N323 Care Plan

Lakeview College of Nursing

Taylor Spelman~~Name~~

Demographics (3 points)

Date of Admission 10/29/24	**Patient Initials** A.E	**Age** 22	**Biological Gender** F
Race/Ethnicity White	**Occupation** Student	**Marital Status** Single	**Gender Identity** Other
Code Status Full	**Height and Weight** 5'10 170 lbs.	**Allergies** N/A	**Pronouns** They/Them

Medical History (5 Points)

Past Medical History: N/A

Psychiatric Diagnosis: Bipolar disorder, depressed, severe without psychotic feature

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	**Inpatient or Outpatient?**	**Reason for Treatment**
N/A. The patient did not provide a us with a specific date.	Inpatient	Attempted overdose
There was no date given but the patient states "about 2 years ago"	Outpatient	Attempted overdose

Admission Assessment

Chief Complaint (2 points): Overdose on 30 tablets of Seroquel

Contributing Factors (10 points):

- **Factors that lead to admission (address triggers and coping mechanisms if applicable):** Therapist told her she needed to be hospitalized due to her mental illness

- **Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal):** "I am in control of life" She is away from family.

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?	"Verbal and emotional abuse"
Do you have a history of trauma secondary to military service?	N/A
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?	"Yes, my mom was an alcoholic" Her being bipolar can cause scary episodes.
(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	N/A	N/A
Sexual Abuse	Once	16	Mother
Emotional Abuse	Once	16	Mother
Verbal Abuse	Once	16	Mother
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?	"Not at the moment"	N/A
Do you feel tired or have little energy?	"I'm tired. I didn't get much sleep"	They did not get a lot of sleep last night or while they has been admitted.
Do you avoid social situations?	Yes	"I am introverted so I like to avoid crowds."
Do you have difficulties with home, school, work, relationships, or responsibilities	Not recently	N/A
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	Patient stated they have not been getting much sleep while being admitted. Hours of sleep normally fluctuate.
Do you have difficulty falling asleep?	Yes	"When I am anxious, it is harder to fall asleep"
Do you frequently awaken during the night?	Yes	**"**I toss and turn most of the night"
Do you have nightmares?	Yes	"I don't have them every night. But I do get them so often"
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?	Yes	States she goes back and forth between eating and not eating
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?	Yes	States she forces herself to eat. Has a loss of appetite all the time.
Have you recently experienced unexplained weight loss? **Amount of weight change:**	No	N/A
Anxiety Symptoms	**Client Answer**	**Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.**
Do you pace, have tremors, or experience other symptoms of anxiety?	Yes	Her neck with twitch and she tends to pace
Do you experience panic attacks?	Yes	Not often. Maybe 1-2 a month. Due to situational
Do you have obsessive or compulsive thoughts?	Yes	All day
Do you have obsessive or compulsive behaviors?	Yes	Feels frozen and guarded
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	Feels this way frequently when she gets anxious. At the age of 16-17, was her first time having these thoughts.
Have you ever tried to kill yourself?	Yes	
If the client answered	No	N/A

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)**		

Rating Scale	
How would you rate your depression on a scale of 1-10?	"3 right now"
How would you rate your anxiety on a scale of 1-10?	"4-5 right now because of the questions being asked"

Personal/Family History

Who lives with you?	**Age**	**Relationship**	**Do they use alcohol or drugs?**
Lives alone			

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

Family Medical History: alcoholism

Family Psychiatric History (including suicide): N/A

Family alcohol or drug use (not covered by those client lives with): alcoholism

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?

Patient stated no but from the charts it states that her maternal aunt committed suicide

If yes, please tell me more about that: Patient stated no

Are you currently having relationship problems? No

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

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

Agonist

Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care? N/A

Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates):

Mother: DUI, been to jail (age 12-13)

Whom would you consider your support system?

Family/friends (dad/sister)

Has a brother and sister

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

Provides distraction/ support

What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.)

“I like to listen to music and go for walks”

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

Emotions of others- angriness

Client raised by:

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

Self-Care:

Independent
Assisted
Total Care

Education History:

Grade school
High school
College (Currently attending)
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?**

(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,	**First Use:** N/A	N/A

chewing, vaping)	**Last Use:** N/A	
Alcohol	**First Use:** 17 years **Last Use:** 22 years, on Monday	Socially, every couple of months
Prescription Medications (Recreational Use)	**First Use:** N/A **Last Use:** N/A	N/A
Marijuana	**First Use:** 2 years ago **Last Use:** Last week	Uses this substance more over breaks but does use every week, sometimes days.
Heroin	**First Use:** N/A **Last Use:** N/A	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 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	**hydroxyzine (Atarax)**	**aripiprazole (Ablify)**	**oxcarbazepine (Trileptal)**	**trazadone (Desyrel)**	
Dose	25mg tablet	5mg tablet	300mg tablet	60mg tablet	
Frequency	Every 6 hours	Daily	2x daily	Nightly	
Route	By mouth	By mouth	By mouth	By mouth	

Classification	Pharmacological class: Piperazine derivative Therapeutic class: Anxiolytic, antiemetic, antihistamine, sedative-hypnotic (Jones and Bartlett, 2023)	Pharmacological class: Atypical antipsychotic Therapeutic class: Antipsychotic (Jones and Bartlett, 2023).	Pharmacological class: Carboxamide derivative Therapeutic class: Anticonvulsant (Jones and Bartlett, 2023).	Pharmacological class: triazolopyridine Therapeutic class: Antidepressant (Jones and Bartlett, 2023).	
Mechanism of Action	"Competes with histamine for histamine receptor sites on surfaces of effector cells. This suppresses results of histaminic activity, including edema, flare, and pruritis. Sedative actions occur at subcortical level of CNS and are dose related" (Jones and Bartlett, p 669, 2023).	"May produce antipsychotic effects through partial agonist an antagonist action. Aripiprazole acts as a partial agonist at dopamine receptors and serotonin receptors" (Jones and Bartlett, p 97, 2023).	"May prevent or halt seizures by blocking or closing sodium channels in neuronal cell membrane. By preventing sodium from entering the cell oxcarbazepine may slow nerve impulse transmissions thus decreasing the rate at which neurons fire" (Jones and Bartlett, p 1029, 2023).	"Blocks serotonin reuptake along the presynaptic neuronal membrane causing an antidepressant effect. Trazodone exerts an alpha-adrenergic blocking action and produces modest histamine blockade causing a sedative effect. It also inhibits the vasopressor response to no epinephrine which reduces blood pressure" (Jone and	

				Bartlett, p 1361, 2023).	
Therapeutic Uses	to help control anxiety and tension caused by nervous and emotional conditions (Jones and Bartlett, 2023).	to treat mental conditions such as bipolar I disorder (manic-depressive illness), major depressive disorder, and schizophrenia (Jones and Bartlett, 2023).	to treat partial seizures (Jones and Bartlett, 2023).	To treat major depression (Jones and Bartlett, 2023).	
Therapeutic Range (if applicable)	Adults: 50 to 100mg 4x daily (Jones and Bartlett, 2023).	Adult: 10 or 15mg daily (Jones and Bartlett, 2023).	Adult: 300mg twice daily (Jones and Bartlett, 2023).	Adults: 150mg in divided doses daily (Jones and Bartlett, 2023)	
Reason Client Taking	Anxiety	Mood stabilizer	Mood stabilizer	Insomnia	
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	
Contraindications (2)	Early pregnancy and hypersensitivity to cetirizine (Jones and Bartlett, 2023).	Hypersensitivity to aripiprazole or its components. (Jones and Bartlett, 2023).	Hypersensitivity to oxcarbazepine, eslicarbazepine acetate, or their components (Only found one) (Jones and Bartlett, 2023).	Hypersensitivity to trazadone or its component Allergic reactions to trazadone or other medication (Jones and	

				Bartlett, 2023).	
Side Effects/Adverse Reactions (2)	Drowsiness, hallucinations (Jones and Bartlett, 2023).	Drowsiness and suicidal ideations (Jones and Bartlett, 2023).	Suicidal ideation and seizures (Jones and Bartlett, 2023).	Suicidal ideation and seizures (Jones and Bartlett, 2023).	
Medication/Food Interactions	Antibiotics such as azithromycin, alcohol use, grapefruit (Jones and Bartlett, 2023).	Antihypertensives and alcohol use, grapefruit or grapefruit juice (Jones and Bartlett, 2023).	Hormonal contraceptives and grapefruit or grapefruit juice. Book states all food (XR tablets), alcohol use. (Jones and Bartlett, 2023).	Antibiotics, antipsychotics, alcohol use, grapefruit or grapefruit juice (Jones and Bartlett, 2023).	
Nursing Considerations (2)	Observe for oversedation if patient takes another CNS depressant	Monitor patient weight, blood glucose levels, and lipid levels Monitor patient CBC (Jones and Bartlett 2023	Monitor therapeutic oxcarbazepine levels during initiation and titration Implement seizure precautions as needed (Jones and Bartlett, 2023).	Expect most patients who respond to trazadone to do so by the end of the second week of therapy Closely monitor depressed patients for suicidal thoughts and tendencies. (Jones and bartlett, 2023).	

Medications Reference (1) (APA):

Jones & Bartlett Learning. (2022). *2023 Nurse's drug handbook* (22nd ed.).

Mental Status Exam Findings (25 points)

OBSERVATIONS: **Appearance (i.e.: positioning, posture, dress, grooming):** **Alertness:** **Orientation:** **Behavior:** **Speech:** **Eye Contact:** **Attentiveness:**	A/O x4. Patient was guarded when answering questions. They were calm, willing to help. Well groomed, limited eye contact, understood, attentive.
MOOD: **How is your mood today?** **Affect:** **Consistency between mood and affect?**	They were chill and calm. In a good mood due to going home that day.
COGNITION: **Alertness:** **Orientation:** **Memory Impairment:** **Attention:**	A/O x4. No memory impairment. Never actually stated why she was here or that she OD'd.
MAIN THOUGHT CONTENT: **Homicidal Ideations or Suicidal Ideation:** **Delusions:** **Hallucinations:** • **Specify: Auditory, Visual, Tactile, Olfactory** **Obsessions:** **Compulsions:** **Paranoia:** **Flight of Ideas:** **Perseveration:** **Loose Association:**	Has suicidal ideation. No delusions, hallucinations, obsessions, compulsions, paranoia, 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?):**	Is aware of her illness. Has a good support system. Has good intentional judgement.

Insight into Illness:	
MOTOR ACTIVITY: **Assistive Devices:** **Gait:** **Abnormal Motor Activities:**	No assistive devices. Normal gait. No abnormal motor activities.

Vital Signs, 1 set (5 points)

(done by the tech)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
0700	88	116/83	18	99 F	99% on room air

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0827	0	N/A	N/A	N/A	N/A

Nursing Care (6 points)

Overview of care provided today: Prepared them to go home and communicated with them.

Client complaints: Feels tired

Participation in therapy / groups: Good, cooperative, verbalizes well, participates

Medication compliance today: Good, appropriate

Behaviors exhibited today: Calm, ready to go home

Discharge Planning

Discharge location: Back to residence in Plainfield, IL with parents

Follow up plan: Meeting with therapist/psychiatrist

Education needs: Importance of taking care of yourself and reaching out for help

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. Suicidal thoughts	This was chosen because the patient was admitted for attempting an overdose. She is depressed and has answered the question about having suicidal ideations in the past. This is something very important and a priority to give support and help to.	1. Patient reaches out to someone within their support group or therapist when having suicidal thoughts (Phelps, 2023).	**1.**Patient speaks with therapist at least twice a week. 2. Patient attends a support group 3. Patient journals their feelings daily	**1.** Reach out to the 988 Suicide and Crisis Hotline

2. Depression	This was chosen because this was a leading factor of why the patient attempted an overdose. It is important to control depression.	**1.** Patient will have improved their overall function of daily life (Phelps, 2023).	**1.** Patient speaks to therapist twice a week **2.**Engage in a walk or any physical activity for at least 30 minutes a day **3**. Identify and challenge negative thoughts with more realistic thinking patterns	**1.** Reach out to their therapist or a mental health clinic
3. Anxiety	This was chosen because it has been a factor in many things that the patient struggles with. Anxiety is another important thing to make sure is under control.	**1.** Patient will find confidence in new social situations (“How To Create an Effective Treatment Plan for Anxiety”, 2024).	**1.** Patient will attend one social event a week with family or friends **2.** Patient will try a new form of therapy to calm themselves **3.** Patient will talk with therapist about their experience during the social event	**1.** Support group organization. For example, Anxiety and Depression Association of America (ADAA**)**

Other References (APA):

How To Create an Effective Treatment Plan for Anxiety – Ritten Blog. (2024). Ritten.io. https://www.ritten.io/post/treatment-plan-for-anxiety

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

988 Suicide & Crisis Lifeline. (2024). *Home*. 988lifeline.org. https://988lifeline.org/?utm_source=google&utm_medium=web&utm_campaign=onebox

Concept Map (20 Points):

Subjective Data

This patient has a history of two overdose attempts prior to their admission along with self-harm stated by the patient. They verbalized that "they wanted to be in control of their life" so they overdosed on medication. They stated having a history of bipolar and depression. They are a student at a nearby college and has felt lonely because they are away from family. They have a history of verbal emotional and sexual abuse. They told us that their mother is an alcoholic and also has bipolar as well as verbally and emotionally abusing them. The client avoids social situation and has trouble sleeping or staying wake. They tend to not have an appetite which leads them to not eating. They get twitches in their neck and pace when anxious. Client identifies as queer. They express good coping skills and is able to determine triggers. They smoke weed frequently and drinks occasionally.

Objective Data

The client had minimal eye contact when speaking and answering questions. I also observed the client fidgeting with their hands while being asked questions. The client was well groomed, A/O x 4, guarded, calm, and willing to help by answering our questions. Their mood was good and appropriate. No memory impairments and had good attention. They knew about their illness and understood what was going on. Good judgment was observed. Vitals were taken by a tech at 0700 with having a pulse at 88bpm, blood pressure 116/83 mmHg, respirations was 11 bpm, temperature was 99F, and oxygen saturation was 99% on room air. The client described no pain when given a pain assessment at 0827. Patient was observed as tired but was ready to go home.

Patient Information

On 10/29 A.G was admitted to the mental health unit. This patient is biologically a female who uses the pronouns they/them. They are 22 years old and Caucasian. Patient is 5'10 and weighs 170 pounds. Their gender identity is other. They have no allergies. A.G was admitted for an attempted overdose of 30 tablets of Seroquel. They have a history of other suicidal attempts and bipolar disorder.

Nursing Diagnosis: Suicidal Ideations, Depression, and Anxiety
Outcomes:

Suicidal Ideations: Patient reaches out to someone within their support group or therapist when having suicidal thoughts (Phelps, 2023).

Depression: Patient will have improved their overall function of daily life (Phelps, 2023).

Anxiety: Patient will find confidence in new social situations

Nursing Diagnosis/Outcomes

Nursing Interventions

Interventions:

Suicidal Ideations: Patient speaks with therapist at least twice a week.

2. Patient attends a support group

3. Patient journals their feelings daily

Depression: Patient speaks to therapist twice a week

2.Engage in a walk or any physical activity for at least 30 minutes a day

3. Identify and challenge negative thoughts with more realistic thinking

Anxiety: Patient will attend one social event a week with family or friends

2. Patient will try a new form of therapy to calm themselves

3. Patient will talk with therapist about their experience during the social event