

N323 Care Plan

Lakeview College of Nursing

Isabella Leevey

Demographics (3 points)

Date of Admission 10/29/2024	Patient Initials J.B	Age 53 years old	Biological Gender Male
Race/Ethnicity White	Occupation Truck Driver	Marital Status Married	Gender Identity Male
Code Status Full code	Height and Weight 5'9" and 227 pounds	Allergies N/A	Pronouns He/Him

Medical History (5 Points)

Past Medical History: Not applicable

Psychiatric Diagnosis: Bipolar disorder with current episode of depression without psychotic features (HCC).

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	Inpatient or Outpatient?	Reason for Treatment
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

Admission Assessment

Chief Complaint (2 points): increasingly suspicious and paranoid

Contributing Factors (10 points):

- o **Factors that lead to admission (address triggers and coping mechanisms if applicable):** The patient believes that people were out to get him and that the water was poisoned at home. The patient was also acting erratically.
- o **Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal):** Depression and the patient is having living issues with this girlfriend.

Primary Diagnosis on Admission (2 points):

Bipolar Disorder

Psychosocial Assessment (30 points)

History of Trauma			
Screening Questions:		Client Answer	
Do you have a history of physical, sexual, emotional, or verbal abuse?		Patient has a history of physical and verbal abuse from his father.	
Do you have a history of trauma secondary to military service?		Not applicable	
Have you experienced a loss of family or friends that affected your emotional well-being?		His father and grandmother have passed away. The patient's mother is in a nursing home.	
Have you experienced any other scary or stressful event in the past that continues to bother you today?		Physical and verbal abuse from his father.	
(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	N/A	childhood	Father
Sexual Abuse	N/A	N/A	N/A
Emotional Abuse	N/A	childhood	Father
Verbal Abuse	N/A	childhood	Father
Military	N/A	N/A	N/A
Other	N/A	N/A	N/A
Presenting Problems			
Problematic Areas	Client Answer	Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.	

Do you feel down, depressed or hopeless?	Yes	The patient has been depressed in the past, he says that his overall mood is “feeling down”.
Do you feel tired or have little energy?	Yes	He feels tired and has little energy due to patient being a truck driver.
Do you avoid social situations?	Sometimes	Depending on the patient mood.
Do you have difficulties with home, school, work, relationships, or responsibilities	Yes	Patient states that his relationship with his girlfriend is off and on.
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	He will sleep a couple hours and then will not be able to go back to sleep.
Do you have difficulty falling asleep?	Yes	Most of the time
Do you frequently awaken during the night?	No	N/A
Do you have nightmares?	No	N/A
Are you satisfied with your sleep?	No	N/A
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?	Sometimes	Normal amount for average person
Do you purge after eating? Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.	No	N/A
Do you have not eat enough or have a loss of appetite?	No	N/A

<p>Have you recently experienced unexplained weight loss?</p> <p>Amount of weight change:</p>	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?	No	N/A
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?	No	N/A
Have you ever tried to kill yourself?	Yes	He was doing this to get away from his current living situation.
<p>If the client answered either of the previous questions "yes", you must ask the client:</p> <p>Are you having thoughts of killing yourself right now?</p> <p>(If the client says yes, you must ensure facility staff are aware)</p>	He did not have any thoughts of killing himself.	N/A

Rating Scale			
How would you rate your depression on a scale of 1-10?		3-4	
How would you rate your anxiety on a scale of 1-10?		0	
Personal/Family History			
Who lives with you?	Age	Relationship	Do they use alcohol or drugs?
Girlfriend	unknown	Girlfriend	Wine on weekends
If yes to any alcohol or drug use, explain: Wine recreationally on the weekends			
Family Medical History: Mother had Type 2 Diabetes and Father had throat cancer.			
Family Psychiatric History (including suicide): Father was an alcoholic.			
Family alcohol or drug use (not covered by those client lives with): Father had an alcohol problem			
Do you have children? If yes, what are their ages? 3 children, 2 girls and 1 step son. Ages are 31, 28, 21			
Who are your children with now? On their own			
Have you experienced parental separation or divorce, or loss/death/ or incarceration of family or friends? Divorce of parents and death of father.			
If yes, please tell me more about that: Parents got a divorce due to the father's alcohol			

problem.		
Are you currently having relationship problems? Yes		
What is your sexual orientation: Straight, heterosexual	Are you sexually active? Yes	Do you practice safe sex? Yes
Please describe your religious values, beliefs, spirituality and/or preference: Catholic		
Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care? Not applicable		
Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): Divorce x 2.		
Whom would you consider your support system? Girlfriend and mother.		
How can your family/support system participate in your treatment and care? The girlfriend is involved in the patient's care and his mother is in a nursing home.		
What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.) Unknown		
What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.) Alcohol and arguments with the girlfriend		
Client raised by: Natural parents Grandparents Adoptive parents Foster parents Other (describe):		
Self-Care: Independent Assisted Total Care		
Education History:		

Grade school High school - GED College- 2 years but then had to drop out due to being full time at work and had a child on the way. Other:		
Reading Skills: Yes No Limited		
Primary Language: English		
Personal History of Substance Use		
Screening Questions: 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.)		
Substance	First Use and Last Use	Frequency of Use
Nicotine Products (including smoking, chewing, vaping)	First Use: N/A Last Use: N/A	N/A
Alcohol	First Use: young age Last Use: weekend	Wine on the weekends
Prescription Medications (Recreational Use)	First Use: N/A Last Use: N/A	N/A
Marijuana	First Use: unknown Last Use: “a long time ago”	unknown
Heroin	First Use: N/A Last Use: N/A	N/A
Methamphetamine	First Use: N/A	N/A

	Last Use: N/A	
Other: Specify	First Use: N/A Last Use: N/A	N/A

Current Psychiatric Medications (10 points)

Complete all of your client's psychiatric medications

All information listed in this section must be pertinent to your patient.

Brand/Generic	Aripiprazole (Abilify)	Divalproex (Depakote)	Benztropine (Cogentin)	Haloperidol (Haldol)	Hydroxyzine (Atarax)
Dose	10 mg	500 mg	2 mg	5 mg	25 mg
Frequency	Daily	2 times daily	2 times daily PRN	Every 6-hours PRN	3 times daily PRN
Route	Oral	Oral	Oral	Oral	Oral
Classification	Atypical antipsychotics (Drugs.com, 2024).	Fatty acid derivative anticonvulsants (Drugs.com, 2024).	Anticholinergic antiparkinsonian agents (Drugs.com, 2024).	Miscellaneous antipsychotic agent (Drugs.com, 2024).	Sedatives and hypnotics (Drugs.com, 2024).
Mechanism of Action	Regulates dopamine and serotonin levels in the	Affects certain chemicals in the body that may	“Restores balance between the dopamine and	Blocks dopamine (Drugs.com, 2024).	Reduces activity in the central nervous system

	brain (Drugs.com, 2024).	be involved in seizure activity (Drugs.com, 2024).	acetylcholine in the parts of the brain that controls the action of muscles” (Kelty Mental Health, 2024).		(Drugs.com, 2024).
Therapeutic Uses	Treatment of bipolar disorder (Drugs.com, 2024).	Treatment of bipolar disorder and seizure disorder (Drugs.com, 2024).	Movement disorder	agitation	Anxiety
Therapeutic Range (if applicable)	N/A	N/A	N/A	N/A	N/A
Reason Client Taking	Psychosis and mood stabilization	Mood stabilization	Unknown reason for client taking.	This medication is taken for schizophrenia (Drugs.com, 2024).	For generalized anxiety.
For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of this Medication	N/A	N/A	Unknown.	Allow the patient to have a quiet and calm environment and avoid external stimuli.	Allow the patient to calm down and have a low stimulus environment.
Contraindications (2)	Seizure disorder and CNS depression (Drugs.com, 2024).	Depression and liver disease (Drugs.com, 2024).	Psychoses and hypertension (Drugs.com, 2024).	Alcohol and related psychosis (Drugs.com, 2024).	Liver disease and kidney disease (Drugs.com, 2024).
Side Effects/Adverse Reactions (2)	Uncontrolled muscle movements	Swollen glands and change in	Uncontrolled muscle movements	Rapid changes in mood or	Tremor and seizures (Drugs.com,

	and blurred vision (Drugs.com).	mental state (Drugs.com, 2024).	and muscle weakness (Drugs.com, 2024).	behavior and low white blood cell count (Drugs.com, 2024).	2024).
Medication/Food Interactions	Prozac, Benadryl, and Xanax are medications that cannot be taken with Aripiprazole (Drugs.com, 2024).	Abilify and hydroxyzine are medications that could interact with Depakote (Drugs.com, 2024).	Other medications for Parkinson's disease can interact with this medication (Drugs.com, 2024).	Parkinson medications and seizure medications can interact with Haldol (Drugs.com, 2024).	Zyrtec and Xanax are medications that can interact with Hydroxyzine (Drugs.com, 2024).
Nursing Considerations (2)	If the patient has diabetes or a seizure disorder (Drugs.com, 2024).	Patients with suicidal ideation and depression should be monitored closely while taking this drug (Drugs.com, 2024).	Determine oral health needs and take special considerations with older adult patients (Drugs.com, 2024).	Check patient white blood cell count routinely and monitor for infection (Drugs.com, 2024).	Check patient for pregnancy and seizures (Drugs.com, 2024).

Medications Reference (1) (APA):

Drugs.com. (2024). *Prescription drug information*. Drugs.com. <https://www.drugs.com/>

Kelty Mental Health. (2024). *Benzotropine (Cogentin)*. Kelty Mental Health Resource Center. <https://keltymentalhealth.ca/r/benzotropine-cogentin#:~:text=How%20does%20this%20medication%20work,control%20the%20action%20of%20muscles.>

Mental Status Exam Findings (25 points)

OBSERVATIONS:	Patient's appearance was disheveled and
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<p>Appearance (i.e.: positioning, posture, dress, grooming): Alertness: Orientation: Behavior: Speech: Eye Contact: Attentiveness:</p>	<p>ungroomed. Patient was a bit guarded when student nurses were speaking to client. The patient is alert and oriented x 4. The patient's behavior was calm and cooperative. Speech was normal for a patient age. Patient was not making eye contact consistently when talking to student nurses. The patient was attentive to what the nursing students were saying.</p>
<p>MOOD: How is your mood today? Affect: Consistency between mood and affect?</p>	<p>The patient stated that his mood was good. He had a blunt affect. The consistency between mood and affect was not applicable.</p>
<p>COGNITION: Alertness: Orientation: Memory Impairment: Attention:</p>	<p>The patient is alert and oriented x 4 and the patient had no memory impairment. The patient was paying attention at all times.</p>
<p>MAIN THOUGHT CONTENT: Homicidal Ideations or Suicidal Ideation: Delusions: Hallucinations: <ul style="list-style-type: none"> • Specify: Auditory, Visual, Tactile, Olfactory Obsessions: Compulsions: Paranoia: Flight of Ideas: Perseveration: Loose Association:</p>	<p>The patient had suicidal ideations before coming to OSF 5th floor. The patient did not have any delusions or hallucinations. The patient did not have obsessions, compulsions, paranoia, flight of ideas, perseveration, or loose association noted.</p>
<p>REASONING: Judgment (Assess by asking: If you found a wallet on the side of the road, what would you do?): Insight into Illness:</p>	<p>Patient had good judgement and is wanting to feel and get better before he leaves facility.</p>
<p>MOTOR ACTIVITY: Assistive Devices: Gait: Abnormal Motor Activities:</p>	<p>The patient did not have any assistive devices. Gait was normal for client age and client did not show any abnormal motor activities.</p>

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	95	122/86	18	98 degrees F	99%

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0900 @ 11/1/202 4	Numeric scale	Not applicable	0/10	Not applicable	Not applicable

Nursing Care (6 points)

Overview of care provided today: Discharge planning and follow up care being scheduled.

Client complaints: None

Participation in therapy / groups: Yes

Medication compliance today: Yes

Behaviors exhibited today: Not applicable

Discharge Planning

Discharge location: Patient is discharged to home.

Follow up plan: Follow up with primary care provider for medical care and Dr. Yang in 2 weeks for mental health update.

Education needs: When to call to refill prescriptions and to keep up to date on appointments with psychiatrists and primary care providers.

Nursing Diagnosis (25 points)

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

Nursing Diagnosis <ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	Rationale <ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 	Outcome Goal (1 per diagnosis)	Interventions (3 per diagnosis)	Outpatient Resource with Rationale (1 per diagnosis)
Psychosis	Patient is paranoid and believes that “people are out to get him” and “his water is being poisoned”	Make the patient feel safe and secure by allowing time for the patient to ask questions about the care they are receiving.	Allow time for the patient to ask questions. Explain step by step the information and treatment plan for the client. Educate client on healthy ways of coping.	We can offer the client information on therapy sessions so the client will have an outlet for his emotions.
Relationship issues	He has had a divorce in the past and has been on and off with his girlfriend for the past several years.	Encourage the client and his girlfriend to go to couples therapy so they can have a healthy relationship.	Educate on effective communication techniques. Helping client and his girlfriend get in touch with a couple's therapist. Educate client on alternative activities that he can do when his girlfriend and self-get into arguments.	Give information on different couple therapy opportunities.
Unsafe	Patient	Make the	Give information	Give information on

environment	stated “I faked a suicide to get out of a citation in the past”	patient feel safe when he is at home.	on group homes that he can live in. Give information on jobs hiring in the area he lives in. If the patient decides to still live in a hotel, offer a safer area to where he can live.	housing plans and homeless shelters so the patient is not staying in a hotel.
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Concept Map (20 Points):

Subjective Data

The patient stated that he did not feel safe in his current living situation and is having relationship problems with his long-term girlfriend. The client states that he does not feel anxious.

patient made eye contact on and on with the nursing students.

Nursing Diagnosis/Outcome

Psychosis: Make the patient feel safe and secure by allowing time for the patient to ask questions about the care they are receiving.
 Relationship Issues: Encourage the client and his girlfriend to go to couples therapy so they can have a healthy relationship.
 Unsafe Environment: Make the patient feel safe when he is at home.

Nursing Interventions

Psychosis: Allow time for the patient to ask questions. Explain step by step the information and treatment plan for the client.
 Educate client on healthy ways of coping.
 Relationship Issues: Educate on effective communication techniques. Helping client and his girlfriend get in touch with a couple's therapist. Educate client on alternative activities that he can do when his girlfriend and self-get into arguments.
 Unsafe Environment: Give information on group homes that he can live in. Give information on jobs hiring in the area he lives in. If the patient decides to still live in a hotel, offer a safer area to where he can live.

Patient Information

The patient is 53-year-old male who was brought to OSF 5th floor Behavioral Health unit for episodes of mania with a diagnosis of bipolar disorder. The patient stated that he was having relationship issues with his girlfriend that led him to be admitted.



