a drug dealer.
Military	Denies	Denies	N/A	N/A
Natural Disaster	Denies	20 yoa	Adulthood	Tornadoes caused his grandmother to lose everything which sent her into a depression, and she ended up starving herself and dying because of the natural disaster.
Loss	Denies	20 yoa & 26 yoa	N/A	The client’s grandmother passed away. Even though her brothers are still alive she feels like she has lost her brothers due to substance use.
Other	No	16 – 20 yoa	N/A	The client experienced sexual assault as a child and because of that trauma it has made her want to sexually assault other people. She stated, “I have never acted on those urges though.”

Presenting Problems			
Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)
Depressed or sad mood	Yes	No	Denies
Loss of energy or interest in activities/school	Yes	No	Denies
Deterioration in hygiene and/or grooming	Yes	No	Denies
Social withdrawal or isolation	Yes	No	Denies
Difficulties with home, school, work, relationships, or responsibilities	Yes	No	The client described her relationship with her grandfather as strained lately, since they do not see eye to eye. This has been going on for the last couple of months.
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes	No	Denies
Difficulty falling asleep	Yes	No	Denies
Frequently awakening during night	Yes	No	The client expressed that she has been waking up in the middle of the night probably one to two times each night and wanting a snack which is not her norm when at home.
Early morning awakenings	Yes	No	Denies
Nightmares/dreams	Yes	No	The client expressed having several good dreams since coming to OSF.
Other	Yes	No	Denies
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)
Changes in eating habits: overeating/loss of appetite	Yes	No	The client has been eating smaller portions but admitted to being less picky with what she eats while being at OSF.
Binge eating and/or	Yes	No	Denies

purging			
Unexplained weight loss?	Yes	No	Denies
Amount of weight change:			
Use of laxatives or excessive exercise	Yes	No	Denies
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	Yes	No	Denies
Panic attacks	Yes	No	Denies
Obsessive/compulsive thoughts	Yes	No	Denies
Obsessive/compulsive behaviors	Yes	No	More often than not the client finds herself using her fingers to pick/poke at things whether it be her socks, her leg hair, etc.
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes	No	Denies
Rating Scale			
How would you rate your depression on a scale of 1-10?	3		
How would you rate your anxiety on a scale of 1-10?	4		
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	The client mentioned having a strained relationship with her grandfather, whom she lives with. Due to the fact that they do not see eye to eye with each other that causes her “a little” stress.

Legal	Yes	No	The client spoke about how her driver’s license is suspended and that has caused her a great deal of stress on how to get that dealt with when her court case for it is in another state.
Social	Yes	No	The client explained how her transgender identity causes her a lot of social stress and has ever since she went public with her newfound identity in 2015.
Financial	Yes	No	The client did admit to having financial stress but more so because her grandfather doesn’t agree with what she spends her money on because she gets financial assistance from the state and she didn’t work to earn her money like he did.
Other	Yes	No	Denies

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient

Dates	Facility/MD/Therapist	Inpatient/Outpatient	Reason for Treatment	Response/Outcome
The stay was one week in October of 2019.	Inpatient Pavilion MD/Therapist: unknown Outpatient Other:	Inpatient	Manic Episode	No improvement Some improvement Significant improvement

Personal/Family History

Who lives with you?	Age	Relationship	Do they use substances?	
Raymond Uden	72 yoa	Grandfather	Yes	No

			Yes	No
If yes to any substance use, explain: N/A				
Children (age and gender): The client has no children.				
Who are children with now? N/A				
Household dysfunction, including separation/divorce/death/incarceration: The client currently does not have any household dysfunction. While the client was a child she admitted her parents got a divorce and he was primarily raised by his father.				
Current relationship problems: None. The client states she has a boyfriend from the U.K. that she speaks to online and while she plays video games.				
Number of marriages: 0				
Sexual Orientation: Pansexual	Is client sexually active? Yes No		Does client practice safe sex? Yes No Abstinence	
Please describe your religious values, beliefs, spirituality and/or preference: Lutheran				
Ethnic/cultural factors/traditions/current activity: The client is proud of her German heritage.				
Describe: She participates in a weekly German heritage celebration at Emanuel Lutheran Church. A group of them get together to learn more about their heritage and the German culture.				
Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): None				
How can your family/support system participate in your treatment and care? The client stated, “just by being there for me and listening,” that’s how the family can show her their support.				
Client raised by: Natural parents → mainly her father Grandparents				

<p>Adoptive parents Foster parents Other (describe):</p>
<p>Significant childhood issues impacting current illness: Undiagnosed autism as a child.</p>
<p>Atmosphere of childhood home:</p> <p>Loving Comfortable Chaotic Abusive – Mother and mother’s friends Supportive Other: Father – “Complicated but reliable,” “I could tell he cared but wouldn’t call him loving”</p>
<p>Self-Care:</p> <p>Independent Assisted Total Care</p>
<p>Family History of Mental Illness (diagnosis/suicide/relation/etc.)</p> <p>Mother – schizophrenia and substance use disorder; brothers (2) – substance use disorder; cousin on maternal side successfully committed suicide.</p>
<p>History of Substance Use: The client admitted to using delta8 and nicotine.</p>
<p>Education History:</p> <p>Grade school – Completed High school – Client received her GED. College – Client earned 28 credit hours at a junior college. Other:</p>
<p>Reading Skills:</p> <p>Yes - sufficient No Limited</p>
<p>Primary Language: English</p>
<p>Problems in school: The client stated, “behavioral problems, I was the class clown”.</p>
<p>Discharge</p>

<p>Client goals for treatment: The client stated her goal was to, “understand my future, even if it’s just tomorrow.” She wants to know where she will be, create a more stable life.</p>
<p>Where will client go when discharged? There has been a discussion of the client possibly participating in a rehabilitation program for drugs. Depending how that goes her grandfather might let her come back and live with him.</p>

Outpatient Resources (15 points)

Resource	Rationale
1. Suicide hotline 988	1. The client has been diagnosed with bipolar disorder type 1 and will have to deal with this diagnosis for the rest of her life. The suicide hotline will provide her a safe number to call if she ever has suicidal ideations during a manic episode.
2. A list of homeless shelters around the Champaign County area.	2. The client was living with her grandfather before being admitted to OSF. Her grandfather has not fully committed to letting her return to the house. In case he doesn't, or if he kicks her out at a later date, she will have these shelters to fall back on.
3. Providing her information on a place called Uniting Pride of Champaign County.	3. The client struggles to be understood by her grandfather at times. This organization is a place that offers social and support groups for members of the LGBTQ community. They also offer free gender affirming clothing and in-house food pantry for those individuals.

Current Medications (10 points)

Complete all of your client’s psychiatric medications

Brand/ Generic	Depakote/ divalproex	Risperdal/ risperidone	Haldol/ haloperidol	Ativan/ lorazepam	Cogentin/ benztropine
Dose	500 mg	2 mg	5mg	2mg	2 mg
Frequency	T.I.D.	B.I.D.	Q4 PRN	Q6 PRN	B.I.D.
Route	Oral	Oral	Oral	IM injection	Oral
Classification	Pharmacolog ic Class: Carboxylic	Pharmacologic Class: Benzisoxazole	Pharmacolog ic Class: Butyropheno	Pharmacolo gic Class: Benzodiaze	Pharmacolog ic Class: Anticholiner

	acid derivative Therapeutic Class: Anticonvulsant	derivative Therapeutic Class: Antipsychotic	ne derivative Therapeutic Class: Antipsychotic	pine Therapeutic Class: Anxiolytic Controlled Substance: Class 4	gic Therapeutic Class: Antiparkinsonian, central-acting anticholinergic
Mechanism of Action	“May decrease seizure activity by blocking reuptake of gamma-aminobutyric acid (GABA), the most common inhibitory neurotransmitter in the brain. GABA suppresses the rapid firing of neurons by inhibiting voltage-sensitive sodium channels” (Jones & Bartlett Learning Staff, 2022).	“Selectively blocks serotonin and dopamine receptors in the mesocortical tract of the CNS to suppress psychotic symptoms” (Jones & Bartlett Learning Staff, 2022).	“May block postsynaptic dopamine receptors in the limbic system and increase brain turnover of dopamine, producing an antipsychotic effect” (Jones & Bartlett Learning Staff, 2022).	“Potentiates the effects of gamma-aminobutyric acid (GABA), depresses the CNS, and suppresses the spread of seizure activity” (Wolters Kluwer Staff, 2021).	“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” (Jones & Bartlett Learning Staff, 2022).
Therapeutic Uses	This medication is used in the treatment of an acute manic phase of bipolar	This medication can be used to therapeutically treat the following, schizophrenia, bipolar mania,	This medication can be used to therapeutically treat the following,	This medication can be used to therapeutically treat the	This medication can be used to therapeutically treat the following,

	disorder (Jones & Bartlett Learning Staff, 2022).	irritability associated with autism (Jones & Bartlett Learning Staff, 2022).	psychosis, schizophrenia, Tourette’s syndrome, nonpsychotic behavior disorders (Jones & Bartlett Learning Staff, 2022).	following, anxiety, insomnia due to anxiety, preoperative sedation, and status epilepticus (Jones & Bartlett Learning Staff, 2022).	Parkinson’s disease, acute dystonic reactions, and to help control extrapyramidal symptoms (Jones & Bartlett Learning Staff, 2022).
Therapeutic Range (if applicable)	In a manic situation since the client is taking an extended-release tablet the trough plasma concentration which is the therapeutic level for this medication would be 85 to 125 mcg/dL (Drugs.com Staff, 2023a).	The therapeutic range for risperidone is 20 – 60 ng/mL (University of Iowa Department of Pathology Staff, 2019).	The therapeutic range for haloperidol is 5.0 – 20.0 ng/mL (University of Iowa Department of Pathology Staff, 2021).	The therapeutic range for lorazepam is 1 – 10 mg/dL (Drugs.com Staff, 2023c).	The therapeutic range for benztropine is 1 – 2 mg orally (Drugs.com Staff, 2023b).
Reason Client Taking	The client is taking this medication to treat her manic episode she was experiencing .	The client is taking this medication to treat her bipolar mania.	The client is taking this medication to treat her manic episode with psychosis.	The client is taking this medication to treat her anxiety related to her prior diagnosis of GAD.	The client is taking this medication to help counteract the movement side effects of haloperidol.
Contraindica	Contraindica	This medication	Contraindica	“Use	This

<p>tions (2)</p>	<p>tions for this medication includes clients who have hepatic impairment and clients who have mitochondrial disorders caused by POLG mutations (Jones & Bartlett Learning Staff, 2022).</p>	<p>needs to be used with caution in patients who have a prolonged QT interval, cerebrovascular disease, CV disease, hypovolemia, dehydration, and a history of seizures (Wolters Kluwer Staff, 2021). This medication is contraindicated in patients who are exposed to extreme heat (Wolters Kluwer Staff, 2021).</p>	<p>tions for this medication include severe toxic CNS comatose states or depression and Parkinson’s disease (Jones & Bartlett Learning Staff, 2022).</p>	<p>cautiously in patients with pulmonary, renal, or hepatic impairment , or history of substance abuse” (Wolters Kluwer Staff, 2021). This medication is contraindicated in clients who have acute angle-closure glaucoma (Jones & Bartlett Learning Staff, 2022).</p>	<p>medication should not be used in patients with tardive dyskinesia (Wolters Kluwer Staff, 2021). This medication could potentially cause anhidrosis. Use with caution in hot temperatures, in clients with mental disorders, in the elderly, and in children who are 3 and above (Wolters Kluwer Staff, 2021).</p>
<p>Side Effects/Adverse Reactions (2)</p>	<p>Adverse reaction to this medication include an increase in depression and suicidal ideation and also constipation (Jones & Bartlett Learning Staff, 2022).</p>	<p>Adverse reactions to this medication include dyskinesia and seizures (Jones & Bartlett Learning Staff, 2022).</p>	<p>Adverse reactions to this medication include anxiety and extrapyramidal reactions that may be irreversible (Jones & Bartlett Learning Staff, 2022).</p>	<p>Adverse reactions to this medication include delusions and nervousness (Jones & Bartlett Learning Staff, 2022).</p>	<p>Adverse reactions to this medication include psychosis and hypotension (Wolters Kluwer Staff, 2021).</p>

<p>Medication/ Food Interactions</p>	<p>A client taking divalproex sodium, Haldol, benztropine, and risperidone may have increased symptoms of sedation, attention span impairment, judgment, thinking and an increase in psychomotor skills (Drugs.com Staff, n.d.). While taking this medication you should avoid consuming any alcoholic beverages (Jones & Bartlett Learning Staff, 2022).</p>	<p>A client taking risperidone and Haloperidol can cause a prolongation of the QT interval. This could potentially lead to an increased risk of ventricular arrhythmias which includes torsade de pointes and abrupt death (Drugs.com Staff, n.d.). This medication is not compatible with beverages such as tea or any colas (Drugs.com Staff, n.d.). While taking this medication you should avoid consuming any alcoholic beverages (Jones & Bartlett Learning Staff, 2022).</p>	<p>A client taking Haloperidol and risperidone can cause a prolongation of the QT interval. This could potentially lead to an increased risk of ventricular arrhythmias which includes torsade de pointes and abrupt death (Drugs.com Staff, n.d.). While taking this medication you should avoid consuming any alcoholic beverages (Jones & Bartlett Learning Staff, 2022).</p>	<p>A client taking lorazepam, haloperidol, benztropine , and risperidone may have increased symptoms of sedation, attention span impairment , judgment, thinking and an increase in psychomot or skills (Drugs.com Staff, n.d.). While taking this medication you should avoid consuming any alcoholic beverages (Jones & Bartlett Learning Staff, 2022).</p>	<p>A client taking benztropine, lorazepam, and divalproex sodium may have increased symptoms of sedation, attention span impairment, judgment, thinking and an increase in psychomotor skills (Drugs.com Staff, n.d.). “Centrally-acting anticholinergic agents may antagonize the therapeutic effects of neuroleptic agents” (Drugs.com Staff, n.d.). Using these together can increase effects such as central nervous system depression, paralytic ileus,</p>
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					hyperthermia , heat stroke, and anticholinergic intoxication syndrome (Drugs.com Staff, n.d.).
Nursing Considerations (2)	<p>“Ensure that serum liver testing has been done prior to starting therapy and at frequent intervals after that because drug may cause hepatotoxicity that could be fatal” (Jones & Bartlett Learning Staff, 2022).</p> <p>“Watch patient closely for suicidal tendencies, particularly when therapy starts and dosage changes, because depression may worsen temporarily during these</p>	<p>“Monitor for orthostatic hypotension, especially in patients with cardiac or cerebrovascular disease” (Jones & Bartlett Learning Staff, 2022).</p> <p>“Monitor patient’s blood glucose and lipid levels as ordered because drug increases the risk of hyperglycemia and hypercholesterolemia” (Jones & Bartlett Learning Staff, 2022).</p>	<p>“Watch for tardive dyskinesia (potentially irreversible involuntary movements) in patients receiving long-term therapy, especially elderly women who take large doses” (Jones & Bartlett Learning Staff, 2022).</p> <p>“Avoid stopping haloperidol abruptly unless severe adverse reaction occur, because withdrawal emergent dyskinesia may occur” (Jones & Bartlett</p>	<p>“Before starting lorazepam therapy in a patient with depression, make sure he already takes an antidepressant, because of the increased risk of suicide in patients with untreated depression” (Jones & Bartlett Learning Staff, 2022).</p> <p>“Use drug cautiously in patients with a history of alcohol or drug abuse or a personality disorder</p>	<p>“Watch for intermittent constipation and abdominal distention and pain, which may indicate onset of paralytic ileus” (Wolters Kluwer Staff, 2021).</p> <p>The use of benztropine therapy should not be stopped abruptly (Jones & Bartlett Learning Staff, 2022).</p>

	times, possibly leading to suicidal ideation" (Jones & Bartlett Learning Staff, 2022).		Learning Staff, 2022).	because of an increased risk of physical and psychological dependence" (Jones & Bartlett Learning Staff, 2022).	
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Medications Reference (1) (APA):

Drugs.com Staff. (2023a, February 22). *Divalproex sodium dosage*. Drugs.com.

[https://www.drugs.com/dosage/divalproex-sodium.html#:~:text=Therapeutic%20drug%20monitoring%3A,mL%20\(extended%2Drelease%20tablets\)](https://www.drugs.com/dosage/divalproex-sodium.html#:~:text=Therapeutic%20drug%20monitoring%3A,mL%20(extended%2Drelease%20tablets))

Drugs.com Staff. (2023b, August 3). *Benztropine dosage*. Drugs.com.

<https://www.drugs.com/dosage/benzotropine.html>

Drugs.com Staff. (2023c, August 16). *Lorazepam dosage*. Drugs.com.

<https://www.drugs.com/dosage/lorazepam.html>

Drugs.com Staff. (n.d.). *Divalproex sodium: My med list*. Drugs.com.

<https://www.drugs.com/mednotes/#/profile/1142086/drug/9424319>

Jones & Bartlett Learning Staff. (2022). *2023 Nurse’s drug handbook* (22nd ed.). Jones & Bartlett Learning.

University of Iowa Department of Pathology Staff. (2021, February 2). *Haloperidol drug level*.

University of Iowa Healthcare.

https://www.healthcare.uiowa.edu/path_handbook/handbook/test928.html

University of Iowa Department of Pathology Staff. (2019, February 12). *Risperidone drug level*.

University of Iowa Healthcare.

https://www.healthcare.uiowa.edu/path_handbook/handbook/test2493.html

Wolters Kluwer Staff. (2021). *Nursing 2022 drug handbook* (42nd ed.). Wolters Kluwer.

Mental Status Exam Findings (20 points)

<p>APPEARANCE: The client appeared well-groomed and in hospital attire. The client had some stubble and said he prefers to shave since he identifies as a female but hasn't gotten a chance to shave since being in the hospital. She admitted to showering regularly.</p> <p>Behavior: The client exhibited signs of elation followed by signs of regression throughout the interview.</p> <p>Build: Thin and petite</p> <p>Attitude: Normal</p> <p>Speech: The client's speech was coherent and normal but would also verge on tangential at times going on a rant.</p> <p>Mood: The client described her mood as good, by giving me a "thumbs up" as her answer.</p> <p>Affect: Labile</p>	
<p>MAIN THOUGHT CONTENT:</p> <p>Ideations: No ideations were stated.</p> <p>Delusions: The client reported no delusions. Throughout the interview though, the client made certain comments that made it seem like she was delusional.</p> <p>Illusions: No illusions were conveyed.</p> <p>Obsessions: No obsessions were mentioned.</p> <p>Compulsions: The client frequently picks at her clothing.</p> <p>Phobias: "The shower" Client elaborated and said the shower reminds her of when she was sexually assaulted.</p>	

<p>ORIENTATION: Sensorium: The client exhibited a full level of consciousness. Alert and oriented to person, place, time, and situation. Thought Content: Flight of ideas</p>	
<p>MEMORY: Remote: The client has displayed adequate recall and memory. Long-term and short-term memory seem to be normal and intact.</p>	
<p>REASONING: Judgment: Fair Calculations: Calculation of the client was not assessed. The interviewer was unaware of the meaning of calculations at the time of interview. Intelligence: The client demonstrated normal intelligence for her age. Abstraction: The client demonstrated her ability to communicate and understand concepts and topics I was asking of her. Impulse Control: The client stated her impulse control is “okay”. She admitted that when she gets annoyed by someone it is difficult for her to not “go off on them,” verbally that is.</p>	
<p>INSIGHT: Fair</p>	
<p>GAIT: Balanced and normal Assistive Devices: None Posture: Decent Muscle Tone: Average Strength: Normal Motor Movements: The client’s motor movements are normal other than the sporadic fainting spells she demonstrated. She would be passed out for maybe five seconds and then wake back up and said, “sorry I just dissociated”.</p>	

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
8:47am	87 bpm	91/57 mm Hg	16 bpm	97.7 F	100%
6:30pm	101 bpm	128/87 mm Hg	18 bpm	97.8 F	98%

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
8:47am	Numerical	No pain reported	0	None	None
6:30pm	Numerical	Lower posterior part of head	2	Pulsating; Dull	Therapeutic communication; distraction

Dietary Data (2 points)

Dietary Intake	
Percentage of Meal Consumed: 100% Breakfast: 100% Lunch: 100% Dinner: N/A	Oral Fluid Intake with Meals (in mL): 960 mL Breakfast: Coffee, orange juice, water totaling 720 mL Lunch: Water totaling 240 mL Dinner: N/A

Discharge Planning (4 points)

Discharge Plans (Yours for the client):

The client had no definitive plan for discharge at the time of our interview. OSF staff had been having conversations with the client about possibly participating in a rehabilitation program for her substance use. OSF staff had mentioned how the client’s grandfather was in favor of the client going to a rehabilitation program. At the time of the interview, the grandfather was unsure if he would allow the client to return home. According to OSF staff, the grandfather would feel more confident and comfortable allowing the client to return home if she participated in the program first. If the client could return to her grandfather’s house, there would be no specific equipment needed other than possibly a pill organizer. The only health care needs she will require are properly taking her medication when ordered to by the provider and maybe transportation from her grandfather to doctor’s appointments. The client must take all medication as ordered and follow up with her provider as needed. She should report any adverse reactions or concerns about the medication. During discharge from OSF, she should be educated on the signs and symptoms of bipolar disorder, type 1, and be able to identify when she goes into a manic episode. The client should be educated on what food or beverages to avoid while on her medications. The client also needs to be educated on why it is vital to abstain from using any drugs or alcohol while on her medications. Educate the patient on the importance of maintaining a healthy diet, exercising, lowering their stress level, and getting enough sleep.

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” 	<p>Rational</p> <ul style="list-style-type: none"> • Explain why the nursing diagnosis was 	<p>Immediate Interventions (At admission)</p>	<p>Intermediate Interventions (During hospitalization)</p>	<p>Community Interventions (Prior to discharge)</p>
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<p>and “as evidenced by” components</p>	<p>chosen</p>			
<p>1. Risk for suicide related to substance misuse as evidenced by delta8 causing psychosis.</p>	<p>This client admitted to using delta8 which has been known to lead to psychosis. This client can be thrown into a manic episode with psychosis which increases her chance of suicide.</p>	<p>1. “Perform a risk assessment for possible suicidality on admission to the hospital and thereafter during hospitalization ” (Ackley et al., 2021). 2. “Search the newly hospitalized client and the client’s personal belongings for weapons or potential weapons and hoarded medications during the inpatient admission procedure, as appropriate. Remove dangerous items” (Ackley et al., 2021). 3. “Refer for mental health counseling and possible hospitalization if evidence of suicidal intent exists, which may include evidence of preparatory</p>	<p>1. “Determine client’s need for supervision and assign a hospitalized client to a room located near the nursing station” (Ackley et al., 2021). 2. “Observe, record, and report any changes in mood or behavior that may signify increasing suicide risk and document results of regular surveillance checks” (Ackley et al., 2021). 3. “Verify that the client has taken medications as ordered (e.g., conduct mouth checks after medication administration) ” (Ackley et al., 2021).</p>	<p>1. “Before discharge from the hospital, ensure that the client has a supply of ordered medications, has a plan for outpatient follow-up, understands the plan or has a caregiver able and willing to follow the plan, and has the ability to access outpatient treatment” (Ackley et al., 2021). 2. “Discuss plans for dealing with suicidal ideation in the future (e.g., how to identify precipitating factors who to contact, where to go for help, and how to respond to desire for self-harm)” (Ackley et al.,</p>

		<p>actions” (Ackley et al., 2021).</p>		<p>2021). 3. “Refer family members and friends to local mental health agencies and crisis intervention centers if the client has suicidal ideation or a suspicion of suicidal thoughts exist” (Ackley et al., 2021).</p>
<p>2. Risk for self-neglect related to substance misuse.</p>	<p>The client admitted she actively participates in smoking the substance called, delta8 which can lead to psychosis.</p>	<p>1. “Monitor persons with substance abuse problems (i.e., drugs, alcohol, smoking) for adequate safety” (Ackley et al., 2021). 2. “Monitor individuals with acute or chronic mental and physical illness for defining characteristics for self-neglect” (Ackley et al., 2021). 3. “Assess patient with complex health issues for adequate coping abilities” (Phelps, 2022).</p>	<p>1. “Teach strategies to enhance adherence to medication and other health regimens” (Phelps, 2022). 2. “Use behavioral modification as appropriate to bring about client changes that lead to improvement in personal hygiene, environmental hygiene, and adherence to medical regimen” (Ackley et al., 2021). 3. “Involve patient’s family in care activities as appropriate to improve the chance that the patient will</p>	<p>1. “Refer persons with failing self-care to appropriate specialists (e.g., psychologist, psychiatrist, social worker) and therapists (e.g., physical therapy, occupational therapy)” (Ackley et al., 2021). 2. “Assist individuals with reconnecting with family, friends, and other social networks</p>

			incorporate recommended regimens into lifestyle as long-term choice” (Phelps, 2022).	available to them” (Ackley et al., 2021). 3. “Encourage patient to identify internally motivating factors for adhering to health regimens” (Phelps, 2022).
3. Risk for social isolation related to expressed disrespect from others as evidenced by personal experiences with others due to her gender identity.	The client has admitted that she avoids certain social situations because people can be rude to her since she identifies as a non-binary individual.	1. “Discuss/assess causes of perceived or actual isolation” (Ackley et al., 2021). 2. “Allow the client opportunities to describe his or her daily life and to introduce any issues that may be of concern” (Ackley et al., 2021). 3. “Observe to barriers to social interaction” (Ackley et al., 2021).	1. “Establish a therapeutic relationship with the client” (Ackley et al., 2021). 2. “Promote social interactions” (Ackley et al., 2021). 3. “Assist the client in identifying specific health and social problems and involve him or her in their resolution” (Ackley et al., 2021).	1. “Refer clients and caregivers to support groups as necessary” (Ackley et al., 2021). 2. “Encourage interactions with others with similar interests” (Ackley et al., 2021). 3. “Identify available support systems and involve those individuals in the client’s care” (Ackley et al., 2021).

Other References (APA):

Ackley, B. J., Ladwig, G. B., Ladwig, G. B., Makic, M. B. F., Martinez-Kratz, M., & Zanotti, M.

(2021). *Nursing diagnosis handbook: An evidence-based guide to planning care* (12th ed.). Elsevier.

Phelps, L. L. (2022). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

- The patient was admitted to the hospital for being in a manic state.
- The patient has been diagnosed with bipolar disorder, type one.
- History of substance use (delta8)
- The client periodically passed out during the interview and would wake back up stating, "sorry I just dissociated".
- The client stated that she has never attempted suicide before, but she stated, "I have thought about suicide, just never actually did it".
- The client admitted to avoiding social situations due to experience of disrespectful comments being made to her due to her gender identity.

Nursing Diagnosis/Outcomes

1. Risk for suicide related to substance misuse as evidenced by delta8 causing psychosis.
 - a. The patient will not harm self.
2. Risk for self-neglect related to substance misuse.
 - a. Increase safety of the client.
3. Risk for social isolation related to expressed disrespect from others as evidenced by personal experiences with others due to her gender identity.
 - a. Identify feelings of isolation.

Objective Data

- Vitals**
- Heart Rate: 101 bpm
 - Blood Pressure: 128/87
 - Respiration Rate: 18 bpm
 - Temperature: 97.8 °F
 - Oxygen Saturation: 98%

The client had no labs or diagnostic tests to report. Her vitals including HR and BP were a tad high. The client demonstrated an elated behavior following a regressed behavior. The client would periodically pass out for about 5 seconds during the interview and then reawaken.

Patient Information

On November 5, 2023, a 26-year-old white, male to female transgender was admitted to OSF Heart of Mary because she was exhibiting signs of a manic episode. The client's grandfather called for EMS to transport her to the hospital. The client has a history of drug abuse and has been diagnosed with bipolar disorder type 1.

Nursing Interventions

- Nursing Diagnosis 1**
1. "Perform a risk assessment for possible suicidality on admission to the hospital and thereafter during hospitalization" (Ackley et al., 2021).
 2. "Search the newly hospitalized client and the client's personal belongings for weapons or potential weapons and hoarded medications during the inpatient admission procedure, as appropriate. Remove dangerous items" (Ackley et al., 2021).
 3. "Refer for mental health counseling and possible hospitalization if evidence of suicidal intent exists, which may include evidence of preparatory actions" (Ackley et al., 2021).
- Nursing Diagnosis 2**
1. "Monitor persons with substance abuse problems (i.e., drugs, alcohol, smoking) for adequate safety" (Ackley et al., 2021).
 2. "Monitor individuals with acute or chronic mental and physical illness for defining characteristics for self-neglect" (Ackley et al., 2021).
 3. "Assess patient with complex health issues for adequate coping abilities" (Phelps, 2022).
- Nursing Diagnosis 3**
1. "Discuss/assess causes of perceived or actual isolation" (Ackley et al., 2021).
 2. "Allow the client opportunities to describe his or her daily life and to introduce any issues that may be of concern" (Ackley et al., 2021).
 3. "Observe barriers to social interaction" (Ackley et al., 2021).



