

N323 Care Plan

Lakeview College of Nursing

Tyranny Davis

Nam

Demographics (3 points)

Date of Admission 02/29/2024	Patient Initials R. J. C.	Age 49	Biological Gender Male
Race/Ethnicity White/Caucasian	Occupation Unemployed, former mechanic	Marital Status Married	Gender Identity Male
Code Status FULL code	Height and Weight 6'4" (193 cm.) 286 lbs (129.7 kg)	Allergies Divalproex sodium, ibuprofen, bleach, latex	Pronouns He/Him

Medical History (5 Points)

Past Medical History: Hypertension, obesity, osteoarthritis, R rotator cuff tear, genital warts, obstructive sleep apnea (OSA), thalamic stroke, prediabetes, kidney stones, seizures.

Psychiatric Diagnosis: Bipolar disorder

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	Inpatient or Outpatient?	Reason for Treatment
10/04/2023	Outpatient	Visual hallucinations
02/12/2024	Outpatient	Consult for suicidal ideation

Admission Assessment

Chief Complaint (2 points): Drug overdose “I tried to kill myself”

Contributing Factors (10 points):

- o **Factors that lead to admission (address triggers and coping mechanisms if applicable):** The client reports his wife having told him that she was having an affair with his nephew’s roommate who is “10 years younger than her.” The client and his wife got into an argument about the affair and the client reports feeling like he’d “be better off dead.” The client reports seeing his sons off to school the

next morning and then taking 3 doses of his blood pressure medication, and 6-7 Vicodin that he had from a previous surgery. The client's wife came home, found him, and called an ambulance. The client was then admitted to the intensive care unit for a few days, before being transferred to the unit. The client describes his depressive symptoms as having a heavy impact on his family and social life. He reports "not going out much" and "arguing with his wife," as troubles related to his diagnosis. The client is "unhappy" with the impact his mental health is having on his wife and sons. The client denies any financial or legal strain relating to the overdose and depression, and is on disability so he does not work. The client is also not enrolled in school. He describes his depression prior to the overdose as severe, and making him feel low energy and hopeless.

Primary Diagnosis on Admission (2 points): Bipolar disorder, current episode of severe depression without psychotic features.

Psychosocial Assessment (30 points)

History of Trauma	
Screening Questions:	Client Answer
Do you have a history of physical, sexual, emotional, or verbal abuse?	No
Do you have a history of trauma secondary to military service?	No
Have you experienced a loss of family or friends that affected your emotional well-being?	"I lost my step-dad, and when I was younger we didn't get along, but we got really close, and that almost broke me. I cried my eyes out."
Have you experienced any other scary or stressful event in the past that continues to	"No, I'm not even afraid of death. I've been hit by a train, had cars fall on me, been in all

bother you today?		kinds of accidents.”	
(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	No	N/A
Sexual Abuse	No	No	N/A
Emotional Abuse	No	No	N/A
Verbal Abuse	No	No	N/A
Military	No	No	N/A
Other	No	No	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	“Sometimes, but not always.” Client describes feeling depressed 2-3 times/week. Client says it lasts half the day, or all day, and is intense.	
Do you feel tired or have little energy?	Yes	“I feel that way sometimes, maybe 2 or 3 times a month. I still do stuff, though. Just feel real tired.”	
Do you avoid social situations?	Yes	“I used to play poker with my friends 7 nights a week, now I play once or twice a month. I like to be home.”	
Do you have difficulties with home, school, work, relationships, or responsibilities	No	The client declined having difficulties with relationships but based on the events that led to the admission, and on a previous admission, there is clearly difficulties at home and with his relationship with his wife, as their argument and turmoil led to feelings of hopelessness.	
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	Sometimes	“I sometimes can’t fall asleep ‘til 1 in the morning, but I still get up at 5. I like to be up when the boys are getting ready for school.” The	

sleep each night?		client reports this happening 3-4 times per week.
Do you have difficulty falling asleep?	Yes	This is almost always a problem, but it doesn't bother the client much, he reports.
Do you frequently awaken during the night?	No	"Not even a tornado can wake me up once I'm asleep. Occasionally I wake up to go to the bathroom."
Do you have nightmares?	No	N/A
Are you satisfied with your sleep?	Yes	"I sleep enough and am up to start the day."
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?	No	"Sometimes I don't feel like eating." The client reports this as a couple times a year, and usually lasts for a few days at a time.
Do you purge after eating? Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.	No	N/A
Do you ever not eat enough or have a loss of appetite?	Yes	The client reports eating one "average" sized meal at dinner, and many healthy snacks (fruit) throughout the day.
Have you recently experienced unexplained weight loss? Amount of weight change:	No	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	The client reports having leg tremors every time he lays down that "make me feel like I'm having a seizure, even though I know I'm not." The client describes this as intense and bothersome so he tries to avoid laying down.
Do you experience panic attacks?	No	N/A
Do you have obsessive or compulsive thoughts?	No	N/A

Do you have obsessive or compulsive behaviors?	No	N/A	
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	The client describes wanting to be dead when he overdosed on 2/23/2024, but not having felt that way since.	
Have you ever tried to kill yourself?	No	Other than this attempt, the client denies having made any previous suicide attempts. He reports the intense feeling of being "the black sheep," and feeling unwanted by his wife and support system.	
If the client answered either of the previous questions "yes", you must ask the client: Are you having thoughts of killing yourself right now? (If the client says yes, you must ensure facility staff are aware)	No	The client denies any current thought of killing himself, and describes hope to "return to how I used to be," and working on getting better.	
Rating Scale			
How would you rate your depression on a scale of 1-10?	"It was a 10, but today, lower. Maybe a 5."		
How would you rate your anxiety on a scale of 1-10?	"A 2 or a 3."		
Personal/Family History			
Who lives with you?	Age	Relationship	Do they use alcohol or drugs?
Laurie	40	Wife	No, but she did have a couple drinks with a friend the night we argued.
Koy	14	Son	No

Karson	12	Son	No
If yes to any alcohol or drug use, explain: The client stated that his wife doesn't typically does not drink, but did go have a couple beers at a friend's house the night before his overdose.			
Family Medical History: Client reports a family history of substance abuse (sister, father, grandfather), Diabetes (mother, maternal grandmother), multiple cancers.			
Family Psychiatric History (including suicide): Client denies any knowledge of familial psychiatric history or suicide.			
Family alcohol or drug use (not covered by those client lives with): The client reports father, step-father, and paternal grandfather abusing alcohol. Client's sister died relating to a drug overdose.			
Do you have children? If yes, what are their ages? "Yes, my boys are 12 and 14 and they are at home with my wife."			
Have you experienced parental separation or divorce, or loss/death/ or incarceration of family or friends? The client reports not remembering his biological mother and father being together, but that his mom and step-dad got a divorce when he was a teenager. The client expresses starting to drink alcohol, use nicotine, and marijuana with his step-dad around this time.			
If yes, please tell me more about that:			
Are you currently having relationship problems? Yes, the client's wife had asked for a divorce a few months ago and she cheated on him with someone else. The client stated that him and his wife are now trying to work things out.			
What is your sexual orientation: "Only women"	Are you sexually active? "Yes, every 6-7 months with my wife."	Do you practice safe sex? "Oh yes! I don't want my wife to get pregnant now. We have two boys and I'm too old for a baby."	
Please describe your religious values, beliefs, spirituality and/or preference:			
Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care? "I'm a Christian." The client reports praying daily, reading the Bible a few times a week, and talking to his Pastor frequently.			
Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS,			

probation officers, pending charges, or course dates): “No no, nothing like that.” I did see in the chart that the client and a neighbor both have restraining orders against one another.

Whom would you consider your support system? “My family, some friends, my pastor, and my big sister.”

How can your family/support system participate in your treatment and care? “They can accept me for me and be supportive of me getting better.” The client also mentioned having his sister and pastor as people to call and speak with when he feels depressed and hopeless.

What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.) The client reported going outside to punch a tree when he feels angry. We discussed some other options, such as calling a friend, taking a walk, and listening to music.

What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.) “When people call me stupid.”

Client raised by: The client describes being raised by his biological mother and father, and a step-father.

Natural parents
Grandparents
Adoptive parents
Foster parents
Other (describe):

Self-Care: The client reports being able to perform self-care tasks such as meals, bathing, oral hygiene, and laundry independently and without outside motivation or reminders.

Independent
Assisted
Total Care

Education History: The client states having finished 10th grade as his highest level of education.

Grade school
High school
College
Other:

Reading Skills: The client is able to read at an acceptable level.

Yes
No
Limited

Primary Language: English

Personal History of Substance Use		
<p>Screening Questions:</p> <p>1. <u>Have you ever used drugs, alcohol, or nicotine?</u></p> <p>(If no, you may skip to “psychiatric medications”). If yes, complete all sections of this chart. Type N/A if not applicable.)</p>		
Substance	First Use and Last Use	Frequency of Use
Nicotine Products (including smoking, chewing, vaping)	First Use: Age 15 Last Use: Stopped smoking 1/1/1995. Still uses chewing tobacco.	Client used to smoke 0.5 pack per day. Reports using chewing tobacco 2-3 times per day for 30 years.
Alcohol	First Use: Age 15 Last Use: 2/22/24	The client reports 1 beer per month.
Prescription Medications (Recreational Use)	First Use: Never Last Use:	N/A
Marijuana	First Use: Age 15 Last Use: Age 21	N/A
Heroin	First Use: Never Last Use:	N/A
Methamphetamine	First Use: Never Last Use:	N/A
Other: Specify	First Use: Never Last Use:	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.

Abilify aripiprazole	Cogentin benztropine mesylate	Haldol haloperidol	Atarax hydroxyzine hydrochloride	Trileptal oxcarbazepine
5 mg	2 mg	5 mg	50 mg	300 mg
Once daily	BID PRN	Q4hr PRN	TID PRN	BID
Oral	Oral	Oral	Oral	Oral
Atypical antipsychotic (Pharmacologic), Antipsychotic (Therapeutic)	Anticholinergic (Pharmacologic), Antiparkinsonian (Therapeutic)	Butyrophenone (Pharmacologic), Antipsychotic (Therapeutic)	Piperazine derivative (Pharmacologic) Anxiolytic (Therapeutic)	Carboxamide derivative (Pharmacologic), Anticonvulsant (Therapeutic)
Abilify works to enhance the effects of some dopamine and serotonin, and compete with another type of serotonin to decrease psychotic symptoms (NDH, 2023).	Relaxes the movements of muscles by increasing available acetylcholine when Cogentin blocks receptor sites (NDH, 2023).	Haldol inhibits the binding of dopamine to increase its production (NDH, 2023).	Atarax has sedative effects by competitively binding to histamine receptors, thereby slowing their accumulation (NDH, 2023).	Inhibits sodium from entering cells by closing sodium channels, which decreases the speed at which neurons can send impulses (NDH, 2023).
Used to treat manic episodes of Bipolar disorder without psychotic	It is used to treat the Parkinson-like movements (NDH, 2023).	Haldol helps to treat psychosis symptoms, such as the mania experienced in	Atarax is used to decrease anxiety.	Used to decrease seizure activity.

features (<i>NDH, 2023</i>).		Bipolar disorder (<i>NDH, 2023</i>).		
15-30mg daily (<i>NDH, 2023</i>)	0.5-6 mg daily (<i>NDH, 2023</i>).	0.5-5 mg 2-3 times daily (<i>NDH, 2023</i>)	50-100 mg up to 4 times daily (<i>NDH, 2023</i>)	1,200-2,400 mg daily (<i>NDH, 2023</i>)
The client has been diagnosed with Bipolar disorder and this medication is used to try to prevent an episode of mania (<i>NDH, 2023</i>).	The client experiences seizures and tremors, and this medication can be used to prevent tremor-like movements that become a side effect of other medications.	The client is diagnosed with Bipolar disorder which can have psychotic effects (<i>NDH, 2023</i>).	The client has a history of anxiety and is diagnosed with bipolar disorder for which anxiety can be a symptom.	This medication is prescribed to the client due to their history of seizures.
N/A	Prior to administering this medication, the client can guide the client through progressive muscle relaxation.	Before administering Haldol, the nurse can encourage the client to try some physical exercise as appropriate (<i>NDH, 2023</i>).	Prior to administration of Atarax, the nurse can have the client move to a quiet area with minimal stimulus.	N/A
Abilify is contraindicated in clients with kidney dysfunction and heart failure (<i>NDH, 2023</i>).	Cogentin should be used cautiously in clients with low blood pressure and constipation (<i>NDH, 2023</i>).	Haldol is contraindicated in clients diagnosed with Parkinson's and with liver impairment (<i>NDH, 2023</i>).	Atarax is contraindicated for clients with a prolonged QT interval and heart failure (<i>NDH, 2023</i>).	Trileptal is contraindicated with clients experiencing hyponatremia and hypotension (<i>NDH, 2023</i>).
Adverse effects of this medication include suicidal and homicidal ideation (<i>NDH, 2023</i>).	Side effects of Cogentin include disorientation and tachycardia (<i>NDH, 2023</i>).	Haldol has adverse effects of angioedema and bronchospasm (<i>NDH, 2023</i>).	Adverse effects of this medication include seizures and pruritis (<i>NDH, 2023</i>).	Side effects of this medication can be gastrointestinal distress and acne (<i>NDH, 2023</i>).
Abilify can increase the effect of antihypertensives and can cause	The effects of Cogentin can be increased when taken with tricyclic	Haldol can increase the effects of anticholinergics, fluoxetine, and	Atarax can interact with certain antibiotic and antidepressants	Trileptal should not be taking with alcohol as it can heighten the CNS depressant

excessive CNS depression when taken with alcohol (NDH, 2023).	antidepressants and can decrease the effectiveness of Haldol (NDH, 2023).	causes increased CNS depression with other depressants (NDH, 2023).	(NDH, 2023).	effects (NDH, 2023).
Monitor the client for suicidal thoughts and blood pressure effects (NDH, 2023).	Monitor the client's vision and level of consciousness when taking Cogentin (NDH, 2023).	The nurse should place the client on fall precautions and monitor WBC counts (NDH, 2023).	Monitor client's level of consciousness and educate the client on avoiding alcohol (NDH, 2023).	The nurse should monitor the client for signs of hyponatremia and place the client on seizure precautions (NDH, 2023).

Medications Reference **(1)** (APA):

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

Mental Status Exam Findings (25 points)

OBSERVATIONS: Appearance (i.e.: positioning, posture, dress, grooming): Alertness: Alert and oriented to person, place, time, situation Orientation: Behavior: Relaxed, sarcastic Speech: Clear and appropriate Eye Contact: Moderate Attentiveness: Attentive to interview despite interruptions	<p>The client was positioned to my left, sitting in a chair, with his walker in front of him. He sat leaned backward in the chair with both feet planted on the ground. The client appeared well groomed with hair combed and wet from the shower, and clean clothing. The client displayed relaxed, cooperative, and joking behavior. His speech was clear, and appropriate in volume and speed. The client made moderate, appropriate contact throughout the interview. The client was attentive to my questions despite numerous distractions in the environment.</p>
MOOD: How is your mood today? Affect: Flat Consistency between mood and affect?	<p>The client described his mood today as "okay." His affect was flat and dull, which is consistent with stated mood.</p>
COGNITION: Alertness: Conscious, responsive Orientation: Oriented x4 Memory Impairment: Short and long term memory intact Attention: Client demonstrated undivided attention for the duration of	<p>The client was conscious, cooperative, and responsive throughout the interview. He was oriented to person, place, time, and situation. The client was able to demonstrate short and long term memory and recall events that led to his admission. The client was able to focus for the entire interview.</p>

the interview.	
MAIN THOUGHT CONTENT: Homicidal Ideations or Suicidal Ideation: No/not currently Delusions: No Hallucinations: No <ul style="list-style-type: none"> • Specify: Auditory, Visual, Tactile, Olfactory Obsessions: None Compulsions: None Paranoia: None Flight of Ideas: No Perseveration: No Loose Association: No	The client denied any current or previous homicidal ideation. He denied current suicidal ideation, but reports feeling suicidal from time to time, including leading up to his overdose. The client denies any hallucinations, delusions, compulsions, or obsessions. The client reported no paranoia. The client did not demonstrate any flight of ideas, did not get stuck on any one idea, and had clear connections between thoughts. The client did make an effort to distract the conversation as several points.
REASONING: Judgment (Assess by asking: If you found a wallet on the side of the road, what would you do?): Insight into Illness: The client has a general understanding of his illness, but needs education on triggers.	The client stated he would return the wallet, demonstrating appropriate judgement. Upon questioning, the client was able to demonstrate a general understanding of bipolar disorder and depressive episodes, but requires additional information about potential triggers.
MOTOR ACTIVITY: Assistive Devices: Walker Gait: Unsteady, slow, shuffling Abnormal Motor Activities: Some slight hand tremors	The client ambulates very slowly with uneven, shuffling steps and the use of a walker. He reports the use of a cane at home. During the interview, the client's hands could be seen slightly trembling at several points.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0715	85	144/83	14	98.2 F	97%

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions

1155	0-10	Left hip and bilateral knees	6	Throbbing	Rest, PRN medication
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Nursing Care (6 points)

Overview of care provided today: The client was administered medications as ordered, and attended both morning group sessions. He was served breakfast and lunch while I was on the floor. The client was interviewed by the student nurse, and provided education on coping mechanisms.

Client complaints: The client's chief complaint today was bilateral knee pain and some feelings of hopelessness.

Participation in therapy / groups: The client was an active participant in both morning group sessions and spoke about their anger.

Medication compliance today: The client was compliant with all their prescribed medications during my time on the unit.

Behaviors exhibited today: The client demonstrated no adverse behaviors and was engaged with peers and staff on the floor during group and in their free time.

Discharge Planning

Discharge location: The client is expected to discharge home with their family in the coming week.

Follow up plan: The client will follow up with their primary care provider one week after discharge, and with the neurologist two weeks after discharge.

Education needs: The client needs education on therapy resources, impulse control and coping, and the suicide hotline.

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 suicidal behavior associated with dysfunctional family processes and depressive symptoms as evidenced by client’s suicide attempt and described hopelessness (Phelps, 2023).	The biggest concern regarding this client is their risk for suicide, as they were admitted to the hospital with an attempt, and his home life is in turmoil currently.	1. The client will identify feelings and experiences that preceded the current admission/suicide attempt (Phelps, 2023).	1. Assess the client’s suicide risk 3 times per shift (Phelps, 2023). 2. Diligently observe client taking and swallowing medications to prevent stockpiling and potential overdose (Phelps, 2023). 3. Educate the client on resources related to suicidal ideation such as the suicide hotline (Phelps, 2023).	1. Provide the client with the phone number for the suicide hotline (988). The client stated that they wouldn’t have followed through with the overdose if their pastor had answered the phone, so he can benefit from someone to talk to in times of distress.
2. Hopelessness related to low self-efficacy and	The client reported feeling no purpose and	1. The client will identify methods to cope with feelings of	1. Identify the client’s preferred methods of	1. Refer the client to an outpatient mental health counselor

<p>deterioration of physiological function as evidenced by suicidal behaviors and expressing diminished hope (Phelps, 2023).</p>	<p>value from others prior to his overdose that made him feel like he would be better off dead.</p>	<p>hopelessness (Phelps, 2023).</p>	<p>coping (Phelps, 2023).</p> <p>2. Educate the client on safe options to alleviate physical manifestations of stress (Phelps, 2023).</p> <p>3. Use positive reinforcement with the client when he verbalizes healthy coping mechanisms (Phelps, 2023).</p>	<p>to help the client continue to develop adaptive coping mechanisms. The client can benefit from meeting with a support person who can also help them to develop coping mechanisms that don't involve self-harm, as his current methods do.</p>
<p>3. Insomnia related to stressors, discomfort, and anxiety as evidenced by early awakening and altered mood (Phelps, 2023).</p>	<p>The client reports having difficulty falling asleep and waking up early, leading to 4 hours of sleep some night. Insufficient sleep can contribute to the client's episodes of depression.</p>	<p>1. The patient will sleep for 7 hours each night (Phelps, 2023).</p>	<p>1. Inquire about potential reasons for client's sleep difficulties (Phelps, 2023).</p> <p>2. Administer medications that are prescribed to aid in sleep (Phelps, 2023).</p> <p>3. Educate the client on sleep hygiene that can help promote more sleep (Phelps, 2023).</p>	<p>1. Refer the client to a provider regarding sleep apnea and tremors. The client has diagnosed sleep apnea and reportedly doesn't like to lay down because it causes leg tremors, so a provider can potentially adjust their medications for this side effect or provide appropriate interventions.</p>

Other References (APA):

Phelps, L.L. (2023). *Nursing diagnosis reference manual* (12th ed.). Wolters Kluwer.

Concept Map (20 Points):

Subjective Data

The client reports being transferred to the floor after recovering from a "Vicodin and blood pressure medication overdose." He reports feeling depressed and hopeless following an argument with his wife about her infidelity. The client states he is glad to be alive and wants to "go back to how I used to be." He denies any current thought of suicidal or homicidal ideation.

Nursing Diagnosis/Outcomes

- 1) Risk for suicidal behavior associated with dysfunctional family processes and depressive symptoms as evidenced by client's suicide attempt and described hopelessness (Phelps, 2023).
 - The client will identify feelings and experiences that preceded the current admission/suicide attempt (Phelps, 2023).
- 2) Hopelessness related to low self-efficacy and deterioration of physiological function as evidenced by suicidal behaviors and expressing diminished hope (Phelps, 2023).
 - The client will identify methods to cope with feelings of hopelessness (Phelps, 2023).
- 3) Insomnia related to stressors, discomfort, and anxiety as evidenced by early awakening and altered mood (Phelps, 2023).
 - The patient will sleep for 7 hours each night (Phelps, 2023).

Objective Data

The client's pulse is 85, blood pressure 144/83, respiratory rate 14, oxygenation saturation 97%, and temperature 98.2 F. The client is flat and dulled in affect, appears well-groomed, and shows no signs of acute distress. The client's speech is clear and appropriate, and he was cooperative in responding to commands and questions. The client uses a walker for ambulation. Rates his generalized knee pain a 6/10.

Patient Information

The client is a 49-year-old Caucasian male admitted for a drug overdose as the result of a suicide attempt. The client is diagnosed with Bipolar disorder. He is 6'4", 286 lbs, and uses a walker for ambulation. The client is married and is a FULL code. He is unemployed. The client is allergic to ibuprofen, latex, Divalproex sodium, and bleach. He has a history of seizures, high blood pressure, and a stroke.

Nursing Interventions

- Assess the client's suicide risk 3 times per shift (Phelps, 2023).
- Diligently observe client taking and swallowing medications to prevent stockpiling and potential overdose (Phelps, 2023).
- Educate the client on resources related to suicidal ideation such as the suicide hotline (Phelps, 2023).
- Identify the client's preferred methods of coping (Phelps, 2023).
 - Educate the client on safe options to alleviate physical manifestations of stress (Phelps, 2023).
- Use positive reinforcement with the client when he verbalizes healthy coping mechanisms (Phelps, 2023).
- Inquire about potential reasons for client's sleep difficulties (Phelps, 2023).
- Administer medications that are prescribed to aid in sleep (Phelps, 2023).
- Educate the client on sleep hygiene that can help promote more sleep (Phelps, 2023).

