N323 Care Plan

Lakeview College of Nursing

Kayla Cox Schrubb~~Name~~

Demographics (3 points)

Date of Admission	Patient Initials	Age	Biological Gender
04/03/2024	ZE	19	Female
Race/Ethnicity	**Occupation**	**Marital Status**	**Gender Identity**
White	Unemployed	Single	Female
Code Status	**Height and Weight**	**Allergies**	**Pronouns**
FULL code	5'7, 200 ib.	NKA	Her, She

Medical History (5 Points)

Past Medical History: Anxiety, depression, PTSD, hypertension.

Psychiatric Diagnosis: Bipolar disorder.

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	**Inpatient or Outpatient?**	**Reason for Treatment**
N/A (within the last month)	Inpatient	Suicidal ideations

Admission Assessment

Chief Complaint (2 points): Pt. admitted herself into the facility two days ago because she "did not feel comfortable with herself while being along". Patient also stated that she was "upset with people". These symptoms had started 2 days before she decided to come into the facility.

Contributing Factors (10 points):

- **Factors that lead to admission (address triggers and coping mechanisms if applicable):** The patient is triggered by people asking her multiple questions.

She had an encounter with a friend, and it made her admit that she wanted to commit suicide.

- **Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal):** The patient is not worried about getting out of the facility. She is unemployed and lives at home with her mom. She is just wanting help so she can feel safe around herself again.

Primary Diagnosis on Admission (2 points): bipolar disorder type 1, most recent episode manic with 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?		Patient stated no but was not very cooperative during assessment. Was rushing to answer questions.	
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?		NO	
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 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	6 months ago.	19	Patient would not answer

			question.
Sexual Abuse	Not in last 6 months.	N/A	Patient stated that the sexual abuse was not recent but would not give anymore detail.
Emotional Abuse	NO		
Verbal Abuse	NO		
Military	NO		
Other	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?	Sometimes.	When admitted, the patient was scared of herself. Less than a month ago she was admitted to a different facility for suicidal ideations.	
Do you feel tired or have little energy?	NO		
Do you avoid social situations?	NO		
Do you have difficulties with home, school, work, relationships, or responsibilities	NO	Patient stated that she lives with her mom and her extended family is very supportive.	
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	NO, 5-6 hours is stated	Patient described feeling safe now that she was	

sleep each night?	**normal for this pt.**	**in the facility.**
Do you have difficulty falling asleep?	**Yes**	**Patient has explained having insomnia. This happens when she has manic episodes and irritability.**
Do you frequently awaken during the night?	**NO**	
Do you have nightmares?	**NO**	
Are you satisfied with your sleep?	**NO**	**Patient states "I wish I could sleep more, but when my medications are not working I have episodes and unable to 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?	**NO**	
Do you purge after eating? **Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.**	**NO**	
Do you have not eat enough or have a loss of appetite?	**NO**	
Have you recently experienced unexplained weight loss? **Amount of weight change:**	**NO**	
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**	**Patient states "I become irritable when I have my episodes and I cannot sit still. I become very hyper and cannot sit still". Only happens when she has manic episodes.**
Do you experience panic attacks?	**NO**	
Do you have obsessive or compulsive thoughts?	**NO**	
Do you have obsessive or compulsive behaviors?	**NO**	
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?	**NO**	**Patient states "No", but she admitted herself into the facility because she was afraid of self-harming. She also was admitted into another facility less than a month ago because of suicidal ideations.**
Have you ever tried to kill yourself?	**NO**	
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?		**4**
How would you rate your anxiety on a		**5**

scale of 1-10?			
Personal/Family History			
Who lives with you?	**Age**	**Relationship**	**Do they use alcohol or drugs?**
Mom	**45 years old**	**mother**	**Yes.**
If yes to any alcohol or drug use, explain: **Patient explain her mom has a history of drug use but did not elaborate any farther than that.**			
Family Medical History: **N/A**			
Family Psychiatric History (including suicide): **N/A**			
Family alcohol or drug use (not covered by those client lives with): **Patient did mention that her friends are drug and alcohol users but patient denies and says that she has never used or drank.**			
Do you have children? If yes, what are their ages? NO **Who are your children with now? N/A**			
Have you experienced parental separation or divorce, or loss/death/ or incarceration of family or friends?			

No, patient is single and says that her mother and extended family are supportive. **If yes, please tell me more about that:**		
Are you currently having relationship problems? NO		
What is your sexual orientation: male	**Are you sexually active?** yes	**Do you practice safe sex?** Birth control, implant.
Please describe your religious values, beliefs, spirituality and/or preference: No religious beliefs.		
Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care? No beliefs or practices.		
Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): NO		
Whom would you consider your support system? My mother and extended family (friends). **How can your family/support system participate in your treatment and care?** Her mom is the one that gave her a ride to the facility. Patient states "her friends support her in getting help". She does not ever talk about her father. When I asked about him, she ignored the question.		
What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.) Patient states that she is still working on how to cope with her episodes. This is why she came into the facility, to feel safe with herself when manic episodes occur.		
What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.) The patient states her triggers are when someone is asking her lots of questions.		
Client raised by: Natural parents – Just mother, patient does not talk about her father. **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? NO**

(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**	**Patient not compliant during admission. Denied all use.**
Alcohol	**First Use: N/A** **Last Use: N/A**	**Denied.**
Prescription Medications (Recreational Use)	**First Use: N/A** **Last Use: N/A**	**Denied.**
Marijuana	**First Use: N/A**	**Denied.**

	Last Use: N/A	
Heroin	**First Use: N/A** **Last Use: N/A**	**Denied.**
Methamphetamine	**First Use: N/A** **Last Use: N/A**	**Denied.**
Other: Specify	**First Use: N/A** **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.

Brand/ Generic	**Zyprexa/ olanzapine**	**Hydrochlorothiazide/ Microzide**	**Abilify/ aripiprazole**	**Prozac/ fluoxetine**	**Bupropion XL/Wellbutrin**
Dose	**10 mg**	**12.5 mg**	**20 mg**	**10 mg**	**150 mg**
Frequency	**daily**	**daily**	**daily**	**daily**	**daily**
Route	**PO**	**PO**	**PO**	**PO**	**PO**

Classification	Pharmacologic class: thienobenzodiazepine derivative Therapeutic class: antipsychotic	Pharmacologic class: thiazide diuretic Therapeutic class: diuretic	Pharmacologic class: atypical antipsychotic Therapeutic class: antipsychotic	Pharmacologic class: selective serotonin reuptake inhibitor (SSRI) Therapeutic use: antidepressant	Pharmacologic class: aminoketone Therapeutic class: antidepressant, smoking cessation adjunct.
Mechanism of Action	May achieve antipsychotic effects by antagonizing dopamine and serotonin receptors.	To manage hypertension as monotherapy or adjunct with other hypertensive drugs in more severe forms of hypertension (Jones & Bartlett, 2023, pg 652).	"May produce antipsychotic effects through partial agonist and antagonist actions (Jones & Bartlett, 2023 pg 97).	"Selectively inhibits reuptake of the neurotransmitter serotonin by CNS neurons and increases the amount of serotonin available in nerve synapses (Jones & Bartlett, 2023 pg 572).	"May inhibit dopamine, norepinephrine, and serotonin uptake by neurons, which significantly relieves evidence of depression" (Jones & Bartlett, 2023).
Therapeutic Uses	To treat schizophrenia.	To decrease blood pressure.	To treat acute schizophrenia; to maintain stability in patients with schizophrenia (Jones & Bartlett, 2023, pg 93).	To treat acute depression; to provide maintenance therapy for depression.	To treat depression.
Therapeutic Range (if applicable)	20-40 mg/mL	25-100 mg daily	10-30 mg/day	20-60 mg/day.	150 mg daily for 3 days; then 150 mg twice daily

					with at least 8 hours between successive doses (Jones & Bartlett, 2023).
Reason Client Taking	Help patient with psychotic episodes.	Help with the patients' diagnosis of hypertension.	A medication to help with the patients' manic attacks and bipolar.	Help to treat her diagnosis of depression.	Help with pt. depression.
For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of this Medication	N/A	N/A	N/A	N/A	N/A
Contraindications (2)	1.Hypersensitivty to olanzapine or its components. 2. Alcohol use while taking this medication.	1. anuria. 2. hypersensitivity to hydrochlorothiazide, other thiazides, sulfonamide derivatives, or their components (Jones & Bartlett, 2023, pg 652).	1. Allergy to drug. 2. Patient having hypertension,	1.concurrent therapy with pimozide or thioridazine. (Jones & Bartlett, 2023 pg 572). 2.Use within 14 days of MAO inhibitor therapy, including linezolid or intravenous	1.Pt should not take is they have a seizure disorder or conditions that increase risk of seizures (Jones & Bartlett, 2023). 2.If pt. becomes anorexia nervosa or bulimia; use within 14 days of

				methylene blue (Jones & Bartlett, 2023 pg 572)	an MAO inhibitor (Jones & Bartlett, 2023).
Side Effects/Adverse Reactions (2)	1. Hypotension 2, anaphylaxis	1. Hypokalemia 2. Hypon atremia	1. prolonged QT interval. 2. Homicidal ideations.	1. arrhythmia 2. suicidal ideations.	1. Suicidal ideation 2. Arrhythmias
Medication/ Food Interactions	1. alcohol use: potentiated orthostatic hypotension. 2. CNS depressants: additive CNS depression, potentiated orthostatic hypotension (Jones & Bartlett, 2023. Pg 992).	1. NSAIDs: decreased diuretic effect of hydrochlorothiazide, increased risk of renal failure (Jones & Bartlett, 2023, pg 652). 2. corticosteroids: increased electrolyte depletion, especially potassium (Jones & Bartlett, 2023, pg 652).	1. antihypersensitivities: possibly enhanced antihypertensive effects. 2. alcohol use: increased CNS depression (Jones & Bartlett, 2023, pg 97).	1.aspirin, NSAIDs, warfarin: increased anticoagulant activity and risk for bleeding (Jones & Bartlett, 2023, pg 572). 2.alprazolam, diazepam: possibly prolonged half-life of these drugs (Jones & Bartlett, 2023, pg 572).	1. Alcohol use, recreational drug abuse: possible rare adverse neuropsychiatric events. 2. Amantadine, levodopa: increased CNS adverse reactions to bupropion (Jones & Bartlett, 2023).
Nursing Considerations (2)	1.Monitor patients' blood pressure routinely during therapy because this med may cause orthostatic	1. Monitor blood pressure, daily weight, fluid intake and output, amd serum levels of electrolytes, especially potassium	1. Watch patients for suicidal tendencies, particularly when therapy starts and dosage changes, because depression	1. Avoid giving this mediation within 14 days of a MAO inhibitor or starting MAO inhibitor therapy	1, Monitor patient for seizures. 2. Assess patients' blood pressure before administering this med, also

	hypotension (Jones & Bartlett, 2023, pg 993). 2. Assess daily weight to detect fluid retention or metabolic changes (Jones & Bartlett, 2023, pg 993).	(Jones & Bartlett, 2023, pg 652). 2. Assess for evidence of hypokalemia, such as muscle spasms and weakness (Jones & Bartlett, 2023, pg 652).	may worsen temporarily during these times (Jones & Bartlett, 2023, pg 99). 2. Monitor patient's weight, blood glucose level, because of atypical antipsychotic drugs such as aripiprazole may cause metabolic changes (Jones & Bartlett, 2023, pg 99).	within 5 weeks of discontinuing fluoxetine (Jones & Bartlett, 2023 pg 573). 2. Monitor patients for depression and watch closely for suicidal tendencies, particularly when therapy starts and dosage changes, because depression may worsen temporarily during those times (Jones & Bartlett, 2023 pg 573).	periodically while taking this medication because it may cause hypertension.

Medications Reference (1) (APA):

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

Mental Status Exam Findings (25 points)

OBSERVATIONS: **Appearance (i.e.: positioning, posture,**	Well-groomed and developed approprtiate for age.

dress, grooming): **Alertness:** **Orientation:** **Behavior:** **Speech:** **Eye Contact:** **Attentiveness:**	**Not in acute distress currently.** **She is alert and oriented to person, place, and time.** **Patient is having racing thoughts, hyperactivity, insomnia, and disorganized thought process.** **She is continuing to be required behavorial redirection and she has been disruptive and irritable at times.** **Eye contact: normal**
MOOD: **How is your mood today?** **Affect:** **Consistency between mood and affect?**	**Mood is better today. Still continues to have symptoms of mania, hyperactive and being loud at times.** **She is wanting attention. Patient has improved to get "turtle vest" removed today.**
COGNITION: **Alertness:** **Orientation:** **Memory Impairment:** **Attention:**	**A&O x 4** **Oriented to place.** **Memory intact.** **Attention: proper for age.**
MAIN THOUGHT CONTENT: **Homicidal Ideations or Suicidal Ideation:** **Delusions:** **Hallucinations:** • **Specify: Auditory, Visual, Tactile, Olfactory** **Obsessions:** **Compulsions:** **Paranoia:** **Flight of Ideas:** **Perseveration:** **Loose Association:**	**Pt. has had homicidal and suicidale ideations in the past.** **Today her suicide risk is moderate. The patent presents on and off episodes of depression, mood swings, and suicidal thoughts.** **Hallucinations: no** **Obsessions: no** **Compulsions: when asked lots of questions.** **Paranoia: yes, delusions.** **Flight of ideas: yes, talking very fast and gets off topic when asked questions about certain things.** **Perservation: no** **Loose association: no**
REASONING: **Judgment (Assess by asking: If you found a wallet on the side of the road, what would you do?):** **Insight into Illness:**	.Judgement is impaired. Pt is all over the place with flight of ideas. **Insight into illness: patient is currently experiencing a manic episode with being hyper and not able to gather her thoughts.**

MOTOR ACTIVITY: **Assistive Devices:** **Gait:** **Abnormal Motor Activities:**	Assistive devices: no Gait: normal for age Abnormal motor acitives: no, just pacing around room.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0945	92	127/76	18	98.5 F	98%

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0945	0	No pain at this time.	Not experiencing any pain.	None.	Patient has been compliant with medications. They seem to be working better.

Nursing Care (6 points)

Overview of care provided today: The patient reports she is doing better. However, she continues presenting significant symptoms of mania. She continues being hyperactive and loud at times. Continues requiring frequent behavioral redirections. Reports limited response to medications in general.

Client complaints: **Complained about being in her "turtle vest" that she had to be in for the first 24 hours of being admitted. She was on high alert for harming herself. Complains about medications not working.**

Participation in therapy / groups: **She participated in group. Always the first one to answer and loudest in the room.**

Medication compliance today: **Took all medications.**

Behaviors exhibited today: **Better, seems to still be loud and irritable. Wants to constantly be having conversation with anyone is the room.**

Discharge Planning

Discharge location: **She will be discharged back home with her mother.**

Follow up plan: **Patient states she plans of continuing to go to group sessions once out of the facility. It helps her talk about things rather than people asking her questions.**

Education needs: **She does not have any specific educational needs currently. She has finished high school and at this time as no ambition to further her education. Patient has received all education due to her mental illness.**

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) ~~(1~~ per diagnosis)**

1. Risk for injury relating to the patient admitting herself into the facility as evidance by the patient stating “I do not feel safe around myself”	The patient admitted herself into the facility because of not feeling safe with herself.	1.Patient will not harm themselves or others during a manic episode. ~~1.~~	1.—Assess the patients triggers that brings on a manic episode. 2. Remove everything out of room that patient could potentially harm herself with. 3. Assess safety/suicide risk.	1. Psychiatrist
1.Disturbed sleep pattern related to decreased need for sleep during manic episodes as evidence by the patient stating, “in her manic episodes she becomes hyper and unable to sleep".	Patient becomes hyper, irritable, and loud when manic episodes begin.	1. Patient will be able to recognize and verbalize her manic episodes and know how to help subside symptoms.	1. —Reorient and focus the patient on reality. 2.—make sure to provide positive reinforcement to the patient. 3. Assess the patients sleeping patterns at night. -	1. Patient should see a sleep specialist to see how she can get better quality sleep.
1.Disturbed thought processes related to cognitive impairments as evidence by the patient having poor concentration and racing thoughts during manic episode.	Patient came with fight or flight ideas along with hyperactivity and pacing around.	1. The client will respond to the medication within the therapeutic levels.	1. Make sure patient is receiving and taking all prescribed medication. 2. identify and address environmental hazards or triggers that may contribute to manic or depressive episodes.	1. Patient should talk to a pharmacologist so she is able to get a better understanding of the therapeutic effects of her medications.

			3. Teach the patient strategies to recognize early signs of mood changes and develop coping skills to manage symptoms.	

Other References (APA):

Maegan. (2023, January 9). *Bipolar disorder nursing diagnosis & care plan*. NurseTogether. https://www.nursetogether.com/bipolar-disorder-nursing-diagnosis-care-plan/

Sarwar, Dr. A. (2023, July 7). *Nursing care plan for bipolar disorder*. Made For Medical. https://www.madeformedical.com/nursing-care-plan-for-bipolar-disorder/

Concept Map (20 Points):

Subjective Data

- Patient pain is 0/10 on numeric pain scale.
- Patient feels "like she is not safe with herself."
- Has good support from her mother and extended family (friends)
- Patient states she "feels safer at the facility"
- Patient expresses wanting to feel better.

Nursing Diagnosis/Outcomes

1. Risk for injury relating to the patient admitting herself into the facility as evidence by the patient stating "I do not feel safe around myself"
   - **outcome: Patient will not harm themselves or others during a manic episode**

2. **Disturbed thought processes related to cognitive impairments as evidence by the patient having poor concentration and racing thoughts during manic episode.**
   - **outcome: Patient will be able to recognize and verbalize her manic episodes and know how to help subside symptoms.**

3. **Disturbed thought processes related to cognitive impairments as evidence by the patient having poor concentration and racing thoughts during manic episode.**
   Outcome: The client will respond to the medication within the therapeutic levels.

Objective Data

- Vital signs: all within normal range.
- Patient seems to more oriented to circumstances that are going on.
- Have grown a trusting relationship with patient.
- Pt. took all prescribed medications.
- Pt. is A&O x 4
- No skin lesions.
- Pt. appears with little irritability.
- Pt. is safe to be DC from her "turtle vest"

Patient Information

19 year old female
White/Caucasian
Primary language is English.
Unemployed
Lives at home with her mother.
Single.

Nursing Interventions

1. **Assess the patients triggers that brings on a manic episode.**
2. **Remove everything out of room that patient could potentially harm herself with.**
3. **Assess safety/suicide risk.**
4. **Reorient and focus the patient on reality.**
5. **make sure to provide positive reinforcement to the patient.**
6. **Assess the patients sleeping patterns at night.**
7. **Make sure patient is receiving and taking all prescribed medication.**
8. **identify and address environmental hazards or triggers that may contribute to manic or depressive episodes.**
9. **Teach the patient strategies to recognize early signs of mood changes and develop coping skills to manage symptoms.**