N323 Care Plan

Lakeview College of Nursing

Tashiya Warfield

Approved: 01/02/2024

Demographics (3 points)

Date of Admission 2/7/2024	Patient Initials J.M	Age 23	Biological Gender Male
Race/Ethnicity Black/ White	Occupation Taco Bell	Marital Status Single	Gender Identity Male
Code Status Full code	Height and Weight 5’ 11’	Allergies Latex- Rash, Moderate.	Pronouns He/Him

Medical History (5 Points)

Past Medical History: Client denies any active medical conditions, none noted in chart.

Psychiatric Diagnosis: Bipolar Disorder unspecified (F31.9).

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	**Inpatient or Outpatient?**	**Reason for Treatment**
01/08/2024	Outpatient (ED)	Intentional overdose
01/12/2024	Outpatient (ED)	Depression
02/06/2024	Outpatient (ED)	Suicidal ideation
About 3 years ago, date unknown.	Inpatient (Kentucky)	Suicide attempt

Admission Assessment

Chief Complaint (2 points): Sleep deprivation, trouble falling asleep.

Contributing Factors (10 points):

- **Factors that lead to admission (address triggers and coping mechanisms if applicable):** Low motivation, sleep deprivation, bad eating habits, poor concentration, self-harm, and feeling of hopelessness.

- **Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal):** Stress of unemployment, relationship status and lack of financial stability.

Primary Diagnosis on Admission (2 points): Bipolar Disorder unspecified, depressive episode.

Psychosocial Assessment (30 points)

History of Trauma	
Screening Questions:	**Client Answer**
Do you have a history of physical, sexual, emotional, or verbal abuse?	Emotional and verbal abuse from mother and older brother.
Do you have a history of trauma secondary to military service?	N/A
Have you experienced a loss of family or friends that affected your emotional well-being?	Lost father figure to a heart attack at 17 y.o
Have you experienced any other scary or stressful event in the past that continues to bother you today?	N/A
(If the client answered no to all screening questions for history of trauma, you may skip to "Presenting Problems". If the client answered yes to any of the screening questions, complete all sections of this chart. Type N/A if not applicable.)	**(If the client answered no to all screening questions for history of trauma, you may skip to "Presenting Problems". If the client answered yes to any of the screening questions, complete all sections of this chart. Type N/A if not applicable.)**

	Current?	**Past? (what age)**	**By whom?**
Physical Abuse	No	About 10 y.o	Stabbed by older brother.
Sexual Abuse	N/A	N/A	N/A
Emotional Abuse	No	2-17 y.o	Mother and older brother.
Verbal Abuse	No	2-17 y.o	Mother and older brother.
Military	N/A	N/A	N/A
Other	N/A	N/A	N/A
Presenting Problems			

Problematic Areas	Client Answer	Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.
Do you feel down, depressed or hopeless?	Yes	About every 3-4 months, severe, lasting at least a month.
Do you feel tired or have little energy?	Yes	About every 3-4 months, severe, lasting at least a month.
Do you avoid social situations?	Yes	Recently all the time for about a year, moderate.
Do you have difficulties with home, school, work, relationships, or responsibilities	Sometimes	High irritability, violent, and lasting about a year currently.
Sleeping Patterns	**Client Answer**	**Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.**
Have you experienced a change in numbers of hours that you sleep each night?	Yes	About every night, lasting more than 3 months currently, severe, only 2-3 hours of sleep.
Do you have difficulty falling asleep?	Yes	About every night, lasting more than 3 months currently, severe, only 2-3 hours of sleep.
Do you frequently awaken during the night?	Yes	About every night, lasting more than 3 months currently, severe.
Do you have nightmares?	N/A	N/A
Are you satisfied with your sleep?	No	About every night, lasting more than 3 months currently, severe.
Eating Habits	**Client Answer**	**Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.**
Do you overeat?	Yes	Every day, moderate, lasting 5-6 months

		currently.
Do you purge after eating? **Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.**	No	N/A
Do you have not eat enough or have a loss of appetite?	N/A	N/A
Have you recently experienced unexplained weight loss? **Amount of weight change:**	N/A	N/A
Anxiety Symptoms	**Client Answer**	**Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.**
Do you pace, have tremors, or experience other symptoms of anxiety?	Yes	Every couple of days, moderate, lasting an hour. Client reports shaking, heavy chest, shallow breathing, and nervous sweats.
Do you experience panic attacks?	Yes	Not frequent, severe, for past 4 months
Do you have obsessive or compulsive thoughts?	Yes	Thought of girlfriend cheating on him. Moderate, most days.
Do you have obsessive or compulsive behaviors?	Yes	Overeating and use of alcohol and cannabis. Moderate and nearly every day.
Suicidal Ideation	**Client Answer**	**Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.**
In the past week have you wished that you were dead?	Yes	On admission, in the past, nearly every day.
Have you ever tried to	Yes	3 times previously, car crash, hanging , and

kill yourself?		overdose.
If the client answered either of the previous questions "yes", you must ask the client: **Are you having thoughts of killing yourself right know?** **(If the client says yes, you must ensure facility staff are aware)**	No	

Rating Scale	
How would you rate your depression on a scale of 1-10?	1/10
How would you rate your anxiety on a scale of 1-10?	6/10

Personal/Family History			
Who lives with you?	**Age**	**Relationship**	**Do they use alcohol or drugs?**
Girlfriend	24	Significant other	Yes, socially.
Girlfriends' daughter	8	Close person	N/A

If yes to any alcohol or drug use, explain: Drinks alcohol on special occasions.
Family Medical History: N/A, client unable to recall, none noted in chart.
Family Psychiatric History (including suicide): Mother and father have depression. Maternal aunt and grandmother has bipolar disorder and anxiety.
Family alcohol or drug use (not covered by those client lives with): Mother smokes

cannabis and drinks alcohol.

Do you have children? If yes, what are their ages? N/A

Who are your children with now?

Have you experienced parental separation or divorce, or loss/death/ or incarceration of family or friends? Yes

If yes, please tell me more about that: Biological father never in life. Father figure passed when the client was 17 y.o

Are you currently having relationship problems? Yes, client has the suspicion that his girlfriend is constantly cheating on him. This causes frequent arguments and separation.

What is your sexual orientation:	**Are you sexually active?**	**Do you practice safe sex?**
Heterosexual	Yes	No

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

Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care? N/A

Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): N/A

Whom would you consider your support system? Girlfriend, younger sister, and dog.

How can your family/support system participate in your treatment and care? Client in hesitant to ask girlfriend for support as she deals with a lot of problems on her own and has a diagnosis of bipolar disorder.

What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.) Smoking cannabis, overeating, self-harm (cutting), cooking and cleaning.

What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.)
When different problems pile up such as bills, relationship problems and poor eating habits.

Client raised by:

Natural parents: Biological mother and father figure (non-biological).
Grandparents
Adoptive parents
Foster parents
Other (describe):

Self-Care:

Independent
Assisted
Total Care

Education History:

Grade school
High school
College
Other:

Reading Skills:

Yes
No
Limited

Primary Language: English

Personal History of Substance Use

Screening Questions:

1. **Have you ever used drugs, alcohol, or nicotine?**

(If no, you may skip to "psychiatric medications".
If yes, complete all sections of this chart. Type N/A if not applicable.)

Substance	First Use and Last Use	Frequency of Use
Nicotine Products (including smoking, chewing, vaping)	**First Use:** N/A **Last Use:** N/A	N/A
Alcohol	**First Use:** Client unable to determine age. **Last Use:** 2/5/24	Nearly every day.

Prescription Medications (Recreational Use)	**First Use:** N/A **Last Use:** N/A	N/A
Marijuana	**First Use:** Client unable to determine age. **Last Use:** 2/4/24	Nearly every day
Heroin	**First Use:** N/A **Last Use:** N/A	N/A
Methamphetamine	**First Use:** N/A **Last Use:** N/A	N/A
Other: Specify	**First Use:** N/A **Last Use:** N/A	N/A

Current Psychiatric Medications (10 points)
Complete all of your client's psychiatric medications
All information listed in this section must be pertinent to your patient.

Brand/ Generic	Abilify/ ARIPiprazole	benztropine/ Cogentin	Divalproex sodium/ Depakote	haloperidol/ Haldol	hydroxyzine/ ATARAX

Dose	5mg	2mg	500mg	5mg	25mg
Frequency	Once a day	PRN	2 times daily	PRN	PRN x3 daily
Route	Oral	Oral / IM	Oral	Oral	Oral
Classification	Antipsychotics (Jones & Bartlett Learning, 2022)	Anticholinergics (Jones & Bartlett Learning, 2022)	Anticonvulsants (Jones & Bartlett Learning, 2022)	Antipsychotics (Jones & Bartlett Learning, 2022)	Antihistamines (Jones & Bartlett Learning, 2022)
Mechanism of Action	Partial dopamine agonist. (Jones & Bartlett Learning, 2022)	Blocks central cholinergic receptors. (Jones & Bartlett Learning, 2022)	Increased brain concentrations of GABA. (Jones & Bartlett Learning, 2022)	Blocking postsynaptic dopamine receptors in the brain. (Jones & Bartlett Learning, 2022)	Suppresses activity in certain essential regions of the subcortical area of the CNS. (Jones & Bartlett Learning, 2022)
Therapeutic Uses	Schizophrenia, mania, and Tourette disorder. (Frandsen & Pennington, 2020)	Transient extrapyramidal disorders, dystonic reaction, and Parkinsonism. (Frandsen & Pennington, 2020)	Simple and complex absence seizures, Mania, and to prevent migraine headache. (Frandsen & Pennington, 2020)	Schizophrenia, behavior disorders, and Tourette disorder. (Frandsen & Pennington, 2020)	Anxiety, sedation, pruritus, and nausea and vomiting. (Frandsen & Pennington, 2020)
Therapeutic Range (if applicable)	120–270 ng/ml (Jones & Bartlett Learning, 2022)	N/A	50 to 100 mcg/mL for seizure control and 50 to 125 mcg/mL for mania. (Jones & Bartlett Learning, 2022)	N/A	N/A
Reason Client Taking	Maintain stability with bipolar disorder.	Involuntary movements associated with medication side effects.	Stabilize mood swings associated with bipolar disorder.	Agitation, breakthrough mania.	Moderate to severe anxiety.
For PRN Medications ONLY: One	N/A	Monitoring the client close to watch for signs		Provide a seclusion room or area.	Provide a calm and non-stimulating

Nursing Intervention That Could Be Attempted Prior to Use of this Medication		prior to extreme movements.			environment.
Contraindications (2)	N/A	Not recommended for use in patients with tardive dyskinesia. Use cautiously in patients with prostatic hyperplasia, arrhythmias, or seizure disorders. (Frandsen & Pennington, 2020)	Contraindicated in patients with a urea cycle disorder. Contraindicated in patients with hepatic disease or significant hepatic dysfunction. (Frandsen & Pennington, 2020)	Contraindicated with clients with CNS depression and history of seizures. (Frandsen & Pennington, 2020)	Contraindicated in clients with asthma, COPD, and glaucoma. (Frandsen & Pennington, 2020)
Side Effects/Adverse Reactions (2)	Neutropenia and dystonia. (Frandsen & Pennington, 2020)	Memory impairment and dysuria. (Frandsen & Pennington, 2020)	Arrhythmia and thrombocytopenia. (Frandsen & Pennington, 2020)	Dystonia and hyponatremia. (Frandsen & Pennington, 2020)	Respiratory depression and dry mouth. (Frandsen & Pennington, 2020)
Medication/ Food Interactions	Carbamazepine, lorazepam, Ketoconazole, Metoclopramide, fluoxetine, paroxetine, quinidine, Grapefruit juice, and Alcohol use. (Frandsen & Pennington, 2020)	Amantadine, phenothiazines, donepezil, galantamine, rivastigmine, tacrine. (Frandsen & Pennington, 2020)	Aspirin, Benzodiazepines, Carbamazepine, Carbapenem antibiotics, Clonazepam, Estrogen-containing hormonal contraceptives, Ethosuximide, Lamotrigine, Phenobarbital, Propofol, Rifampin,	Anticholinergics, Antiparkinsonian drugs, Antiparkinsonian drugs, Carbamazepine, corticosteroids, diuretics, Lithium, and opioids. (Frandsen & Pennington, 2020)	Anticholinergics, QT interval–prolonging drugs, and CNS depressants. (Frandsen & Pennington, 2020)

			Rufinamide, Topiramate, Warfarin, and Zidovudine. (Frandsen & Pennington, 2020)		
Nursing Considerations (2)	Monitor patient for hyperpyrexia, muscle rigidity, altered mental status, irregular pulse, and cardiac arrhythmias. Monitor patient for signs and symptoms of tardive dyskinesia. (Frandsen & Pennington, 2020)	May aggravate tardive dyskinesia, monitor closely. Watch for intermittent constipation and abdominal distention. (Frandsen & Pennington, 2020)	Monitor for changes in behavior indicating worsening of suicidality or depression. Dose-related thrombocytopenia can occur. Monitor CBC, platelet count, PT, and INR. (Frandsen & Pennington, 2020)	Monitor patient for tardive dyskinesia, and mental status changes. (Frandsen & Pennington, 2020)	Monitor for over sedation and skin reaction involving fever, pustules, and large areas of edematous erythema. (Frandsen & Pennington, 2020)

Medications Reference (1) (APA):

Jones & Bartlett Learning . (2022). *2023 Nurse's Drug Handbook*. Jones & Bartlett Learning.

Frandsen, G., & Pennington, S. S. (2020). *Abrams' Clinical Drug Therapy* (12th ed.). Lippincott Williams & Wilkins.

Mental Status Exam Findings (25 points)

OBSERVATIONS: **Appearance (i.e.: positioning, posture, dress, grooming):** **Alertness:** **Orientation:** **Behavior:**	Well-groomed with no distress. Alert and oriented x4. Calm and appropriate behavior. Clear speech and talkative. Intense eye contact. Good attention span.

Speech: **Eye Contact:** **Attentiveness:**	
MOOD: **How is your mood today?** **Affect:** **Consistency between mood and affect?**	Tired and exhausted mood. Full affect smiles and laughs. Consistent mood and affect.
COGNITION: **Alertness:** **Orientation:** **Memory Impairment:** **Attention:**	Alert and oriented x4. No memory impairment. Good attention span replies to all questions.
MAIN THOUGHT CONTENT: **Homicidal Ideations or Suicidal Ideation:** **Delusions:** **Hallucinations:** • **Specify: Auditory, Visual, Tactile, Olfactory** **Obsessions:** **Compulsions:** **Paranoia:** **Flight of Ideas:** **Perseveration:** **Loose Association:**	Denies suicidal and homicidal ideation. Denies current delusion and hallucinations. When delusional, believes and obsessed with girlfriend cheating. Overeating compulsions. Denies ideas of flight Denies preservation and loose association.
REASONING: **Judgment (Assess by asking: If you found a wallet on the side of the road, what would you do?):** **Insight into Illness:**	Good judgment and insight into illness except manifestations of mania.
MOTOR ACTIVITY: **Assistive Devices:** **Gait:** **Abnormal Motor Activities:**	Stable and steady gait. Denies medication side effects. No use of assistive devices.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0815	70	146/85	18	97.5	97% RA

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0815	Numeric 0/10	N/A	N/A	N/A	N/A

Nursing Care (6 points)

Overview of care provided today: Medication administration, therapeutic communication, and group therapy.

Client complaints: Inadequate sleep, 100mg trazodone not working to keep him asleep.

Participation in therapy / groups: Shares and present in group. Verbalized goal: stabilize finical need.

Medication compliance today: Abilify and Depakote taken with compliance.

Behaviors exhibited today: Calm and corporative.

Discharge Planning

Discharge location: Galesburg with girlfriend.

Follow up plan: Seek help with cannabis use and Ptsd therapy.

Education needs: Healthy coping strategies, safety plan importance, effects of cannabis on mental health and physical health, and manic episode manifestations.

Nursing Diagnosis (25 points)

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

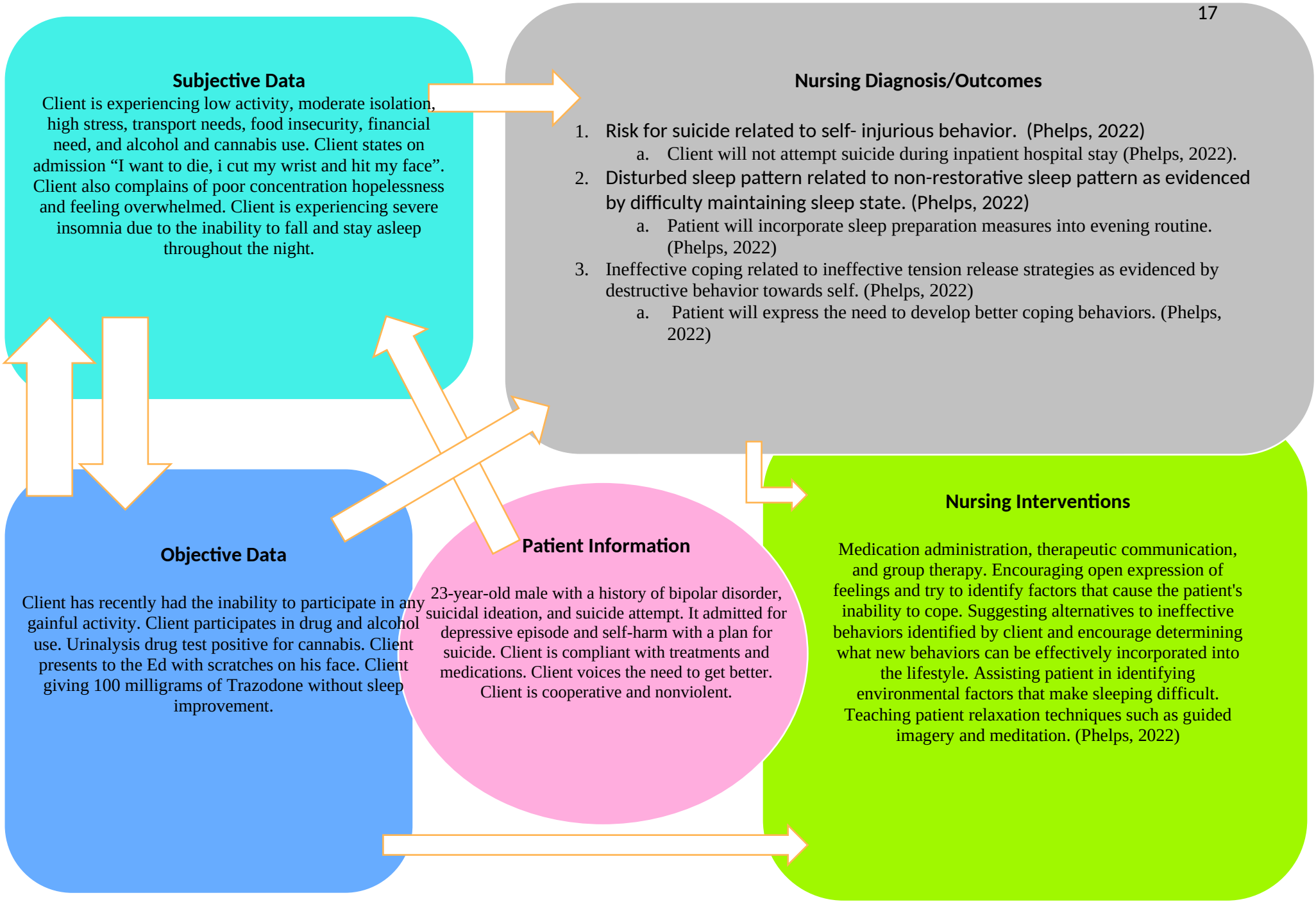
Nursing Diagnosis • Include full nursing diagnosis with "related to" and "as evidenced by" components	**Rationale** • Explain why the nursing diagnosis was chosen	**Outcome Goal (1 per diagnosis)**	**Interventions (3 per diagnosis)**	**Outpatient Resource with Rationale (1 per diagnosis)**
1. Risk for suicide related to self-injurious behavior. (Phelps, 2022)	History of suicide attempts and safety concern. (Phelps, 2022)	1.Client will not attempt suicide during inpatient hospital stay. (Phelps, 2022)	1. Initiate appropriate safety protocols by removing anything in the environment that could be used to inflict further self-harm. (Phelps, 2022) 2. Use a warm, caring, non-judgmental, manner to show unconditional positive regard. (Phelps, 2022) 3. Help patient set a long-term goal for obtaining psychiatric care. (Phelps, 2022)	1. Knox County mental health counseling. (309)-344-2225
2. Disturbed sleep pattern related to non-restorative sleep pattern as evidenced by difficulty	client's chief complaint throughout hospital stay. (Phelps, 2022)	1. Patient will incorporate sleep preparation measures into evening routine. (Phelps, 2022)	1. Assist patient in identifying environmental factors that make sleeping difficult. (Phelps, 2022) 2. Ask client what changes would help promote sleep	1. Jamie Sabo mental health counseling (309) 790-3261.

maintaining sleep state. (Phelps, 2022)			(Phelps, 2022) 3. Teach patient relaxation techniques such as guided imagery and meditation. (Phelps, 2022)	
3. Ineffective coping related to ineffective tension release strategies as evidenced by destructive behavior towards self. (Phelps, 2022)	Past coping techniques have not worked well in the past and are vital to managing mental health disorder (Phelps, 2022)	1. Patient will express the need to develop better coping behaviors. (Phelps, 2022)	1. Encourage open expression of feelings and try to identify factors that cause the patient's inability to cope. (Phelps, 2022) 2. Praise client for identifying and using effective coping techniques (Phelps, 2022) 3. Suggest alternatives to ineffective behaviors identified by client and encourage determining what new behaviors can be effectively incorporated into the lifestyle. (Phelps, 2022)	1. Crossroads life coaching 575 N. Kellogg St. Suite 4 Galesburg, IL 61401

Other References (APA):

Phelps, L. (2022). *Nursing Diagnosis Reference Manual*. Lippincott Williams & Wilkins.

Concept Map (20 Points):


Subjective Data
Client is experiencing low activity, moderate isolation, high stress, transport needs, food insecurity, financial need, and alcohol and cannabis use. Client states on admission "I want to die, i cut my wrist and hit my face". Client also complains of poor concentration hopelessness and feeling overwhelmed. Client is experiencing severe insomnia due to the inability to fall and stay asleep throughout the night.
Nursing Diagnosis/Outcomes
1. Risk for suicide related to self- injurious behavior. (Phelps, 2022)
a. Client will not attempt suicide during inpatient hospital stay (Phelps, 2022).
2. Disturbed sleep pattern related to non-restorative sleep pattern as evidenced by difficulty maintaining sleep state. (Phelps, 2022)
a. Patient will incorporate sleep preparation measures into evening routine. (Phelps, 2022)
3. Ineffective coping related to ineffective tension release strategies as evidenced by destructive behavior towards self. (Phelps, 2022)
a. Patient will express the need to develop better coping behaviors. (Phelps, 2022)
Objective Data
Client has recently had the inability to participate in any gainful activity. Client participates in drug and alcohol use. Urinalysis drug test positive for cannabis. Client presents to the Ed with scratches on his face. Client giving 100 milligrams of Trazodone without sleep improvement.
Patient Information
23-year-old male with a history of bipolar disorder, suicidal ideation, and suicide attempt. It admitted for depressive episode and self-harm with a plan for suicide. Client is compliant with treatments and medications. Client voices the need to get better. Client is cooperative and nonviolent.
Nursing Interventions
Medication administration, therapeutic communication, and group therapy. Encouraging open expression of feelings and try to identify factors that cause the patient's inability to cope. Suggesting alternatives to ineffective behaviors identified by client and encourage determining what new behaviors can be effectively incorporated into the lifestyle. Assisting patient in identifying environmental factors that make sleeping difficult. Teaching patient relaxation techniques such as guided imagery and meditation. (Phelps, 2022)