

N323 Care Plan

Lakeview College of Nursing

Professor Irelan

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Demographics (3 points)

Date of Admission 11/07/2023	Patient Initials JC	Age 26	Gender Biological Female, transitioning to male
Race/Ethnicity African American	Occupation Holiday Inn employee	Marital Status Single	Allergies No allergies
Code Status Full Code	Observation Status Voluntary	Height 5'7	Weight 150 lbs (68 kg)

Medical History (5 Points)

Past Medical History: Asthma, fragile x syndrome

Significant Psychiatric History: depression, anxiety, panic attacks, nightmares, bipolar disorder

Family History: anxiety, depression, bipolar disorder

Social History (tobacco/alcohol/drugs): does not use tobacco, uses marijuana, drinks 2 beers per week

Living Situation: Lives independently with a roommate

Strengths: Upfront, good work ethic

Support System: Mom, sister, Simon (friend), Sarah (friend), online support groups

Admission Assessment

Chief Complaint (2 points): Patient complained of experiencing severe panic attacks which he could not control on his own and dreading each day.

Contributing Factors (10 points): Stressor within the patient's life leading to suicidal ideations

Factors that lead to admission: Stress resulting from work as the patient was to train employees who speak a different language than his own, his mother being sick, his sister fighting a legal battle, his friend was diagnosed with cancer.

History of suicide attempts: 2 previous attempts

Primary Diagnosis on Admission (2 points): Suicidal ideations

Psychosocial Assessment (30 points)

History of Trauma				
No lifetime experience: The patient has experienced sexual and emotional abuse.				
Witness of trauma/abuse: The patient has experienced a traumatic natural disaster and loss.				
	Current	Past (what age)	Secondary Trauma (response that comes from caring for another person with trauma)	Describe
Physical Abuse	No	N/a	N/a	N/a
Sexual Abuse	Yes	2016, 14 years old	N/a	The patient's older friend touched him inappropriately.
Emotional Abuse	Yes	Throughout childhood	N/a	The patient's father was verbally abusive.
Neglect	No	N/a	N/a	N/a
Exploitation	No	N/a	N/a	N/a
Crime	No	N/a	N/a	N/a
Military	No	N/a	N/a	N/a

Natural Disaster	Yes	12 years old	N/a	Tornado: the patient had to evacuate his home
Loss	Yes	2016, 14 years old, 2021, 19 years old		In 2016 the patient's childhood dog passed away, unrelated paternal figure passed away, uncle passed away in 2021.
Other	No	N/a	N/a	N/a

Presenting Problems

Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)
Depressed or sad mood	Yes	No	The sadness was not very intense but through talking with the patient, I was able to tell he was sad. The patient also claimed he was depressed and sad.
Loss of energy or interest in activities/school	Yes	No	The patient states he "was not someone who did well or liked

			school”.
Deterioration in hygiene and/or grooming	Yes	No	The patient explains that he sometimes finds it challenging to shower due to body dysmorphia and lack of motivation and energy. The patient also states that he is particular about how his routine must be in order to take a shower. The patient states that the lights must be off for him to take a shower due to his body dysmorphia.
Social withdrawal or isolation	Yes	No	The patient claims he frequently and intensely isolates himself from others when he feels depressed.
Difficulties with home, school, work, relationships, or responsibilities	Yes	No	In home life, the patient struggles to keep the house clean. He also reports that he sometimes struggles to clean his living space and take care of other responsibilities such as

			grocery shopping. The patient claims he will become unresponsive and will cross boundaries in relationships.
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in numbers of hours/night	Yes	No	The patient claims to constantly get 5 hours of sleep per night.
Difficulty falling asleep	Yes	No	The patient stated that he does not have difficulty falling asleep.
Frequently awakening during night	Yes	No	The patient reports waking up at least once per night.
Early morning awakenings	Yes	No	Although not necessarily abnormal, the patient wakes up early for work.
Nightmares/dreams	Yes	No	The patient reports having nightmares. The patient reports sometimes taking melatonin which increases his likelihood of having nightmares.
Other	Yes	No	The patient reports having night sweats occasionally.
Eating Habits	Presenting?		Describe (frequency, intensity, duration, occurrence)

Changes in eating habits: overeating/loss of appetite	Yes	No	The patient reports experiencing low appetite.
Binge eating and/or purging	Yes	No	The patient reports an eating disorder beginning in middle school.
Unexplained weight loss? Amount of weight change:	Yes 5 lbs.	No	The patient reports that he sometimes experiences a fluctuation in weight and is unsure why. He suspects it could be from his low appetite.
Use of laxatives or excessive exercise	Yes	No	The patient has used laxatives for bowel issues but denies misusing laxatives or exercising excessively.
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)
Anxiety behaviors (pacing, tremors, etc.)	Yes	No	The patient reports experiencing anxiety attacks, shaking, hyperventilating, and being paranoid. I observe the patient tapping his leg and constantly touching his hair.
Panic attacks	Yes	No	The patient has been experiencing panic attacks for

			an unknown amount of time which have escalated within the last four months.
Obsessive/compulsive thoughts	Yes	No	The patient states that while he can identify he may display obsessive/compulsive behaviors, he cannot recall even thinking about it.
Obsessive/compulsive behaviors	Yes	No	The patient describes his showering routine to be obsessive/compulsive. He states, "I need things to be in the right order or I can't even shower".
Impact on daily living or avoidance of situations/objects due to levels of anxiety	Yes	No	The patient states his anxiety makes it extremely hard to face conflicts. He identifies avoiding any uncomfortable situations.
Rating Scale			
How would you rate your depression on a scale of 1-10?	2		
How would you rate your anxiety on a scale of 1-10?	3		
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	Language barriers at work

			have recently made it more difficult for the patient to work.
School	Yes	No	The patient is no longer in school but recalls that in high school he intensely disliked school.
Family	Yes	No	The patient describes that his mother's poor health and sister's custody battle have both become intense stressors for him recently.
Legal	Yes	No	
Social	Yes	No	The patient explains that his friends have been having issues with his behaviors which stress him out. The patient goes into detail about how this situation and it is clearly upsetting him.
Financial	Yes	No	The patient states that he is having issues with his insurance and is worried about paying for his treatment from his stay at OSF.

Other	Yes	No	
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Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient

Dates	Facility/MD/ Therapist	Inpatient/ Outpatient	Reason for Treatment	Response/Outcome
The patient had a one day stay at Carle’s Mental Health Unit last year.	Inpatient Outpatient Other:	Inpatient	Suicide attempt	No improvement Some improvement Significant improvement
	Inpatient Outpatient Other:			No improvement Some improvement Significant improvement
	Inpatient Outpatient Other:			No improvement Some improvement Significant improvement

Personal/Family History

Who lives with you?	Age	Relationship	Do they use substances?	
Roommate	34	Friends	Yes	No
			Yes	No
			Yes	No

			Yes	No
			Yes	No
<p>If yes to any substance use, explain: The patient’s roommate uses marijuana. The patient claims that since he uses marijuana more than his roommate, it does not poorly impact him.</p>				
<p>Children (age and gender): None</p> <p>Who are children with now? N/a</p>				
<p>Household dysfunction, including separation/divorce/death/incarceration: No</p>				
<p>Current relationship problems: None</p> <p>Number of marriages: None</p>				
Sexual Orientation: Bisexual	Is client sexually active? Yes No		Does client practice safe sex? Yes No	
<p>Please describe your religious values, beliefs, spirituality and/or preference: The patient is not religious but is loosely spiritual and would like to explore that further in the future.</p>				
<p>Ethnic/cultural factors/traditions/current activity: None</p> <p>Describe: The patient states he does not hold any or participate in any ethnic/cultural factors, traditions, or activities.</p>				
<p>Current/Past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): The patient has not experienced this firsthand but has witnessed his sister be visited by case workers in her home in reference to her child (the patient’s niece).</p>				
<p>How can your family/support system participate in your treatment and care? The patient claims his family has been very supportive of him and do so by offering emotional support.</p>				
<p>Client raised by:</p> <p>Natural parents</p> <p>Grandparents</p> <p>Adoptive parents</p> <p>Foster parents</p> <p>Other (describe):</p>				

<p>Significant childhood issues impacting current illness: The patient reports being bullied but claims it does not currently affect his mental health.</p>
<p>Atmosphere of childhood home:</p> <p>Loving Comfortable Chaotic Abusive Supportive Other:</p>
<p>Self-Care:</p> <p>Independent Assisted Total Care</p>
<p>Family History of Mental Illness (diagnosis/suicide/relation/etc.) Bipolar disorder, anxiety, and depression in his mother and sister.</p>
<p>History of Substance Use: Marijuana use every other day for the past few years. Ecstasy use twice last year.</p>
<p>Education History:</p> <p>Grade school High school College Other:</p>
<p>Reading Skills: The patient is dyslexic.</p> <p>Yes No Limited</p>
<p>Primary Language: English</p>
<p>Problems in school: The patient experienced struggling in high school, particularly in English. The patient claims he was not yet diagnosed with dyslexia and failed English three</p>

times.
Discharge
Client goals for treatment: The client’s goals include to not worry about situations that are out of his control. The client also aims to be a better friend who does not ignore boundaries. The patient would also like to focus more on himself.
Where will client go when discharged? CRC

Outpatient Resources (15 points)

Resource	Rationale
1. 988 suicide and crisis hotline	1. The patient has two previous suicide attempts and reports current suicidal ideation. This hotline could be a good resource for him when these thoughts occur.
2. The Trevor Project (The Trevor Project, 2023).	2. The Trevor Project is a resource for members of the LGBTQ+ community who are struggling with suicidal thoughts. Their website has chat, call, and messaging options for their visitors. Giving this resource to the patient could be effective (The Trevor Project, 2023).
3. ComPsych Support number Call 833-955-3400 (Illinois Department of Central Management Service, 2023).	3. This number could also be beneficial for the patient to have. The aim of this program is to help people struggling with relationship

	and marital conflicts, stress, anxiety, financial questions, and depression. This patient is struggling with stress, anxiety, depression, and financial questions.
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Current Medications (10 points)

Complete all of your client’s psychiatric medications

Brand/Generic	Albuterol	ARIPiprazole (Ambilify)	Beclomethasone	Benztropine (Cogentin)	Testosterone cypionate (Depo-testosterone)
Dose	2.5 mg	5 mg tablet	2 puffs	2 mg tablet	200 mg/mL
Frequency	1-2 puffs every 6 hours prn	daily	Every 12 hours	2 times daily prn	Every 7 days
Route	Oral inhalation	oral	Orla inhalation	oral	Subcutaneous
Classification	bronchodilator	Antitypical antipsychotic	corticosteroid	Anticholinergic antiparkinson agents	Androgens and anabolic steroids
Mechanism of Action	Albuterol aids in asthma relief. “Albuterol is an inhaled short-acting beta-2 agonist that stimulates beta-2 receptors on the surface of airway smooth muscle. The increased sympathetic tone causes the relaxation of airway smooth muscle, which causes dilation of the bronchi	It lowers dopamine neuronal firing at high dopamine concentrations and increases dopamine firing at low concentrations. Its partial agonist activity gives aripiprazole an intermediate level of dopaminergic neuronal tone between full	Beclomethasone dipropionate works by attenuating the inflammatory responses associated with asthma, allergic rhinitis, nasal polyps, and corticosteroid-responsive dermatoses. It suppresses the actions of inflammatory cells, such as mast cells, eosinophils,	Benzotropine antagonizes acetylcholine and histamine receptors. In the CNS and smooth muscles, benztropine exerts its action by competing with acetylcholine at muscarinic receptors. Consequently, it reduces central cholinergic effects by blocking muscarinic receptors that	Testosterone and its androgenic metabolite, dihydrotestosterone, exert biological effects directly through binding to the androgen receptor and indirectly through aromatization of testosterone to estradiol, which allows action via binding to the estrogen receptor (ER) (Handelsman, 2020).”

	and bronchioles, reducing airway resistance (Hurley & Hensley, 2022).”	agonist and antagonist of the D2 receptor (Drug Bank Online, 2023).”	basophils, lymphocytes, macrophages, and neutrophils (Drug Bank, 2023).”	appear to improve the symptoms of Parkinson disease (Ahuja & Abdijadid, 2022).”	
Therapeutic Uses	Treats shortness of breath associated with asthma.	Used to treat Major depressive disorder (Drugs.com).	Prevention of asthma attacks	Movement disorders (Drugs.com).	Increase the amount of testosterone in the patient’s body, causing a deeper voice, increase in muscle size and strength, appearance of facial hair and more (Harvard Health Publishing, 2023).
Therapeutic Range (if applicable)	2.5 mg 3-4 x per day as needed (Mayo Clinic, 2023).	10 – 30 mg daily (Mayo Clinic, 2023).	2 puffs 2 times daily (40-80 mcg) (Mayo Clinic, 2023).	0.5 mg – 6 mg (Ahuja & Abdijadid, 2022).	350 to 750 ng/dL (Mayo Clinic, 2023).
Reason Client Taking	Asthma symptoms such as shortness of breath	To treat depression	Asthma	Treatment of uncontrolled movement	The client is transitioning from female to male
Contraindications (2)	Albuterol is contraindicated in someone with diabetes or heart disease (Mayo Clinic, 2023).	ARIPiprazole is contraindicated in patients with heart disease or heart failure (Mayo Clinic, 2023).	Beclomethasone is contraindicated in patients with acute bronchospasm and glaucoma (Mayo Clinic, 2023).	Benzotropine is contraindicated in patients with bladder obstructions or tachycardia (Ahuja & Abdijadid, 2022).	Testosterone is contraindicated in patients who have a history of breast cancer and in men planning fertility (Sizar & Pico, 2022).
Side Effects/Adverse Reactions (2)	Side effects may include shakiness in the legs, arms, hands, or feet, trembling of the hands and feet, fast or bounding pulses (Drugs.com).	Side effects may include severe agitation, distress, restlessness, twitching, seizure, mask-like appearance of the face, trouble swallowing, dizziness, drowsiness, etc. (Drugs.com).	Side effects may include allergic reaction, hives, dyspnea, swelling of the lips, face, tongue, and throat (Drugs.com)	Side effects may include: “abdominal cramps, aggressive or violent behavior, forgetfulness, burning or pain with urination, confusion, constipation, decreased frequency and volume of urine, diarrhea, dry mouth, dizziness, vomiting, etc (Drugs.com)”	Side effects may include chest pain or pressure, swelling of the ankles or feet, sudden cough, wheezing, rapid breathing, coughing up blood, nausea, vomiting, changes in skin color, stomach pain, constipation, etc. (Drugs.com)
Medication/Food Interactions	Albuterol interacts with bupropion which can increase blood pressure (Drugs.com).	Alcohol interacts with ARIPiprazole resulting in a possible increase of the nervous system side	Beclomethasone interacts with albuterol by introducing risk of additive hypokalemic effects	Benzotropine interacts with ketamine. “Using ketamine together with benzotropine may increase side effects such as	Testosterone interacts with DHEA (dehydroepiandrosterone) which may increase the side effects of the medication (Drugs.com). Testosterone also interacts

	<p>Albuterol interacts with foods that lead to high blood pressure such as salt, fried foods, and deli meats. “Adrenergic bronchodilators can stimulate cardiovascular beta- 1 and beta- 2 receptors, resulting in adverse effects such as tachycardia, palpitation, peripheral vasodilation, blood pressure changes, and ECG changes (Drugs.com).”</p>	<p>effects such as dizziness, drowsiness, and difficulty concentrating (Drugs.com). ARIPiprazole also interacts with benztropine increasing the likelihood of experiencing “bladder problems, dry mouth, stomach pain, fever, blurred vision, confusion, dizziness, or reduced heart rate (Drugs.com).”</p>	<p>(Drugs.com).</p>	<p>dizziness, drowsiness, confusion, difficulty concentrating, excessive sedation, and respiratory depression (Drugs.com).” Benztropine interacts with alcohol to increase drowsiness and dizziness (Drugs.com).</p>	<p>with Synthroid (levothyroxine) which may induce hyperthyroidism (Drugs.com). Foods high in cholesterol interact with testosterone by lowering HDL and raising LDL (Drugs.com).</p>
<p>Nursing Considerations (2)</p>	<p>When the patient is taking albuterol, the nurse should monitor lung sounds and monitor for infection related to inhalation with inhaler.</p>	<p>When the patient is taking ARIPiprazole, the nurse should inquire about the patient’s mental status and monitor for changes in mood.</p>	<p>When the patient is taking Beclomethasone, the nurse should monitor for dyspnea and rash (Mayo Clinic, 2023).</p>	<p>When the patient is taking benztropine the nurse should monitor for intake and output as well as any difficulty urinating.</p>	<p>When the patient is taking Testosterone cypionate, the nurse should ensure the patient is not pregnant and educate the patient on the risks associated with Testosterone cypionate such as the masculine effects and changes in libido.</p>

Brand/Generic					
Dose					
Frequency					
Route					

Classification					
Mechanism of Action					
Therapeutic Uses					
Therapeutic Range (if applicable)					
Reason Client Taking					
Contraindications (2)					
Side Effects/Adverse Reactions (2)					
Medication/Food Interactions					
Nursing Considerations (2)					

Mental Status Exam Findings (20 points)

<p>APPEARANCE: Behavior: Build: Attitude: Speech: Interpersonal style: Mood: Affect:</p>	<p>Patient appears not well-groomed. The patient was fidgeting constantly throughout our interaction. The patient stayed on track during our conversation and displayed a normal speech pattern. The patient does not appear to be disoriented. The patient displayed a positive attitude throughout our interaction. The patient’s interpersonal style seems to be verbal</p>
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	communication. The patient mood was set by anxiety as evidenced by the clear signs of worry and dread. The patient was anxious.
MAIN THOUGHT CONTENT: Ideations: Delusions: Illusions: Obsessions: Compulsions: Phobias:	The patient reported suicidal ideations. The patient does not have any delusions or illusions. The patient claims to have obsessions and compulsions surrounding the act of showering. He claims this due to his sensitivity and particularness about showering. This patient expresses he has ttophobia which is a characterized by a fear of numerous holes.
ORIENTATION: Sensorium: Thought Content:	Patient was A&O x4. The patient’s thought content is unalarming as he does not display flight of ideas, word salad, etc. The patient reports his sensorium to be normal. .
MEMORY: Remote:	Both long term and short-term memory seem to be intact. The patient expressed his long-term memory may be better than his short-term memory. No memory issues were assessed.
REASONING: Judgment: Calculations: Intelligence: Abstraction: Impulse Control:	The patient’s reasoning and judgement appears to be intact as assessed by a hypothetical scenario. The level of intelligence for the patient’s age seems to be slightly below average. Calculations were intact. Abstract was lacking.
INSIGHT:	Insight was observed to be above average.
GAIT: Assistive Devices: Posture: Muscle Tone: Strength: Motor Movements:	The patient had no assistive devices. The patient maintained a casual posture during our conversations. Muscle tone, strength, and motor movement was appropriate for age and height.

Vital Signs, 2 sets (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
11/09/2023	57	116/54	20	98.9	100

0849					
11/10/2023	63	124/73	19	98.8	98
0700					

Pain Assessment, 2 sets (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
11 am	2	Headache located in the front of the skull, across the forehead.	Not severe	Pressure	Slept
3 pm	2	Stomachache located over all abdominal quadrants.	Not severe	Clenching	None

Dietary Data (2 points)

Dietary Intake	
<p>Percentage of Meal Consumed: 85%</p> <p>Breakfast: Eggs</p> <p>Lunch: Burger, four pieces of pizza, French fries</p> <p>Dinner: N/a</p>	<p>Oral Fluid Intake with Meals (in mL)</p> <p>Breakfast: 240 mL Orange Juice</p> <p>Lunch: 240 mL Sierra Mist</p> <p>Dinner: N/a</p>

Discharge Planning (4 points)

Discharge Plans (Yours for the client): The patient plans on continuing his treatment at CRC immediately following his discharge. He will be offered a bed to stay there and claims this treatment facility will not charge him any money. The client is hopeful about his treatment and

exemplifies trust for the professionals who provide him care. The patient hopes to make amends with his friends and focus on himself following his discharge from CRC.

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 evidenced by” components	Rational • Explain why the nursing diagnosis was chosen	Immediate Interventions (At admission)	Intermediate Interventions (During hospitalization)	Community Interventions (Prior to discharge)
<ol style="list-style-type: none"> Client is at risk for suicide related to stress as evidenced by suicidal ideations expressed by the client. 	This nursing diagnosis was chosen because the patient’s safety is the top priority. The patient is currently at risk for an unsafe behavior.	<ol style="list-style-type: none"> Client’s rights are restricted for their own safety. Client’s rights to their personal belongings are suspended. A provider assesses the patient and determines the best course of action is to admit the patient to the mental health unit. Suicide risk assessment. 	<ol style="list-style-type: none"> Q15 minute checks. Client interviews with provider. Hosting group for all patients on the unit daily. 	<ol style="list-style-type: none"> Relocation to CRC (crisis response center). Suicide hotline number provided. Referral to the Trevor Project website.

<p>2. The patient is at risk for self-harm related to depression as evidenced by patient stating he is depressed and may be better off after hurting himself.</p>	<p>This nursing diagnosis was chosen because a nurse’s goal is that no harm come to the patient.</p>	<p>1. Client’s rights are restricted for their own safety. Client’s rights to their personal belonging are suspended.</p> <p>2. A provider assesses the patient and determines the best course of action is to admit the patient to the mental health unit.</p> <p>3. PHQ-9 assessment.</p>	<p>1. Q- 15-minute checks.</p> <p>2. Client interviews with the provider.</p> <p>3. Hosting group for all patients on the unit daily.</p>	<p>1. Assess the patient’s rating of their depression.</p> <p>2. Referral to the Trevor Project website.</p> <p>3. Talk with the patient about their support system.</p>
<p>3. The patient is at risk for ineffective coping related to anxiety as evidenced by the patient expresses concerns about transitioning from a care facility to home.</p>	<p>“The transition from acute mental health inpatient to community care is often a vulnerable period in the pathway, where people can experience additional risks and anxiety (Tyler, Wright & Warning, 2019).”</p>	<p>1. A provider assesses the patient and determines the best course of action is to admit the patient to the mental health unit.</p> <p>2. Assess the patient’s report of their home life and social life.</p> <p>3. Assess the patient’s rating of their anxiety.</p>	<p>1. The healthcare team must determine if the patient requires more treatment.</p> <p>2. Client interviews with the provider.</p> <p>3. Hosting group for all patients on the unit daily.</p>	<p>1. Explore what goals the patient has for after their discharge.</p> <p>2. Talk with the patient about their support system.</p> <p>3. financial person</p>

Other References (APA):

Ahuja, A., & Abdijadid, S. (2022). *Benzotropine*. National Library of Medicine.

<https://www.ncbi.nlm.nih.gov/books/NBK560633/#:~:text=Benztropine%20therapy%20may%20start%20with,obtained%20without%20excessive%20adverse%20reactions>

Drug Bank Online. (2023). *Aripiprazole*. DrugBank Online | Database for Drug and Drug Target Info.

<https://go.drugbank.com/drugs/DB01238>

Drug Bank Online. (2023). *Beclomethasone dipropionate*. DrugBank Online | Database for Drug and Drug Target Info.

<https://go.drugbank.com/drugs/DB00394>

Drugs.com. (2022). *Albuterol inhaler: Uses, dosage & side effects*.

<https://www.drugs.com/albuterol.html>

Drugs.com. (2023). *Benztropine uses, side effects & warnings*.

<https://www.drugs.com/mtm/benztropine.html>

Drugs.com. (2023). *Testosterone injection*.

<https://www.drugs.com/testosterone.html#side-effects>

Handelsman, D. J. (2020). *Androgen Physiology, Pharmacology, Use and Misuse*. National Library of Medicine. [https://www.ncbi.nlm.nih.gov/books/NBK279000/#:~:text=Testosterone%20and%20its%20androgenic%20metabolite,the%20estrogen%20receptor%20\(ER\)](https://www.ncbi.nlm.nih.gov/books/NBK279000/#:~:text=Testosterone%20and%20its%20androgenic%20metabolite,the%20estrogen%20receptor%20(ER))

Harvard Health Publishing. (2023, June 22). *Testosterone — What it does and doesn't do*.

Harvard Health.

<https://www.health.harvard.edu/staying-healthy/testosterone--what-it-does-and-doesnt-do>

Hurley, J. J., & Hensley, J. L. (2022). *Physiology, Airway Resistance*. National Library of Medicine.

<https://www.ncbi.nlm.nih.gov/books/NBK542183/#:~:text=Albuterol%20is%20an%20inhaled%20short,and%20bronchioles%2C%20reducing%20airway%20resistance>

Illinois Department of Central Management Services. (2023). *Crisis*.

<https://cms.illinois.gov/benefits/stateemployee/bewell/mental-health/crisis.html>

Mayo Clinic. (2023). *Albuterol (Inhalation Route)*.

<https://www.mayoclinic.org/drugs-supplements/albuterol-inhalation-route/proper-use/drg-20073536?p=1#:~:text=For%20prevention%20of%20bronchospasm%3A,times%20per%20day%20as%20needed>

Mayo Clinic. (2023). *Beclomethasone (Inhalation Route)*.

<https://www.mayoclinic.org/drugs-supplements/beclomethasone-inhalation-route/proper-use/drg-20113003#:~:text=received%20inhaled%20corticosteroids%3A-,Adults%20and%20children%2012%20years%20of%20age%20and%20older%E2%80%94At,mcg%20two%20times%20a%20day>

Mayo Clinic. (2023). *Aripiprazole (Oral Route)*.

<https://www.mayoclinic.org/drugs-supplements/aripiprazole-oral-route/proper-use/drg-20066890?p=1#:~:text=Adults%E2%80%94At%20first%2C%2010%20to,2%20mg%20once%20a%20day>

Mayo Clinic. (2023). *Albuterol (Inhalation route) precautions - Mayo Clinic*. Top-ranked Hospital in the Nation – Mayo Clinic.

<https://www.mayoclinic.org/drugs-supplements/albuterol-inhalation-route/precautions/drg-20073536?p=1>

Mayo Clinic. (2023). *Beclomethasone (Inhalation Route)*.

<https://www.mayoclinic.org/drugs-supplements/beclomethasone-inhalation-route/proper-use/drg-20113003#:~:text=received%20inhaled%20corticosteroids%3A-,Adults%20and%20children%2012%20years%20of%20age%20and%20older%E2%80%94At,mcg%20two%20times%20a%20day>

Medical Professionals Reference. (2023). *DEPO-TESTOSTERONE*.

<https://www.empr.com/drug/depo-testosterone/#:~:text=Depo%2Dtestosterone%20Dosage%20and%20Administration&text=Give%20by%20deep%20IM%20inj,400mg%3B%20max%20400mg%2Fmonth>

Sizar, O., & Pico, J. (2022, March 22). *Androgen replacement - StatPearls - NCBI bookshelf*. National Center for Biotechnology Information.

<https://www.ncbi.nlm.nih.gov/books/NBK534853/>

The Trevor Project. (2023). *The Trevor project*. thetrevorproject.org.

<https://www.thetrevorproject.org/get-help/>

Tyler, N., Wright, N., & Warning, J. (2019). *Interventions to improve discharge from acute adult*

mental health inpatient care to the community: systematic review and narrative synthesis.

BMC Health Services Research.

<https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-019-4658->

Concept Map (20 Points):

Subjective Data

- Two previous suicide attempts
- The patient does not use tobacco, uses marijuana, drinks 2 beers per week
- Patient has been diagnosed with anxiety, depression, and bipolar disorder.
- Patient reports a history of sexual and emotional abuse.
- Patient reports having experienced a traumatic natural disaster.
- Patient reports experiencing a traumatic loss.
- This patient expresses he has trophophobia.

Objective Data

The patient's most recent vitals are within normal range: pulse: 63, Blood Pressure: 124/73, Respirations: 19, Temperature: 98.8, Oxygen: 98

Patient Information

The patient admitted on 11/07/2023 is. A twenty-six-year-old white female transitioning to male. This patient was voluntarily admitted to the mental health unit under the primary diagnosis "suicidal ideation".

Nursing Diagnosis/Outcomes

1. Client is at risk for suicide related to stress as evidenced by suicidal ideations expressed by the client.

Patient will report little to no thoughts of suicide following their treatments.

2. The patient is at risk for self-harm related to depression as evidenced by patient stating he is depressed.

Patient will express a lower rating of depression than originally stated.

3. The patient is at risk for regression related to anxiety as evidenced by the patient expresses concerns about transitioning from a care facility to home.

The patient will express a lower rating of anxiety than originally stated

Nursing Interventions

Nursing diagnosis 1:

1. Q15 minute checks.
2. Education on the resources available to the public struggling with suicidal ideations.
3. Suicide risk assessment.

Nursing Diagnosis 2:

1. Assess the patient's rating of their depression.
2. Talk with the patient about their support system.
3. PHQ-9 assessment.

Nursing Diagnosis 3:

1. Assess the patient's report of their home life and social life.
2. Assess the patient's rating of their anxiety.
3. Explore what goals the patient has for after their discharge.

