N323 Care Plan

Lakeview College of Nursing

Madalyn Goble

Demographics (3 points)

Date of Admission	Patient Initials	Age	Biological Gender
2/28/2024	CK	58	Male
Race/Ethnicity	**Occupation**	**Marital Status**	**Gender Identity**
Caucasian	Unemployed	Married	Male
Code Status	**Height and Weight**	**Allergies**	**Pronouns**
Full	6' (182.9cm) 108.9 kg (240lbs)	Benadryl, Keflex, Penicillin, Rocephin	He/Him

Medical History (5 Points)

Past Medical History: Atrial fibrillation, kidney stones, PSVT (paroxysmal supraventricular tachycardia), and skin cancer.

Psychiatric Diagnosis: Bipolar disorder and borderline personality disorder

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	**Inpatient or Outpatient?**	**Reason for Treatment**
1/12/2024-1/21/2024	Inpatient	Suicidal Ideations following an argument with his wife
6/26/2023-7/3/2023	Inpatient	Suicidal Ideations (stating he wanted to drive into traffic)
6/14/2023-6/21/2023	Inpatient	Suicidal Ideations (stating that he wanted to walk on the highway into traffic)

Admission Assessment

Chief Complaint (2 points): The client stated, "I just want to disappear".

Contributing Factors (10 points):

- o **Factors that lead to admission (address triggers and coping mechanisms if applicable):** The onset of this issue that resulted in the client being admitted was a fight with his wife. The client was at home and got into an argument with his wife that resulted in both of them being admitted into the emergency room. The client told emergency department staff that he had not been taking his meds. This caused the client to hear auditory voices that told him he needed to kill himself.

- o **Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal):** The client's mental status resulted in a fight with his wife. He also had poor hygiene and displayed poor judgement.

Primary Diagnosis on Admission (2 points): Bipolar disorder and borderline personality disorder.

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?	Yes, my father passed away and it mad me very sad.
Have you experienced any other scary or stressful event in the past that continues to bother you today?	No
(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	**(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.)		screening questions, complete all sections of this chart. Type N/A if not applicable.)	
	Current?	**Past? (what age)**	**By whom?**
Physical Abuse	N/A	N/A	N/A
Sexual Abuse	N/A	N/A	N/A
Emotional Abuse	N/A	N/A	N/A
Verbal Abuse	N/A	N/A	N/A
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?	Depressed	This happens every time I do not take my meds. I would rate it as an 8/10 on a 0-10 scale. I feel this way until I take my meds again.	
Do you feel tired or have little energy?	Little Energy	This happens when I do not take my meds. I would rate it as a 6/10 on a 0-10 scale. I feel this way until I take my meds.	
Do you avoid social situations?	Yes	I avoid crowds all of the time. I avoid crowds even when I am on my meds. I would rate my anxiety as a 10/10 on a 0-10 scale when I am in crowds.	
Do you have difficulties with home, school, work, relationships, or	I have difficulties in	I have troubles in these areas sometimes, especially when I do not take my meds. I would	

responsibilities	all of these areas	rate these difficulties as a 3/10 on a 0-10 scale. I feel better when I am on my meds.
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	I only get 3-4 hours of sleep a night. I get more when I am on my meds.
Do you have difficulty falling asleep?	Yes	Yes, I toss and turn. I also cannot turn my thoughts off.
Do you frequently awaken during the night?	Yes	I wake up at least 5 times a night. I usually have to go to the bathroom or just am not able to fall back asleep.
Do you have nightmares?	No	N/A
Are you satisfied with your sleep?	No	I want more sleep, and better sleep.
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	I overeat when I am anxious.
Do you purge after eating? Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.	No	N/A
Do you not eat enough or have a loss of appetite?	Yes	I do not eat enough when I am depressed.
Have you recently experienced unexplained weight loss? **Amount of weight**	No	N/A

change:	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	I am jittery and have tremors. I rate them as a 5/10 on a 0-10 scale. I experience these symptoms 3 times a week. I feel better when I take trazadone.
Do you experience panic attacks?	Yes	I feel really jittery, I cannot breathe, I have problems seeing, and my heart is racing. I feel better after trazadone. When I have panic attacks, I would rate them a 10/10 on a 0-10 scale.
Do you have obsessive or compulsive thoughts?	Yes	When something is in my mind, I cannot get it out. It keeps replaying over and over again.
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	I feel like I want to be dead 3-4 times a week. I get these feelings most of the day without breaks. I rate them a 10/10 on a 0-10 scale.
Have you ever tried to kill yourself?	Yes	I have tried to OD on Advil.
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,**	Yes	I am thinking about wrapping my bed sheet around my neck and strangling myself. (Staff was notified about the client's comment)

you must ensure facility staff are aware)		
Rating Scale		
How would you rate your depression on a scale of 1-10?	7/10	
How would you rate your anxiety on a scale of 1-10?	5/10	
Personal/Family History		

Who lives with you?	Age	Relationship	Do they use alcohol or drugs?
Gretchen	48	Wife	No
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

If yes to any alcohol or drug use, explain: N/A

Family Medical History: The client denied any pertinent family medical history.

Family Psychiatric History (including suicide): The client's birth mother committed suicide.

Family alcohol or drug use (not covered by those client lives with): N/A

Do you have children? If yes, what are their ages? Yes. They are 30 and 29 years old.

Who are your children with now? They live on their own.

Have you experienced parental separation or divorce, or loss/death/ or incarceration of family or friends? I have not experienced divorce or incarceration of a loved one. I have lost all of my family members except for my adoptive mother.

If yes, please tell me more about that: All of my family members are dead. I feel so alone.

Nobody will be there at my funeral when I die.		

Are you currently having relationship problems? Yes

What is your sexual orientation: Straight	**Are you sexually active?** Yes	**Do you practice safe sex?** Yes

Please describe your religious values, beliefs, spirituality and/or preference: I am a

Catholic. My religion is very important to me and my life.

Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care? I follow the Catholic religion and all of the practices.

Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): I got a DUI in 1986. I got divorced from my first wife in 2001.

Whom would you consider your support system? My wife and her family.

How can your family/support system participate in your treatment and care? Just be

supportive. Do not blame me for everything. Recognize that I came on my own and that I am

trying to get better.

What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.) I like to walk, go outside, read books, watch TV, take my meds, and just keep myself busy.

What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.) My wife.

Client raised by:

   Natural parents
   Grandparents
   <mark>Adoptive parents</mark>
   Foster parents
   Other (describe):

Self-Care:

   <mark>Independent</mark> (I can do things on my own but I need motivation to do them.)

Assisted **Total Care**	
Education History: **Grade school** **<mark>High school</mark>** **College** **Other:**	
Reading Skills: **<mark>Yes</mark>** **No** **Limited**	
Primary Language: English	

<table>
<tr><td colspan="3" style="background:#f5c542;text-align:center">Personal History of Substance Use

<u>Screening Questions:</u>
   1. <u>Have you ever used drugs, alcohol, or nicotine?</u>

(If no, you may skip to "psychiatric medications".
If yes, complete all sections of this chart. Type N/A if not applicable.)</td></tr>
<tr><td>Substance</td><td>First Use and Last Use</td><td>Frequency of Use</td></tr>
<tr><td>Nicotine Products (including smoking, chewing, vaping)</td><td>First Use: N/A

Last Use: N/A</td><td>N/A</td></tr>
<tr><td>Alcohol</td><td>First Use: 13 years old

Last Use: 49 years old</td><td>I would drink about 3 beers every day.</td></tr>
<tr><td>Prescription Medications (Recreational Use)</td><td>First Use: N/A

Last Use: N/A</td><td>N/A</td></tr>
<tr><td>Marijuana</td><td>First Use: 13 years old

Last Use: 30 years old</td><td>I would smoke about 3 joints a week.</td></tr>
<tr><td>Heroin</td><td>First Use: N/A</td><td>N/A</td></tr>
</table>

	Last Use: 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 <u>Psychiatric</u> Medications (10 points)
Complete all of your client's <u>psychiatric</u> medications
All information listed in this section must be pertinent to your patient.

Brand/Generic	aripiprazole (*2023 nurse's drug handbook,* 2023). Abilify (*2023 nurse's drug handbook,* 2023).	benztropine (*2023 nurse's drug handbook,* 2023). Cogentin (*2023 nurse's drug handbook,* 2023).	haloperidol (*2023 nurse's drug handbook,* 2023). Haldol Concentrate (*2023 nurse's drug handbook,* 2023).	olanzapine (*2023 nurse's drug handbook,* 2023). Zyprexa (*2023 nurse's drug handbook,* 2023).	trazodone (*2023 nurse's drug handbook,* 2023).
Dose	400 mg	2 mg	5 mg	10 mg	100 mg
Frequency	Every 28 days	Twice a day PRN	Every 4 hours PRN	Nightly	Nightly PRN
Route	Intramuscular	Oral	Oral	Oral	Oral
Classification	Pharmacological: Atypical antipsychotic (*2023 nurse's drug handbook,* 2023). Therapeutic: Antipsychotic (*2023 nurse's drug handbook,* 2023).	Pharmacological: Anticholinergic (*2023 nurse's drug handbook,* 2023). Therapeutic: Antiparkinsonian, central-acting anticholinergic (*2023 nurse's drug handbook,* 2023).	Pharmacological: Butyrophenone derivative (*2023 nurse's drug handbook,* 2023). Therapeutic: Antipsychotic (*2023 nurse's drug handbook,* 2023).	Pharmacological: Thienobenzodiazepine (*2023 nurse's drug handbook,* 2023). Therapeutic: Antipsychotic (*2023 nurse's drug handbook,* 2023).	Pharmacological: Triazolopyridine derivative (*2023 nurse's drug handbook,* 2023). Therapeutic: Antidepressant (*2023 nurse's drug handbook,* 2023).
Mechanism of Action	Partially blocks dopamine and sertraline antagonists (*2023 nurse's drug*	Restores the brain's dopamine and acetylcholine balance. This relaxes muscles	Can increase turnover of dopamine in the brain, causing an antipsychotic	Competes for receptor binding points with dopamine and serotonin in the	Blocks serotonin uptake and produces a histamine block, creating a

	handbook, 2023).	and reduces drooling and tremors (*2023 nurse's drug handbook*, 2023).	effect (*2023 nurse's drug handbook*, 2023).	brain, providing an antipsychotic effect (*2023 nurse's drug handbook*, 2023).	sedative effect (*2023 nurse's drug handbook*, 2023).
Therapeutic Uses	To treat bipolar 1 disorder (*2023 nurse's drug handbook*, 2023).	Treats schizophrenia and reduces uncontrolled movements from antipsychotics (*2023 nurse's drug handbook*, 2023).	Treats psychosis, non-psychotic behavior disorders, and Tourette's syndrome (*2023 nurse's drug handbook*, 2023).	Treats schizophrenia and bipolar disorder (*2023 nurse's drug handbook*, 2023).	To treat major depression and act as a sleep aid (*2023 nurse's drug handbook*, 2023).
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	To treat his bipolar disorder.	To treat uncontrolled movements from his antipsychotics.	To treat his bipolar disorder.	To treat his bipolar disorder.	To help him fall asleep.
For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of this Medication	N/A	Attempt range of motion exercises to reduce symptoms (*2023 nurse's drug handbook*, 2023).	Provide the client with non-pharmacological treatment options (*2023 nurse's drug handbook*, 2023).	N/A	Utilize relaxation techniques or lavender essential oil to promote sleep (*2023 nurse's drug handbook*, 2023).
Contraindications (2)	Diabetes and low WBC levels (*2023 nurse's drug handbook*, 2023).	Children under 3 years old and a history of muscle problems (*2023 nurse's drug handbook*, 2023)	Clients with Parkinson's disease and severe depression (*2023 nurse's drug handbook*, 2023).	Diabetes and low WBC levels (*2023 nurse's drug handbook*, 2023).	Use of an MAOI within 14 days and clients with hypomania (*2023 nurse's drug handbook*, 2023).
Side Effects/Adverse Reactions (2)	Homicidal ideations and bradycardia (*2023 nurse's drug handbook*, 2023).	Hypotension and constipation (*2023 nurse's drug handbook*, 2023).	Seizures and bronchospasm (*2023 nurse's drug handbook*, 2023).	Suicidal ideations and leukopenia (*2023 nurse's drug handbook*, 2023).	Suicidal ideations and congestive heart failure (*2023 nurse's drug handbook*, 2023).
Medication/	Metoprolol and	haloperidol and	Alcohol and	Anticholinergics	St. John's wort

Food Interactions	Wellbutrin (*2023 nurse's drug handbook,* 2023).	amantadine (*2023 nurse's drug handbook,* 2023).	anticholinergics (*2023 nurse's drug handbook,* 2023).	and antihypertensive medications (*2023 nurse's drug handbook,* 2023).	and alcohol (*2023 nurse's drug handbook,* 2023).
Nursing Considerations (2)	Monitor the client for suicidal ideations. Monitor the client's CBC levels as this medication can reduce WBC levels (*2023 nurse's drug handbook,* 2023).	Monitor the client for worsening psychiatric symptoms and know that this medication must not be stopped abruptly (*2023 nurse's drug handbook,* 2023).	Monitor the client for severe uncontrolled movements and know that this drug should not be stopped abruptly (*2023 nurse's drug handbook,* 2023).	Monitor daily weights and monitor the client's CBC levels (*2023 nurse's drug handbook,* 2023).	Monitor for serotonin syndrome and use cautiously in clients with heart conditions (*2023 nurse's drug handbook,* 2023).

Medications Reference <mark>(1)</mark> (APA):

2023 nurse's drug handbook. (2023). Jones & Bartlett Learning.

Mental Status Exam Findings (25 points)

OBSERVATIONS: **Appearance (i.e.: positioning, posture, dress, grooming):** addressed **Alertness:** addressed **Orientation:** addressed **Behavior:** addressed **Speech:** addressed **Eye Contact:** addressed **Attentiveness:** addressed	The client is alert and oriented times four, and there are no apparent signs of acute distress. The client is dressed in the clothing he was provided, and his hair is disheveled. The client is sitting in the chair and facing the interviewer. The client is calm but avoids eye contact. The client appears to be paying attention but needs clarification on the meanings of some questions. The client's speech is clear, unhurried, and intact based on conversation.
MOOD: **How is your mood today?** addressed **Affect:** addressed **Consistency between mood and affect?** addressed	The client stated that he is "a bit depressed" today. The client did appear sad in his affect. This was consistent with his expressed mood.
COGNITION: **Alertness:** addressed **Orientation:** addressed **Memory Impairment:** addressed **Attention:** addressed	The client was alert and oriented times four. The client was able to pay attention during our entire conversation. The client was also able to correctly remember what he had for breakfast, but not the ages of his four children.

MAIN THOUGHT CONTENT: **Homicidal Ideations or Suicidal Ideation:** addressed **Delusions:** addressed **Hallucinations:** addressed • **Specify: Auditory, Visual, Tactile, Olfactory** **Obsessions:** addressed **Compulsions:** addressed **Paranoia:** addressed **Flight of Ideas:** addressed **Perseveration:** addressed **Loose Association:** addressed	The client denied any homicidal ideations. However, he did state that he was having suicidal ideations this morning. The staff was notified of this immediately and the client was not left alone. The client denied any delusions, visual, tactile, or olfactory hallucinations. However, he did claim to have been experiencing auditory hallucinations telling him he was worthless and that he should kill himself. The client denied having any obsessive thoughts. The client admitted to having the compulsion to put money into the bank. When asked about paranoid thoughts, the client stated that he was afraid to go outside as his ex-wife is from the area and he believed her and her friends were going to harm him. The client denied any flight of ideas, perseveration, or loose association.
REASONING: **Judgment (Assess by asking: If you found a wallet on the side of the road, what would you do?):** addressed **Insight into Illness:** addressed	When asked what he would do if he found a wallet on the ground, the client stated "I would look inside the wallet for money, take it if there was any, and turn the wallet into the police". The client had poor insight into his illness.
MOTOR ACTIVITY: **Assistive Devices:** addressed **Gait:** addressed **Abnormal Motor Activities:** addressed	The client does not use any assistive devices. The client had a slow gait and experienced tremors during the assessment.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0923	72 bpm	110/70 mmHg	14 breaths per minute	97.8^{o}F temporal	98% on room air

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1029	0-10	N/A	0	N/A	N/A

Nursing Care (6 points)

Overview of care provided today: The client woke up and ate breakfast, then was given his morning meds. Afterwards, the client enjoyed some free time with his peers. At 10:00, I interviewed the client, during which the client was cooperative. Following the interview, the client received a snack and was given the medications he needed at that time. After this, the client participated in group. Later, the client enjoyed free time until it was time for lunch. This was the end of my time with the client on the unit.

Client complaints: The client did not have any complaints during my time on the unit.

Participation in therapy / groups: The client was willing and participated in group.

Medication compliance today: The client was compliant with his medications.

Behaviors exhibited today: The client exhibited all positive behaviors.

Discharge Planning

Discharge location: The client will be discharged back home with his wife, even though he does not want to go back. He stated "I have no where else to go".

Follow up plan: The client will have to follow up with his primary care physician as well as an orthopedist to have a cast on his left arm removed.

Education needs: The client needs education on effective coping skills, alternative housing options, and how to reach out to the suicide hotline in cases where he feels the need to harm himself.

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 related to mental disorders as evidenced by previous suicide attempts and the client stating "I just want to disappear" (Phelps, 2023).	I chose this diagnosis because the client had previous suicide attempts and stated that he did not want to live anymore.	1. Client will not attempt suicide during his time on the unit or any time after (Phelps, 2023).	1. The client will not be left alone when they appear to be suicidal (Phelps, 2023). 2. Observe that the client fully swallows their medication to prevent them from hoarding the medication to overdose on later (Phelps, 2023). 3. Ask the client if they are thinking of killing themselves to assess their risk (Phelps, 2023).	1. Provide the client with information about the suicide hot line. This can give the client someone they can talk to in times of need to try and help prevent them from attempting or committing suicide.
2. Social isolation related to fear and inadequate social skills as evidenced by the client stating he is "afraid to go out and talk to people in	I chose this diagnosis because the client stated that he avoids social situations because he is afraid to go out and be around crowds of	1. Client will describe increased numbers of social interactions in the weeks to months following his	1. Allow time for one-on-one conversations with the client to help them learn to build connections and trusting relationships (Phelps, 2023). 2. Discuss causes of social isolation	1. Provide the client with information about the National Alliance of Mental Illness support groups in Champaign-Urbana. This organization has in-person and online support group

crowds" (Phelps, 2023).	people.	discharge (Phelps, 2023).	with the client and allow them to help come up with a plan to deal with these causes (Phelps, 2023). **3.** Provide the client with information on community resources or support groups to help them get out and socialize more (Phelps, 2023).	options. This can allow to client to make connections with others in more than one way, giving him some choice and control over the interactions.
3. Sleep deprivation related to nonrestorative sleep pattern as evidenced by the client stating he only gets 3-4 hours of sleep a night and that he gets up frequently throughout the night (Phelps, 2023).	I chose this diagnosis because the client stated that he was getting very little sleep and that the sleep he was getting was not quality sleep.	**1.** The client will sleep 6-8 hours every night without interruption until discharge (Phelps, 2023).	**1.** Have the client identify ways to improve sleep, giving them autonomy over their care (Phelps, 2023). **2.** Teach client relaxation techniques, such as guided imagery and breathing exercises to help promote sleep (Phelps, 2023). **3.** Avoid giving the client caffeinated food or beverages 4-5 hours before bed time (Phelps, 2023).	**1.** Provide the client with handouts that describe techniques to improve the quality of his sleep. This will give him tangible examples to refer back to after he is discharged.

Other References (APA):

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

Concept Map (20 Points):

Subjective Data

The client stated "I just want to disappear".

The client expressed that he had stopped taking his medication.

The client expressed that he was currently having suicidal thoughts.

The client expressed having auditory hallucinations telling him that he was worthless and the he should kill himself.

Objective Data

The client appeared upset and was getting teary-eyed.

The client's hair was disheveled.

The client had a strong smell of body odor.

The client was overly loud when talking about uncomfortable topics such as his relationship with his wife.

Patient Information

The client is a 58-year-old male with a history of bipolar and borderline personality disorder. The client was admitted following an expression of suicidal

Nursing Diagnosis/Outcomes

1. Risk for suicidal behavior related to mental disorders as evidenced by previous suicide attempts and the client stating "I just want to disappear" (Phelps, 2023).

2. Social isolation related to fear and inadequate social skills as evidenced by the client stating he is "afraid to go out and talk to people in crowds" (Phelps ,2023).

3. Sleep deprivation related to nonrestorative sleep pattern as evidenced by the client stating he only gets 3-4 hours of sleep a night and that he gets up frequently throughout the night (Phelps, 2023).

Nursing Interventions

1. The client will not be left alone when they appear to be suicidal (Phelps, 2023).

2. Observe that the client fully swallows their medication to prevent them from hoarding the medication one overdose on later (Phelps, 2023).

3. Ask the client if they are thinking of killing themselves to assess their risk (Phelps, 2023).

Provide the client with information about the suicide hot line. This can give the client someone they can talk to in times of need to try and help prevent them from attempting or committing suicide.

1. Allow time for one-on-one conversations with the client to help them learn to build connections and trusting relationships (Phelps, 2023).

2. Discuss causes of social isolation with the client and allow them to help come up with a plan to deal with these causes (Phelps, 2023).

3. Provide the client with information on community resources, giving them options to help them get out and socialize more (Phelps, 2023).

Provide the client with information about the National Alliance of Mental Illness support groups in Champaign-Urbana. This organization has in-person and online support group options. This can allow to client to have interactions with others in more than one way, giving him some choice and control over the interactions.

1. Have the client identify ways to improve sleep (Phelps, 2023).

2. Teach client relaxation techniques, such as guided imagery and breathing exercises to help promote sleep (Phelps, 2023).

Provide the client with handouts that describe techniques to improve the quality of his sleep. This will give him tangible examples to refer back to after he is discharged, giving them autonomy over their care (Phelps

3. Avoid giving the client caffeinated food or beverages 4-5 hours before bed time (Phelps, 2023).