

N323 Care Plan

Lakeview College of Nursing

Taylor Lowe

Demographics (3 points)

Date of Admission February 15, 2025	Patient Initials TB	Age 26	Biological Gender Male
Race/Ethnicity Black	Occupation Unemployed	Marital Status Single	Gender Identity Male
Code Status Full	Height and Weight 6'2" and 173 lbs.	Allergies None	Pronouns He/him

Medical History (5 Points)

Past Medical History: Patient denied any past medical history.

Psychiatric Diagnosis: He has bipolar and paranoid schizophrenia.

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	Inpatient or Outpatient?	Reason for Treatment
2-15-25	Inpatient at the Pavilion	He was put in a psychosis because of smoking the street weed.

- Patient was not able to relay the specific admission dates at the Pavilion. This was not the first time he had been admitted there.

Admission Assessment

Chief Complaint (2 points): Manic

Contributing Factors (10 points):

- o **Factors that lead to admission (address triggers and coping mechanisms if applicable):** He got admitted because he smokes weed that he buys off the streets,

and it puts him in a psychosis. This seems to be the constant rationale as far as his admissions.

- o **Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal):** He did say that he “gets out of it” when he smokes weed. He already has a bad relationship with his parents, so this behavior makes it worse.

Primary Diagnosis on Admission (2 points): He was there for suicidal ideation.

Psychosocial Assessment (30 points)

History of Trauma			
Screening Questions:		Client Answer	
Do you have a history of physical, sexual, emotional, or verbal abuse?		He denied any version of abuse in his past and present.	
Do you have a history of trauma secondary to military service?		He has not served in the military.	
Have you experienced a loss of family or friends that affected your emotional well-being?		While his parents have not physically died, he likens his parents as a personal death to him because he feels they ignore him and do not care for him.	
Have you experienced any other scary or stressful event in the past that continues to bother you today?		Again, his relationship with his parents really affects him and his emotional well-being.	
(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	N/A	N/A	N/A
Emotional Abuse	N/A	N/A	N/A
Verbal Abuse	N/A	N/A	N/A

Military	N/A	N/A	N/A
Other	N/A	N/A	N/A
Presenting Problems			
Problematic Areas	Client Answer	Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the client's answer, please describe objectively.	
Do you feel down, depressed or hopeless?	Patient said no.	While he verbally said no, he gets worked up when he talks about his parents. He did say that it makes him "sad because its their job to care for" him.	
Do you feel tired or have little energy?	Patient said no.	Since he was in a manic state of mind, he had a lot of energy and was hyper aware.	
Do you avoid social situations?	Patient said sometimes	He said he can be "introverted." However, he seemed to talk to anyone and everyone on the unit.	
Do you have difficulties with home, school, work, relationships, or responsibilities	Patient said no.	While he denied this, he does have that difficult relationship with his parents and also with his girlfriend. He only mentioned this once but said they "argue sometimes."	
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?	Nope, he said he sleeps for	He did say that he "will pop pills." As far as what that meant, no further information was given.	

	eight hours.	
Do you have difficulty falling asleep?	He said yes.	Having schizophrenia and bipolar can do this.
Do you frequently awaken during the night?	He said yes.	He gets bad nightmares that will awaken him.
Do you have nightmares?	Patient said yes.	He has nightmares about his parents.
Are you satisfied with your sleep?	Patient said yes.	Even though he said he has difficulty sleeping and staying awake, he is still satisfied with his 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?	Patient said yes.	When asked about this, he referred to his second helping of tater tots he was eating.
Do you purge after eating? Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.	Patient said no.	He said he has never done something like that before.
Do you have not eat enough or have a loss of appetite?	Patient said no.	He talked a lot about food. For example, when he found out that they were feeding him meatloaf, mashed potatoes, and carrots for lunch, he ask me if I thought that "was enough to feed a grown man?"
Have you recently experienced unexplained weight loss? Amount of weight change:	He has not experienced any unexpected weight loss;	He said that he is a vegan. This lifestyle has attributed to his vast weight loss journey.

	however, he has lost 127 pounds.	
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?	Patient said yes.	He feels his arms and body will clench up and get tense.
Do you experience panic attacks?	He said yes.	He gets panic attacks when he smokes weed.
Do you have obsessive or compulsive thoughts?	He said no.	While he said no, he talked a lot about his parents. He really seemed to ruminate on them.
Do you have obsessive or compulsive behaviors?	Patient said yes.	He said being readmitted to the Pavilion over and over is compulsive behavior.
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?	Patient said no.	He told me that even though he is homeless, he is happy and loves his life.
Have you ever tried to kill yourself?	Patient said yes.	He tried to kill himself by taking two bottles of ibuprofen.
If the client answered either of the previous questions "yes", you must ask the client: Are you having thoughts of killing yourself right now? (If the client says yes, you must ensure	Patient said no.	He is happy with the current state of life he is in and plans on moving to San Antonio, Texas.

facility staff are aware)			
Rating Scale			
How would you rate your depression on a scale of 1-10?	He rated his depression a zero on that day.		
How would you rate your anxiety on a scale of 1-10?	He rated his anxiety a zero on that day.		
Personal/Family History			
Who lives with you?	Age	Relationshi p	Do they use alcohol or drugs?
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
If yes to any alcohol or drug use, explain: The only drugs he does is smoke weed that he buys off the streets.			
Family Medical History: He said he did not know his family history.			
Family Psychiatric History (including suicide): He said that no one in his family has any psychiatric disorders.			
Family alcohol or drug use (not covered by those client lives with): N/A			
Do you have children? If yes, what are their ages?			
Who are your children with now?			
He does not have any children, at least that he knows of. He said that he would like kids in the future.			

Have you experienced parental separation or divorce, or loss/death/ or incarceration of family or friends?

If yes, please tell me more about that: His cousin is in jail for twenty years because he would sell drugs with fentanyl in them.

Are you currently having relationship problems? He said yes because they sometimes fight.

What is your sexual orientation: He is heterosexual.

Are you sexually active?
Yes

Do you practice safe sex?
He said only sometimes as he does not like to wear a "Jimmy cap." Patient was educated on the important of practicing safe sex.

Please describe your religious values, beliefs, spirituality and/or preference: He is religious. He is Christian and gave lots of praise to God.

Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care? He said he does not have any ethnic practices, cultural beliefs, or traditions that will affect his plan of care.

Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates): He does have a restraining order against him from some girl. He said that they did not have sex. He even said he slept on her couch. However, she claims they did. The story was confusing. I think the girl tried to say that he raped her.

Whom would you consider your support system? He said his support system is his grandma and his girlfriend.

How can your family/support system participate in your treatment and care? He said his grandma is there for him emotionally because she "keeps him in line."

What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.) He loves to sing and listen to music. This was very evident as he would serenade everyone with his voice and moves.

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

Client raised by:

Natural parents: He was raised by his natural parents.

<p>Grandparents: N/A Adoptive parents: N/A Foster parents: N/A Other (describe): N/A</p>		
<p>Self-Care:</p> <p>Independent: He is independent in that he is homeless, so he does have to rely on himself. Assisted: He also said he is assisted by his grandma. Total Care: N/A</p>		
<p>Education History:</p> <p>Grade school: He completed grade school. High school: N/A College: N/A Other: It is confusing. At one point he said he graduated as a valedictorian at his high school. The next minute he said that he dropped out of high school because a kid was bullying him.</p>		
<p>Reading Skills:</p> <p>Yes: He said he can read. No: N/A Limited: N/A</p>		
<p>Primary Language: English</p>		
<p>Personal History of Substance Use</p>		
<p>Screening Questions:</p> <p>1. <u>Have you ever used drugs, alcohol, or nicotine?</u></p> <p>(If no, you may skip to “psychiatric medications”. If yes, complete all sections of this chart. Type N/A if not applicable.)</p>		
<p>Substance</p>	<p>First Use and Last Use</p>	<p>Frequency of Use</p>
<p>Nicotine Products (including smoking, chewing, vaping)</p>	<p>First Use: N/A Last Use: N/A</p>	<p>N/A</p>
<p>Alcohol</p>	<p>First Use: N/A Last Use: N/A</p>	<p>N/A</p>
<p>Prescription</p>	<p>First Use: N/A</p>	<p>N/A</p>

Medications (Recreational Use)	Last Use: N/A	
Marijuana	First Use: He first smoked at eighteen years old. Last Use: He last smoked on February 15, 2025.	Patient did not say how often he smoked marijuana.
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	quetiapine fumarate/Seroquel (Jones and Bartlett Learning, 2024, pg. 1137)	divalproex sodium/Depakote (Drugs.com)			
Dose	25 mg	500 mg			
Frequency	Once daily	Twice daily			
Route	Orally	Orally			
Classification	Pharmacological: dibenzodiazepine Therapeutic: antipsychotic (Jones and Bartlett	Pharmacological: endothelin receptor antagonists (Apollo			

	Learning, 2024, pg. 1137)	Hospitals) Therapeutic: anticonvulsants (Drugs.com)			
Mechanism of Action	This medication interferes with the dopamine, serotonin, and histamine receptors (Jones and Bartlett Learning, 2024, pg. 1138).	This medication increases GABA, a neurotransmitter, in the brain. It also interferes with electrical activity in the brain that contributes to the mood swings (patsnap, 2024).			
Therapeutic Uses	This medication helps to treat manic episodes and helps prevent episodes of depression with people who have bipolar disorder (Drugs.com).	This medication helps control his mood swings. Even though they may not totally go away, it helps to tone down the manic episodes (Drugs.com).			
Therapeutic Range (if applicable)	150 mg-750 mg (Maan, 2023, pg. 2)	85-125 mcg/mL (FDA, 2017)			
Reason Client Taking	This medication is taken to treat schizophrenia and treat bipolar depression (Jones and Bartlett Learning, 2024, pg. 1137).	This medication is taken for his bipolar depression.			
For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of this Medication	Vistaril <ul style="list-style-type: none"> Before giving this anxiety medication , try guided imagery or relaxation techniques to get his 				

	mind off the things causing him problems.				
Contraindications (2)	Do not take Vistaril if pregnant or allergic to cetirizine (Drugs.com).				
Side Effects/Adverse Reactions (2)	This medication can cause heart dysrhythmia and drowsiness (Drugs.com).				
Medication/Food Interactions	This medication can react with other antidepressants and antipsychotics, which he takes (Drugs.com).				
Nursing Considerations (2)	A nurse will need to consider if the patient has heart problems or if they are pregnant (Drugs.com).				

References

Drugs.com. (2025). www.drug.com.

FDA. (November 2017). *Divalproex sodium*. FDA government.

https://www.accessdata.fda.gov/drugsatfda_docs/label/2018/021168s038lbl.pdf#page35.

Jones and Bartlett Learning. (2024). *NDH: Nurse's Drug Handbook*. Ascend Learning Company.

Maan, J., Ershadi, M., Khan, I., and Saadabadi, A. (28 August 2023). *Quetiapine*. National Library of Medicine.

Patsnap. (17 July 2024). *What is the mechanism of Divalproex sodium?* Synapse.

<https://synapse.patsnap.com/article/what-is-the-mechanism-of-divalproex-sodium>.

Mental Status Exam Findings (25 points)

<p>OBSERVATIONS: Appearance (i.e.: positioning, posture, dress, grooming): Alertness: Orientation: Behavior: Speech: Eye Contact: Attentiveness:</p>	<p>Patient was alert and oriented x person, place, time, and situation. He was well groomed and no acute signs of distress. He had a lot of energy and very grandiose ideas. His speech was clear and maintained very good eye contact. He was attentive during conversation. However, he was also super wild when doing other things, such as singing, dancing, or acting.</p>
<p>MOOD: How is your mood today? Affect: Consistency between mood and affect?</p>	<p>When asked how his mood was, he said he was “good and ambitious.” His mood, actions, and tone of voice matched what he was saying.</p>
<p>COGNITION: Alertness: Orientation: Memory Impairment: Attention:</p>	<p>He was alert and oriented x four. He seemed to have some memory impairment as his stories would change a lot. He paid attention when being interviewed but was distracted at other 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>He has no homicidal or suicidal ideations. He was delusional. Because he does have paranoid schizophrenia, he told me that he gets paranoid. He does not have audio or visual disturbances. He was obsessive regarding his relationship with his parents. Denied and showed no signs of compulsion. He was paranoid. He does get flight ideas. He told me that “sometimes he wonders what will happen if he puts two ice cubes in a drink. How cold will that be?” He did repeat a lot of his stories and was very stuck on certain topics. He was loosely associated. He would just say lots of random things that did not quite always make sense.</p>
<p>REASONING: Judgment (Assess by asking: If you found a wallet on the side of the road, what</p>	<p>When asked this particular question, he said he would take the money. However, he said he was joking and that he would return it because he</p>

would you do?): Insight into Illness:	“would want someone to return it if he was in their situation.” He has no sight into his mental illness.
MOTOR ACTIVITY: Assistive Devices: Gait: Abnormal Motor Activities:	He uses no assistive devices. Gait was steady and coordinated. He did not have any abnormal motor activities.

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
N/A	N/A	N/A	N/A	N/A	N/A

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
0950	Number scale: 1-10	None	None	None	Will continue to monitor his pain level.

Nursing Care (6 points)

Overview of care provided today: He was provided with group therapy and discussions of his future goals. He was given his medications for the day.

Client complaints: Patient had no complaints.

Participation in therapy / groups: He was very active when talking about his personal goals and participated in group therapy.

Medication compliance today: He was compliant with his medications and took them when given.

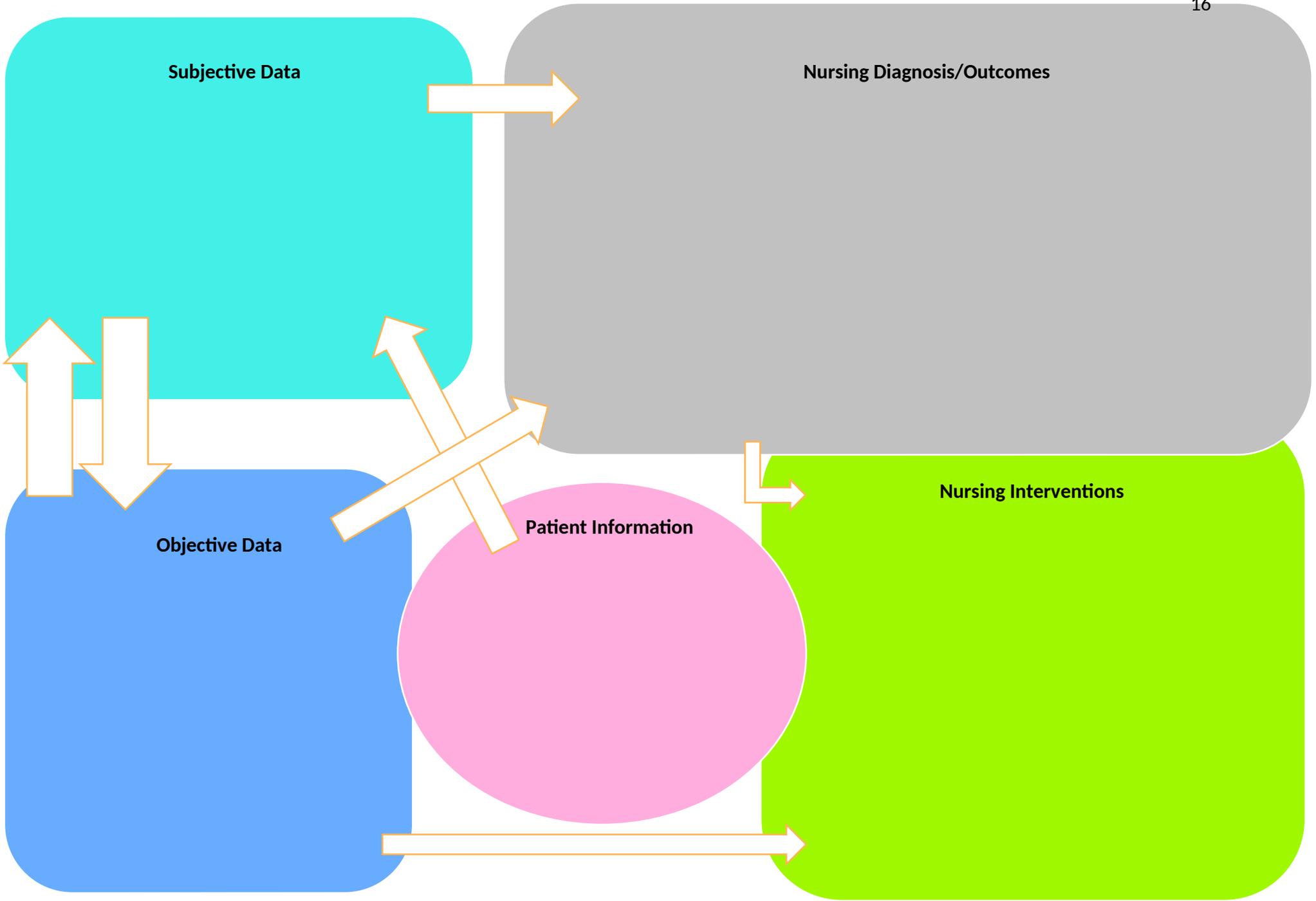
Behaviors exhibited today: Patient was very kind. He talked to and made friends with everyone. He was hypersexual and would not stop talking about sex. He was very energetic and had wild and crazy ideas.

Discharge Planning

Discharge location: He told me that he is going to be discharged to Stridor, their local shelter.

Follow up plan: He said he is going to get a job as a welder or construction worker. He is moving to San Antonion, Texas. He also plans to be with his girlfriend.

Education needs: He will need to be continuously reminded about practicing safe sex as well as why he should avoid smoking marijuana.



Subjective Data

Nursing Diagnosis/Outcomes

Objective Data

Patient Information

Nursing Interventions

