

N323 Care Plan

Lakeview College of Nursing

| Name

| Natalie Zizumbo

| 03/11/2024

| Approved: 01/02/2024

### Demographics (3 points)

<b>Date of Admission</b> <u>03/04/2024</u>	<b>Patient Initials</b> <u>ER</u>	<b>Age</b> <u>48 years old</u>	<b>Biological Gender</b> <u>Female</u>
<b>Race/Ethnicity</b> <u>White/Caucasian</u>	<b>Occupation</b> <u>On disability</u>	<b>Marital Status</b> <u>Divorced</u>	<b>Gender Identity</b> <u>Female</u>
<b>Code Status</b> <u>Full/Voluntary</u>	<b>Height and Weight</b> <u>165.1 cm and 72.6 kg</u>	<b>Allergies</b> <u>Tramadol, Lamotrigine</u>	<b>Pronouns</b> <u>She/Her</u>

### Medical History (5 Points)

**Past Medical History:** Anxiety, Depression, Back pain, Seizures, Hypothyroidism, Hyperlipidemia, Diabetes Mellitus type 2

**Past Surgical History:** C-section, Hysterectomy

**Family History:** Sister – Migraines; Maternal aunt – Breast cancer

**Social History:** Smokes ½ pack per day cigarettes. Uses alcohol socially. Denies drug use.

**Past Psychiatric Diagnosis:** Severe depression with suicidal ideation

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	Inpatient or Outpatient?	Reason for Treatment
<u>10/27/2023 – 11/02/2023</u>	<u>Inpatient</u>	<u>Severe depression with suicidal ideation</u>

### Admission Assessment

**Chief Complaint (2 points):** Suicidal ideation

The client was brought to the emergency room for suicidal ideation. She stated she called her ex-husband, telling him she “wanted to hurt myself.” The ex-husband told the client to call 911, which she did, telling them she wanted to cut her throat.

**Contributing Factors (10 points):**

- o **Factors that lead to admission (address triggers and coping mechanisms if applicable):** The client has been feeling more depressed daily and constantly since her grandmother died last year. She stated she doesn’t know what else to do to make herself feel better besides smoking. The client also stated that she has not gone to any outpatient counseling or therapy for help. Also, her father left on vacation for 2 weeks recently, and she felt “lonely, abandoned, and trapped since I don’t have a driver’s license to go anywhere.” Her sister would come to care for her father’s cats but did not check on her whether she was okay or needed anything from town. This left the client feeling very emotional and angry.
- o **Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal):** It made her not want to do anything and left her feeling hopeless and wanting to hurt herself. She has also had uncontrolled shifts in her mood that cause strain on her relationships.

**Primary Diagnosis on Admission (2 points):** Bipolar disorder, unspecified

**Psychosocial Assessment (30 points)**

<b>History of Trauma</b>	
<b>Screening Questions:</b>	<b>Client Answer</b>

<b>Do you have a history of physical, sexual, emotional, or verbal abuse?</b>	<u>“Yes, verbal and emotional abuse from my father, siblings, and my peers.”</u>		
<b>Do you have a history of trauma secondary to military service?</b>	<u>No</u>		
<b>Have you experienced a loss of family or friends that affected your emotional well-being?</b>	<u>“Yes, my grandma died last year and it made me feel depressed since she was the only one I was close too.”</u>		
<b>Have you experienced any other scary or stressful event in the past that continues to bother you today?</b>	<u>“My dad leaving on vacation for 2 weeks and it made me feel abandoned.”</u>		
<b>(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.)</b>	<b>(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.)</b>		
	<b>Current?</b>	<b>Past? (what age)</b>	<b>By whom?</b>
<b>Physical Abuse</b>	<u>No</u>	<u>No</u>	<u>N/A</u>
<b>Sexual Abuse</b>	<u>No</u>	<u>No</u>	<u>N/A</u>
<b>Emotional Abuse</b>	<u>Yes</u>	<u>Yes (“since I was a little girl”)</u>	<u>Father, siblings, and peers</u>
<b>Verbal Abuse</b>	<u>Yes</u>	<u>Yes (“since I was a little girl”)</u>	<u>Father, siblings, and peers</u>
<b>Military</b>	<u>No</u>	<u>No</u>	<u>N/A</u>
<b>Other</b>	<u>No</u>	<u>No</u>	<u>N/A</u>
<b>Presenting Problems</b>			
<b>Problematic Areas</b>	<b>Client Answer</b>	<b>Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client’s answer, please describe objectively.</b>	
<b>Do you feel down, depressed or hopeless?</b>	<u>Yes</u>	<u>“Before, it wasn’t too bad, but since my grandma died, it has been getting worse.” The client stated it has been constant ever since</u>	

		<u>then. She felt depressed all the time.</u>
<b>Do you feel tired or have little energy?</b>	<u>Yes</u>	<u>The client stated it had been every day, feeling very tired, not being able to or wanting to do anything, but it has improved.</u>
<b>Do you avoid social situations?</b>	<u>No</u>	<u>N/A</u>
<b>Do you have difficulties with home, school, work, relationships, or responsibilities</b>	<u>Yes</u>	<u>The client has difficulties with her relationships with her family and peers. She states that they judge her and are “mean to me.”</u>
<b>Sleeping Patterns</b>	<b>Client Answer</b>	<b>Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client’s answer, please describe objectively.</b>
<b>Have you experienced a change in numbers of hours that you sleep each night?</b>	<u>Yes</u>	<u>The client stated she used to sleep from 10 pm to 7 am, but now she sleeps “only four hours.”</u>
<b>Do you have difficulty falling asleep?</b>	<u>Yes</u>	<u>The client stated, “I have a hard time sleeping here every night, but I can if I take my medicine.”</u>
<b>Do you frequently awaken during the night?</b>	<u>Yes</u>	<u>The client stated she wakes from sleep most nights if she does not have her medication.</u>
<b>Do you have nightmares?</b>	<u>No</u>	<u>N/A</u>
<b>Are you satisfied with your sleep?</b>	<u>No</u>	<u>“I want to sleep more so I’m not tired all the time.”</u>
<b>Eating Habits</b>	<b>Client Answer</b>	<b>Describe (frequency, intensity, duration, and occurrence). If you make any</b>

		observations that differ from the client's answer, please describe objectively.
Do you overeat?	<u>No</u>	<u>N/A</u>
Do you purge after eating? Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.	<u>No</u>	<u>N/A</u>
Do you have not eat enough or have a loss of appetite?	<u>No</u>	<u>N/A</u>
Have you recently experienced unexplained weight loss?  Amount of weight change:	<u>No</u>	<u>N/A</u>
<b>Anxiety Symptoms</b>	<b>Client Answer</b>	<b>Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.</b>
Do you pace, have tremors, or experience other symptoms of anxiety?	<u>Yes</u>	<u>The client stated that when she is feeling "really anxious," which is only a few times a month, she will pace or have tremors, but "they don't last a long time."</u>
Do you experience panic attacks?	<u>Yes</u>	<u>The client stated that she has only had one panic attack, which occurred as a child.</u>
Do you have obsessive or compulsive thoughts?	<u>No</u>	<u>N/A</u>
Do you have obsessive or compulsive behaviors?	<u>No</u>	<u>N/A</u>
<b>Suicidal Ideation</b>	<b>Client Answer</b>	<b>Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.</b>

<b>In the past week have you wished that you were dead?</b>	<u>Yes</u>	<u>The client stated she does not have thoughts of killing herself all the time “it has only happened once before.”</u>	
<b>Have you ever tried to kill yourself?</b>	<u>No</u>	<u>The client stated “I always call before I do anything.”</u>	
<b>If the client answered either of the previous questions “yes”, you must ask the client:</b>  <b>Are you having thoughts of killing yourself right now?</b>  <b>(If the client says yes, you must ensure facility staff are aware)</b>	<u>No</u>	<u>N/A</u>	
<b>Rating Scale</b>			
<b>How would you rate your depression on a scale of 1-10?</b>	<u>2</u>		
<b>How would you rate your anxiety on a scale of 1-10?</b>	<u>0</u>		
<b>Personal/Family History</b>			
<b>Who lives with you?</b>	<b>Age</b>	<b>Relationship</b>	<b>Do they use alcohol or drugs?</b>
<u>No one, she lives alone in a camper on her father’s property.</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
<b>If yes to any alcohol or drug use, explain:</b> <u>N/A</u>			
<b>Family Medical History:</b> <u>Sister – Migraines; Maternal aunt – Breast cancer</u>			
<b>Family Psychiatric History (including suicide):</b> <u>The client is unaware of any past family</u>			

<u>psychiatric history.</u>		
<b>Family alcohol or drug use (not covered by those client lives with):</b> <u>The client stated her father drinks alcohol heavily daily.</u>		
<b>Do you have children? If yes, what are their ages?</b> <u>Yes, the client has two sons, ages 27 and 28.</u>		
<b>Who are your children with now?</b> <u>They both live in town.</u>		
<b>Have you experienced parental separation or divorce, or loss/death/ or incarceration of family or friends?</b>		
<b>If yes, please tell me more about that:</b> <u>The client stated that her parents had a “bad relationship” when she was growing up and eventually divorced.</u>		
<b>Are you currently having relationship problems?</b> <u>No</u>		
<b>What is your sexual orientation:</b> <u>Heterosexual</u>	<b>Are you sexually active?</b> <u>No</u>	<b>Do you practice safe sex?</b> <u>N/A</u>
<b>Please describe your religious values, beliefs, spirituality <del>and/or preference</del>, and/or preference:</b> <u>The client stated she believes “there is a God, and I believe that a man and woman should be together, not man with man or any other way.”</u>		
<b>Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care?</b> <u>The client stated she had none.</u>		
<b>Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates):</b> <u>The client stated she has had two divorces.</u>		
<b>Whom would you consider your support system?</b> <u>The client stated that she does not have a support system, but “if I had to pick someone, maybe my son.”</u>		
<b>How can your family/support system participate in your treatment and care?</b> <u>The client stated she does not have a support system and does not know how they can participate since</u>		

they make her feel “bad.”

**What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.)** The client stated she smokes to cope with her feelings because she does not know “what else to do.”

**What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.)** The client stated her father is a significant trigger and is “the main reason I feel the way I do.”

**Client raised by:**

**Natural parents**

Grandparents

Adoptive parents

Foster parents

Other (describe):

**Self-Care:**

**Independent**

Assisted

Total Care

**Education History:**

**Grade school**

**High schoolschool:** The client stated she attended high school until 11<sup>th</sup> grade and then dropped out. She did get her GED later.

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? Yes

(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
<b>Nicotine Products (including smoking, chewing, vaping)</b>	<b>First Use:</b> <u>Around 18 years old</u> <b>Last Use:</b> <u>The client said the day before she was admitted.</u>	<u>The client stated she smokes ½ pack per day.</u>
<b>Alcohol</b>	<b>First Use:</b> <u>High school, 17</u> <b>Last Use:</b> <u>The client could not recall the exact time but said, “maybe last month.”</u>	<u>The client stated she only drinks socially a couple of times a year.</u>
<b>Prescription Medications (Recreational Use)</b>	<b>First Use:</b> <u>N/A</u> <b>Last Use:</b> <u>N/A</u>	<u>N/A</u>
<b>Marijuana</b>	<b>First Use:</b> <u>N/A</u> <b>Last Use:</b> <u>N/A</u>	<u>N/A</u>
<b>Heroin</b>	<b>First Use:</b> <u>N/A</u> <b>Last Use:</b> <u>N/A</u>	<u>N/A</u>
<b>Methamphetamine</b>	<b>First Use:</b> <u>N/A</u> <b>Last Use:</b> <u>N/A</u>	<u>N/A</u>
<b>Other: Specify</b>	<b>First Use:</b> <u>N/A</u> <b>Last Use:</b> <u>N/A</u>	<u>N/A</u>

### 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.**

<b>Brand/Generic</b>	<u><b>Abilify</b></u> (aripiprazole) (Jones & Bartlett Learning, 2023).	<u><b>Atarax</b></u> (hydroxyzine hydrochloride) (Jones & Bartlett Learning, 2023).	<u><b>Haldol</b></u> (haloperidol) (Jones & Bartlett Learning, 2023).	<u><b>Desyrel</b></u> (trazodone hydrochloride) (Jones & Bartlett Learning, 2023).	<u><b>Trileptal</b></u> (oxcarbazepine) (Jones & Bartlett Learning, 2023).
<b>Dose</b>	<u>5 mg tablet</u>	<u>25 mg tablet</u>	<u>5 mg tablet</u>	<u>100 mg tablet</u>	<u>300 mg tablet</u>
<b>Frequency</b>	<u>Daily</u>	<u>Three times daily PRN</u>	<u>Every 4 hours PRN</u>	<u>Nightly PRN</u>	<u>Two times daily PRN</u>
<b>Route</b>	<u>Oral</u>	<u>Oral</u>	<u>Oral</u>	<u>Oral</u>	<u>Oral</u>
<b>Classification</b>	<u>Pharmacologic: Atypical antipsychotic</u> <u>Therapeutic: Antipsychotic</u> (Jones & Bartlett Learning, 2023).	<u>Pharmacologic: Piperazine derivative</u> <u>Therapeutic: Anxiolytic</u> (Jones & Bartlett Learning, 2023).	<u>Pharmacologic: Butyrophenone</u> <u>Therapeutic: Antipsychotic</u> (Jones & Bartlett Learning, 2023).	<u>Pharmacologic: Triazolopyridine</u> <u>Therapeutic: Antidepressant</u> (Jones & Bartlett Learning, 2023).	<u>Pharmacologic: Carboxamide derivative</u> <u>Therapeutic: Anticonvulsant</u> (Jones & Bartlett Learning, 2023). <u>Therapeutic: Mood stabilizer</u> (National Alliance on Mental Illness, 2023).
<b>Mechanism of Action</b>	<u>Acts as a partial agonist at dopamine and serotonin receptors</u> (Jones & Bartlett Learning, 2023).	<u>Work in the subcortical level of the CNS</u> (Jones & Bartlett Learning, 2023).	<u>Block postsynaptic dopamine receptors and increase brain turnover of dopamine</u> (Jones & Bartlett Learning, 2023).	<u>Blocks serotonin reuptake; produces modest histamine blockade; inhibits vasopressor response to norepinephrine, reducing blood pressure</u> (Jones & Bartlett Learning, 2023).	<u>Blocks sodium channels in neuronal cell membrane, slows nerve impulse transmission</u> (Jones & Bartlett Learning, 2023).

<b>Therapeutic Uses</b>	<u>Adjunct to treat depression; treat acute schizophrenia and maintain stability; treat acute manic/mixed episodes of bipolar I and maintain stability; treat irritability in autism; help treat Tourette's disorder (Jones &amp; Bartlett Learning, 2023).</u>	<u>Relieve anxiety and tension associated with psychoneurosis (Jones &amp; Bartlett Learning, 2023).</u>	<u>Treat psychosis/schizophrenia; treat nonpsychotic behaviors; treat Tourette's disorder; treat acute agitation in schizophrenia (Jones &amp; Bartlett Learning, 2023).</u>	<u>2023).</u> <u>Treat major depression; sleep (Jones &amp; Bartlett Learning, 2023).</u>	<u>Treat partial seizures (Jones &amp; Bartlett Learning, 2023).</u> <u>Act as a mood stabilizer in bipolar disorder (National Alliance on Mental Illness, 2023).</u>
<b>Therapeutic Range (if applicable)</b>	<u>15 – 30 mg for bipolar disorder 2 -5 mg for depression (Jones &amp; Bartlett Learning, 2023).</u>		<u>3 – 5 mg (Jones &amp; Bartlett Learning, 2023).</u>		
<b>Reason Client Taking</b>	<u>Bipolar disorder/depression</u>	<u>Anxiety</u>	<u>Breakthrough psychosis/mania</u>	<u>Sleep/ depression</u>	<u>Mood stabilizer/seizure disorder</u>
<b>For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of this Medication</b>		<u>Lead the client to a quiet environment and speak to them in a quiet tone.</u>	<u>Try to focus and direct the client to concrete things in the environment to help break them out of their psychosis.</u>	<u>Educate the client on relaxation and breathing techniques; help the client establish positive goals to accomplish.</u>	<u>Help the client identify ways to cope with changing moods and keep a routine.</u>
<b>Contraindications (2)</b>	<u>Used cautiously: History of seizures Cardiovascular disease (Jones &amp; Bartlett Learning, 2023).</u>	<u>Used cautiously: Heart disease Seizures (Jones &amp; Bartlett Learning, 2023).</u>	<u>Used cautiously: Liver disease History of prolonged QT interval (Jones &amp; Bartlett Learning, 2023).</u>	<u>Used cautiously: Heart disease Seizure disorders (Jones &amp; Bartlett Learning, 2023).</u>	<u>Used cautiously: Liver disease Hyponatremia (Jones &amp; Bartlett Learning, 2023).</u>
<b>Side Effects/Adverse Reactions (2)</b>	<u>Suicidal ideation, seizures, and myocardial infarction (Jones &amp; Bartlett Learning, 2023).</u>	<u>Seizures and drowsiness (Jones &amp; Bartlett Learning, 2023).</u>	<u>Torsades de pointes and acute hepatic failure/hepatitis (Jones &amp; Bartlett Learning, 2023).</u>	<u>Arrhythmias and seizures (Jones &amp; Bartlett Learning, 2023).</u>	<u>Hyponatremia and Stevens-Johnson syndrome (Jones &amp; Bartlett Learning, 2023).</u>
<b>Medication/Food Interactions</b>	<u>Antihypertensives: Enhance antihypertensive effects</u>	<u>Antibiotics, antidepressants, antipsychotics, antidysrhythmic</u>	<u>Anticholinergics: Increase anticholinergic effect CNS depressants:</u>	<u>Antibiotics, antipsychotics, antiarrhythmics: Increased</u>	<u>Hormonal contraceptives: Rendered less effective</u>

	<u>Benzodiazepines: Increase risk of orthostatic hypotension and sedation</u> <u>Alcohol: Increase CNS depression</u> (Jones & Bartlett Learning, 2023).	<u>s: Increase the risk of QT prolongation</u> <u>Alcohol: Increased CNS depression</u> (Jones & Bartlett Learning, 2023).	<u>Increase CNS depression and risk of hypotension and respiratory depression</u> . Buspirone, CYP2D6, CYP3A4, ketoconazole, combined CYP2D6/CYP3A4 inhibitors: Increase haloperidol concentration and risk of adverse effects <u>Alcohol: Increase CNS depression and risk of hypotension and respiratory depression</u> (Jones & Bartlett Learning, 2023).	<u>risk of QT interval and arrhythmias</u> <u>Anticoagulants</u> : Increased risk of bleeding <u>Barbiturates and CNS depressants: Increased effect of CNS depressants</u> <u>Alcohol: Increased CNS depression and risk of hypotension and respiratory depression</u> (Jones & Bartlett Learning, 2023).	<u>Carbamazepine, phenobarbital, phenytoin, rifampin: Decrease oxcarbazepine levels with decreased effectiveness</u> (Jones & Bartlett Learning, 2023). <u>If XR tablets: all food increases risk of adverse effects</u> (Jones & Bartlett Learning, 2023).
<b>Nursing Considerations (2)</b>	<u>Monitor closely for seizures or dyskinesia</u> <u>Monitor for worsening depression and suicidal ideations</u> (Jones & Bartlett Learning, 2023).	<u>Monitor for oversedation</u> <u>Monitor for heart rhythm abnormalities</u> (Jones & Bartlett Learning, 2023).	<u>Monitor for dyskinesia and dystonia</u> <u>Monitor for prolonged QT interval</u> (Jones & Bartlett Learning, 2023).	<u>Monitor for arrhythmias</u> <u>Monitor for suicidal thoughts and tendencies</u> (Jones & Bartlett Learning, 2023).	<u>Monitor for signs of hyponatremia</u> <u>Monitor the client's skin for reactions</u> (Jones & Bartlett Learning, 2023).

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

Jones & Bartlett Learning. (2023). *NDH: Nurse's drug handbook*. Jones & Bartlett Learning.

National Alliance on Mental Illness. (2023). *Oxcarbazepine (Trileptal)*. The American

Association of Psychiatric Pharmacists and National Alliance on Mental Illness.

<https://www.nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications/>

[Types-of-Medication/Oxcarbazepine-\(Trileptal\)](https://www.nami.org/About-Mental-Illness/Treatments/Mental-Health-Medications/Types-of-Medication/Oxcarbazepine-(Trileptal))

**Mental Status Exam Findings (25 points)**

<b>OBSERVATIONS:</b> <b>Appearance (i.e.: positioning, posture, dress, grooming):</b> <u>Appeared a bit disheveled, sat hunched and cross-legged on</u>	<u>The client is alert and oriented x4 to person, place, time, and reason. She is wearing yellow scrubs and a grey sweatshirt. She appears a bit disheveled, with her hair in a messy bun. She sat</u>
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<p><u>the bed</u>  <b>Alertness:</b> <u>Alert</u>  <b>Orientation:</b> <u>Oriented x4</u>  <b>Behavior:</b> <u>Appropriate</u>  <b>Speech:</b> <u>Clear</u>  <b>Eye Contact:</b> <u>Not good</u>  <b>Attentiveness:</b> <u>Attentive</u></p>	<p><u>hunched and cross-legged on her bed during the interview. The client was attentive throughout the interview.</u></p>
<p><b>MOOD:</b>  <b>How is your mood today?</b> <u>Happy</u>  <b>Affect:</b> <u>Sad/withdrawn</u>  <b>Consistency between mood and affect?</b></p>	<p><u>The client stated her mood is happy today. However, throughout the interview, her affect appeared sad and withdrawn. The client would become tearful whenever she mentioned her father.</u></p>
<p><b>COGNITION:</b>  <b>Alertness:</b> <u>Alert</u>  <b>Orientation:</b> <u>Oriented x4</u>  <b>Memory Impairment:</b> <u>None</u>  <b>Attention:</b> <u>Attentive</u></p>	<p><u>The client is alert and oriented x4 to person, place, time, and reason. She has no memory impairment; however, she does have trouble recalling dates from her childhood. She was attentive throughout the interview.</u></p>
<p><b>MAIN THOUGHT CONTENT:</b>  <b>Homicidal Ideations or Suicidal Ideation:</b> <u>Yes, but not currently</u>  <b>Delusions:</b> <u>No</u>  <b>Hallucinations:</b> <u>No</u> <ul style="list-style-type: none"> <li>• <b>Specify:</b> <u>Auditory, Visual, Tactile, Olfactory</u></li> </ul> <b>Obsessions:</b> <u>No</u>  <b>Compulsions:</b> <u>No</u>  <b>Paranoia:</b> <u>No</u>  <b>Flight of Ideas:</b> <u>No</u>  <b>Perseveration:</b> <u>No</u>  <b>Loose Association:</b> <u>No</u></p>	<p><u>The client has had suicidal ideation in the past, and this was the reason she was admitted. However, she states she does not currently have any thoughts of killing herself. The client does not have any delusions, hallucinations, obsessions, compulsions, paranoia, flight of ideas, perseveration, or loose associations.</u></p>
<p><b>REASONING:</b>  <b>Judgment (Assess by asking: If you found a wallet on the side of the road, what would you do?):</b>  <b>Insight into Illness:</b> <u>Aware</u></p>	<p>When asked this question, the client said she would turn in the wallet to the police. The client is aware of her illness and the reason as to why she was in the hospital.</p>
<p><b>MOTOR ACTIVITY:</b>  <b>Assistive Devices:</b> <u>None</u>  <b>Gait:</b> <u>Steady and balanced</u>  <b>Abnormal Motor Activities:</b> <u>None</u></p>	<p><u>The client has a steady and well-balanced gait. She does not use assistive devices or have abnormal motor activities.</u></p>

**Vital Signs, 1 set (5 points)**

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
<u>0700</u>	<u>76</u>	<u>103/70</u>	<u>18</u>	<u>96.9 temporal</u>	<u>100% room air</u>

**Pain Assessment, 1 set (2 points)**

Time	Scale	Location	Severity	Characteristics	Interventions
<u>1030</u>	<u>0-10</u>	<u>N/A</u>	<u>0, the client stated she is not in any pain</u>	<u>N/A</u>	<u>N/A</u>

**Nursing Care (6 points)**

**Overview of care provided today:** This student nurse arrived at the unit in the morning and introduced themselves to the client. This student nurse asked the client if she would be okay to be asked a few questions. The client was reassured that she did not need to answer if any of the questions were too uncomfortable. This student nurse began the interview in the client's room for privacy. The interview went well, and this student nurse thanked the client for allowing the interview. This student nurse then took over the 15-minute checks on the clients until it was time to go. This student nurse thanked the staff on the unit.

**Client complaints:** The client had no complaints today.

**Participation in ~~therapy~~ / ~~groupstherapy~~/groups:** The client attended all therapy and groups for the day and participated appropriately.

**Medication compliance today:** The client took all her prescribed medications for the day.

**Behaviors exhibited today:** The client had appropriate behaviors all day.

## Discharge Planning

**Discharge location:** The social worker met with the client to discuss discharge location options such as a specialized mental health rehabilitation, adult mental health group home, or supportive living program. However, per the social worker's note, the client denied these options and stated she would go home.

**Follow-up** ~~Follow-up~~ **plan:** The client was recommended to follow up with therapy to discuss bipolar disorder and find appropriate coping skills.

**Education needs:** The client should be educated on her medications and the importance of complying with them. Also, she should be educated on different appropriate coping mechanisms that she can try to help with stress, anxiety, and depression. The client should also be educated on smoking cessation.

### Nursing Diagnosis (25 points)

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

<b>Nursing Diagnosis</b> <ul style="list-style-type: none"> <li>Include full nursing diagnosis with “related to” and “as evidenced by” components</li> </ul>	<b>Rationale</b> <ul style="list-style-type: none"> <li>Explain why the nursing diagnosis was chosen</li> </ul>	<b>Outcome Goal (1 per diagnosis)</b>	<b>Interventions (3 per diagnosis)</b>	<b>Outpatient Resource with Rationale (1 per diagnosis)</b>
<b>1.</b> Risk for suicidal behavior related to depression/suicidal ideation as evidenced by the threat of killing self (Phelps, 2023).	<u>The client was admitted for suicidal ideation, threatening to cut her throat.</u>	<b>1.</b> <u>The client will express positive feelings about self by the time of discharge (Phelps, 2023).</u>	<b>[1.] 1.</b> <u>Initiate safety protocols by removing anything that may cause harm to the client (Phelps, 2023).</u>  <b>[2.] 2.</b> <u>Listen carefully to the</u>	<b>1.</b> <u>Provide the client with the suicide crisis hotline due to the client calling 911 when she had suicidal ideation.</u>

			<p><u>client and be nonjudgmental (Phelps, 2023).</u></p> <p><b>3. <u>Help the client set a goal for obtaining long-term psychiatric care (Phelps, 2023).</u></b></p>	
<p><b>2. Ineffective coping related to insufficient social support and inadequate resources as evidenced by the client stating she does not have a support system and stating she does not “know what else to do” to cope with her feelings (Phelps, 2023).</b></p>	<p><u>The client does not have an appropriate support system to turn to when she is feeling depressed and uses smoking as her coping mechanism.</u></p>	<p><b>1. <u>The client will identify effective and ineffective coping techniques and identify available resources she can turn to for help (Phelps, 2023).</u></b></p>	<p><b>1. —<u>Teach the client effective relaxation techniques (Phelps, 2023).</u></b></p> <p><b>2. —<u>Suggest alternatives to ineffective behaviors (Phelps, 2023).</u></b></p> <p><b>3. <u>Provide the patient with outpatient resources they may use for their care (Phelps, 2023).</u></b></p>	<p><b>1. <u>The Illinois Department of Human Services Division of Mental Health offers outpatient services such as counseling and individual therapy, help develop coping skills, and will also help find the right services to join (Illinois Department of Human Services, 2023). This benefits the client so she can get outpatient help when</u></b></p>

				<p>she is discharged to continue developing coping skills and join programs to help with support.</p>
<p>3. <u>Impaired mood regulation related to anxiety and bipolar disorder as evidenced by the client's medical history of anxiety and a recent diagnosis of bipolar disorder (Phelps, 2023).</u></p>	<p><u>The client has been diagnosed in the past with anxiety and, in this admission, with bipolar disorder.</u></p>	<p><u>[1.] 1.-The client will demonstrate an understanding of behaviors and identify strategies to help with mood regulation (Phelps, 2023).</u></p>	<p><u>[1.] 1.- Assist the client in accessing psychoeducation resources appropriate to the client's clinical situation to promote a better understanding of the etiology of mood symptoms and build self-efficacy in mood management (Phelps, 2023).</u></p> <p><u>2. Engage the client to develop a wellness recovery plan to help set positive goals for the future (Phelps, 2023).</u></p> <p><u>3. Assist client in evaluating their strategies to meet their goals and come up with new</u></p>	<p><u>1. The Rosecrance Treatment Center offers multiple services to help with a wide range of mental health disorders, such as anxiety, depression, and bipolar disorder. This treatment center also offers virtual assistance. (Rosecrance, 2024). This can be beneficial to the patient in finding outpatient help and support.</u></p>

			strategies if previous one are not effective (Phelps, 2023).	
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**Other References (APA):**

Illinois Department of Human Services. (2023). Services offered by the Illinois department of human services division of mental health. Illinois Department of Human Services. <https://www.dhs.state.il.us/page.aspx?item=33007>

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

Rosecrance. (2024). Adult services: Rosecrance: Enlightened treatment for effective recovery. Rosecrance. <https://rosecrance.org/mental-health/adult-services/>

**Concept Map (20 Points):**

### Subjective Data

The client stated since her grandmother died she has been feeling depressed. When her father left on vacation for 2 weeks she felt very hopeless and lonely and that is when she called the ambulance stating she "wanted to cut her throat." She has been depressed and tired. She appearance and did not maintain good eye contact. She has uncontrollable shifts in her moods.

### Objective Data

### Nursing Diagnosis/Outcomes

1. Risk for suicidal behavior related to depression/suicidal ideation as evidenced by the threat of killing self (Phelps, 2023).
  - a. The client will express positive feelings about self by the time of discharge (Phelps, 2023).
2. Ineffective coping related to insufficient social support and inadequate resources as evidenced by the client stating she does not have a support system, and stating she does not "know what else to do" to cope with her feelings (Phelps, 2023).
  - a. The client will identify effective and instigate appropriate coping mechanisms available to her (Phelps, 2023).

### Patient Information

The client is a 48-year-old female admitted for suicidal ideation. She is a voluntary admit. She has a history of anxiety, does not smoke, hypothyroidism, hyperlipidemia, and diabetes mellitus II. She was given the diagnosis bipolar mood regulation related to anxiety and bipolar disorder (Phelps, 2023).

- a. The client will demonstrate an understanding of behaviors and identify strategies to help with mood regulation (Phelps, 2023).

### Nursing Interventions

1. Initiate safety precautions and remove harmful objects from the client's environment (Phelps, 2023).
  - a. Listen to the client in nonjudgmental manner (Phelps, 2023).
  - b. Teach the client effective relaxation techniques (Phelps, 2023).
- 3.1. Engage the client to develop a wellness recovery plan (Phelps, 2023).





