

N323 Care Plan

Lakeview College of Nursing

Tinlee Shepherd

### Demographics (3 points)

|  |   |                                   |                                    |
|--|---|-----------------------------------|------------------------------------|
| <b>Date of Admission</b><br>02/06/2025   | <b>Patient Initials</b><br>DB               | <b>Age</b><br>57                  | <b>Biological Gender</b><br>Female |
| <b>Race/Ethnicity</b><br>White/Caucasian | <b>Occupation</b><br>Retired school teacher | <b>Marital Status</b><br>Divorced | <b>Gender Identity</b><br>Female   |
| <b>Code Status</b><br>N/A                | <b>Height and Weight</b><br>5'10"/ 89.4 kg  | <b>Allergies</b><br>NKA           | <b>Pronouns</b><br>She/Her         |

### Medical History (5 Points)

**Past Medical History:** Status post myocardial infarction, diabetes mellitus, hypertension

**Psychiatric Diagnosis:** Bipolar disorder type I, generalized anxiety disorder, social anxiety, stimulant use disorder, cannabis use disorder, alcohol use disorder.

| <b>Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient</b> |                                 |                             |
|--|---------------------------------|-----------------------------|
| <b>Dates</b>   | <b>Inpatient or Outpatient?</b> | <b>Reason for Treatment</b> |
| 2019   | inpatient                       | Alcohol abuse               |
| 2019   | Inpatient                       | Suicide attempt             |
| N/A  | N/A                             | N/A                         |

### Admission Assessment

**Chief Complaint (2 points):** Thoughts of suicide

**Contributing Factors (10 points):**

- o Factors that lead to admission (address triggers and coping mechanisms if applicable): Alcohol abuse, homelessness, lack of emotional support
- o Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal): Strained relationship with adult children, loss of home

**Primary Diagnosis on Admission (2 points):** Suicidal Ideation

**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>  |                      | <b>Yes. Physical, emotional, and financial.</b>  |   |
| <b>Do you have a history of trauma secondary to military service?</b>  |                      | <b>No.</b>   |   |
| <b>Have you experienced a loss of family or friends that affected your emotional well-being?</b>   |                      | <b>Yes. My husband.</b>  |   |
| <b>Have you experienced any other scary or stressful event in the past that continues to bother you today?</b>   |                      | <b>Yes.</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>(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>  | <b>No</b>            | <b>Yes. Age 20</b>   | <b>Boyfriend</b>                          |
| <b>Sexual Abuse</b>  | <b>No</b>            | <b>Yes Age 20</b>  | <b>Boyfriend and friends of boyfriend</b> |
| <b>Emotional Abuse</b>   | <b>No</b>            | <b>Yes. During first marriage</b>  | <b>First husband</b>                      |
| <b>Verbal Abuse</b>  | <b>No</b>            | <b>Yes. During first marriage</b>  | <b>First husband</b>                      |
| <b>Military</b>  | <b>No</b>            | <b>N/A</b>   | <b>N/A</b>                                |
| <b>Other (Financial)</b>   | <b>No</b>            | <b>Yes. Age 51</b>   | <b>Second husband</b>                     |
| <b>Presenting Problems</b>   |                      |  |   |
| <b>Problematic Areas</b>   | <b>Client Answer</b> | <b>Describe (frequency, intensity, duration, and</b>   |   |

|   |                      |   |
|---|----------------------|---|
|   |                      | occurrence). If you make any observations that differ from the client's answer, please describe objectively.  |
| Do you feel down, depressed or hopeless?  | Yes.                 | She feels that she has no emotional support. This feeling is constant and has led to past suicide attempts.   |
| Do you feel tired or have little energy?  | Yes.                 | She has difficulty sleeping both in and out of the facility.  |
| Do you avoid social situations?   | Yes.                 | Client was noticeably uncomfortable being in the common room with other patients.   |
| Do you have difficulties with home, school, work, relationships, or responsibilities                            | Yes.                 | Her relationship with her daughter, Baylee, is no longer existent. Her relationship with her son is strained. She is currently homeless due to the financial abuse of her late husband. |
| <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>                       |
| Have you experienced a change in numbers of hours that you sleep each night?                                    | Yes.                 | N/A   |
| Do you have difficulty falling asleep?  | Yes.                 | N/A   |
| Do you frequently awaken during the night?  | Yes.                 | She claims she wakes up several times a night. When I asked if this was happening before entering the facility she says yes.  |
| Do you have nightmares?   | Yes.                 | I asked if these nightmares were related to traumas she has experienced in the past and she said yes. She states she has complex PTSD.  |
| Are you satisfied with your sleep?  | Sometimes.           | She states that she is tired a lot of the time when she wakes up.   |
| <b>Eating Habits</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 overeat?   | Sometimes.           | N/A   |
| Do you purge after eating?<br>Purging includes methods such as vomiting, excessive exercise, or using laxatives | No.                  | She states she has purged in the past but not currently.  |

|   |                      |   |
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| after eating.   |                      |   |
| <b>Do you have not eat enough or have a loss of appetite?</b>   | <b>Yes.</b>          | <b>She states she just doesn't feel hungry most times.</b>  |
| <b>Have you recently experienced unexplained weight loss?</b><br><br><b>Amount of weight change:</b>  | <b>Yes. 20 lbs.</b>  | <b>N/A</b>  |
| <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> |
| <b>Do you pace, have tremors, or experience other symptoms of anxiety?</b>  | <b>Yes.</b>          | <b>Client states she often rocks back and forth or picks at her skin. Client was rocking during the entirety of the interview.</b>                                |
| <b>Do you experience panic attacks?</b>   | <b>Yes.</b>          | <b>N/A</b>  |
| <b>Do you have obsessive or compulsive thoughts?</b>  | <b>Yes.</b>          | <b>N/A</b>  |
| <b>Do you have obsessive or compulsive behaviors?</b>   | <b>Yes.</b>          | <b>N/A</b>  |
| <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>   | <b>Yes.</b>          | <b>She states this was before she was admitted.</b>   |
| <b>Have you ever tried to kill yourself?</b>  | <b>Yes.</b>          | <b>In 2019 she attempted to slit her wrists. She has scars on both wrists.</b>  |
| <b>If the client answered either of the previous questions "yes", you must ask the client:</b><br><br><b>Are you having thoughts of killing yourself right now?</b> | <b>No.</b>           | <b>N/A</b>  |

|   |   |                     |                                      |
|---|---|---------------------|--------------------------------------|
| <b>(If the client says yes, you must ensure facility staff are aware)</b>   |   |                     |                                      |
| <b>Rating Scale</b>   |   |                     |                                      |
| <b>How would you rate your depression on a scale of 1-10?</b>   | <b>8</b>  |                     |                                      |
| <b>How would you rate your anxiety on a scale of 1-10?</b>  | <b>9. Client states it has worsened since arriving at the facility.</b> |                     |                                      |
| <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> |
| 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                                  |
| <b>If yes to any alcohol or drug use, explain: N/A</b>  |   |                     |                                      |
| <b>Family Medical History: Father - Myocardial infarction</b>   |   |                     |                                      |
| <b>Family Psychiatric History (including suicide): Great grandfather – died by suicide</b>  |   |                     |                                      |
| <b>Family alcohol or drug use (not covered by those client lives with): Brother – alcohol use, Sister- alcohol and opioid use</b> |   |                     |                                      |
| <b>Do you have children? If yes, what are their ages?</b>   |   |                     |                                      |
| <b>Who are your children with now? Baylee, 23 y.o and Brody, 27 y.o. Children are independent.</b>                                |   |                     |                                      |
| <b>Have you experienced parental separation or divorce, or loss/death/ or incarceration of</b>                                    |   |                     |                                      |

**family or friends?**

**If yes, please tell me more about that: At 16 years old patient watched her father die of a myocardial infarction. Her mother died of COVID-19 in 2022 which affected her mental health immensely. Her second husband passed away due to lung cancer in 2024.**

**Are you currently having relationship problems? No.**

**What is your sexual orientation:  
Heterosexual**

**Are you sexually active?  
No**

**Do you practice safe sex?  
N/A**

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

**Christianity. Patient used to attend church as a child but does not attend now.**

**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 court dates): Patient was divorced from first husband in 2007. Patient received a DUI in 2018.**

**Whom would you consider your support system? Brody, her son.**

**How can your family/support system participate in your treatment and care? She states that she is not sure.**

**What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.) Gardening, writing books, writing poems.**

**What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.) PTSD flashbacks and loud environments**

**Client raised by:**

**Natural parents**

**Self-Care:**

**Independent**

**Education History:**

|   |   |  |
|---|---|--|
| <b>Master's Degree of Education</b>   |   |  |
| <b>Reading Skills:</b>  |   |  |
| Yes   |   |  |
| <b>Primary Language: English</b>  |   |  |
| <b>Personal History of Substance Use</b>  |   |  |
| <b>Screening Questions:</b>   |   |  |
| 1. <b><u>Have you ever used drugs, alcohol, or nicotine?</u></b> Yes  |   |  |
| (If no, you may skip to "psychiatric medications".<br>If yes, complete all sections of this chart. Type N/A if not applicable.) |   |  |
| <b>Substance</b>  | <b>First Use and Last Use</b>   | <b>Frequency of Use</b>  |
| <b>Nicotine Products<br/>(including smoking,<br/>chewing, vaping)</b>   | First Use: As a teenager, age<br>could not be specified.<br><br>Last Use: 5 days ago. | Patient states she smokes<br>cigarettes "a few" times a week.<br><br>She has not used nicotine<br>products since admission 5 days<br>ago.                      |
| <b>Alcohol</b>  | First Use: As a teenager, age<br>could not be specified.<br><br>Last Use: 5 days ago. | Patient states she consumes a<br>fifth of alcohol a day. She has<br>not consumed alcohol since<br>admission 5 days ago.  |
| <b>Prescription<br/>Medications<br/>(Recreational Use)</b>  | First Use: 2017<br><br>Last Use: 2025   | Patient did not specify what<br>prescriptions she was abusing<br>but states that she used<br>prescriptions recreationally for<br>eight years due to increasing |

|                        |  |   |
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|                        |  | stress and anxiety.   |
| <b>Marijuana</b>       | <b>First Use: As a teenager, age could not be specified.</b><br><b>Last Use: Unknown</b> | <b>Patient states that she has used marijuana on multiple occasions but cannot determine the frequency or last time it was used.</b>      |
| <b>Heroin</b>          | <b>First Use: N/A</b><br><b>Last Use: N/A</b>  | N/A   |
| <b>Methamphetamine</b> | <b>First Use: Unknown</b><br><b>Last Use: 2024</b>                                       | <b>Patient has used methamphetamine on multiple occasions but has no recollection of the first use but knows she stopped use in 2024.</b> |
| <b>Other: Specify</b>  | <b>First Use: N/A</b><br><b>Last Use: N/A</b>  | 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.**

|                                |  |   |  |
|--------------------------------|--|---|--|
| <b>Brand/Generic</b>           | <b>naltrexone<br/>Vivitrol</b>   | <b>quetiapine<br/>Seroquel</b>  | <b>fluoxetine<br/>Prozac</b>   |
| <b>Dose</b>                    | <b>50 mg</b>   | <b>300 mg</b>   | <b>20 mg</b>   |
| <b>Frequency</b>               | <b>Q.A.M</b>   | <b>H.S</b>  | <b>Daily</b>   |
| <b>Route</b>                   | <b>Oral</b>  | <b>Oral</b>   | <b>Oral</b>  |
| <b>Classification</b>          | <b>Opioid<br/>antagonist</b>   | <b>Atypical<br/>antipsychotic</b>   | <b>Selective<br/>serotonin<br/>reuptake<br/>inhibitor</b>  |
| <b>Mechanism of<br/>Action</b> | <b>Displaces<br/>opioid<br/>agonists from<br/>binding with<br/>delta, kappa,<br/>and mu<br/>receptors.</b>   | <b>May produce<br/>antipsychotic<br/>effects by<br/>interfering<br/>with dopamine<br/>binding to<br/>dopamine type<br/>2 receptor sites<br/>in the brain<br/>and by<br/>antagonizing<br/>serotonin 5-<br/>HT2, D1, H1,<br/>and alpha1-<br/>adrenergic and<br/>alpha2-<br/>adrenergic<br/>receptors.</b> | <b>Selectively<br/>inhibits reuptake<br/>of the<br/>neurotransmitter<br/>serotonin by<br/>CNS neurons<br/>and increases the<br/>amount of<br/>serotonin<br/>available in<br/>nerve synapses.</b> |
| <b>Therapeutic Uses</b>        | <b>To provide<br/>blockade of<br/>the effects of<br/>exogenously<br/>administered<br/>opioids, to<br/>prevent<br/>relapse to<br/>opioid<br/>dependence</b> | <b>To treat<br/>schizophrenia,<br/>to maintain<br/>schizophrenia<br/>therapy with<br/>monotherapy,<br/>to treat mania<br/>bipolar I as<br/>monotherapy<br/>or an adjunct</b>  | <b>To treat acute<br/>MDD, to provide<br/>maintenance<br/>therapy for<br/>MDD, To treat<br/>acute OCD, to<br/>treat moderate<br/>to severe bulimia<br/>nervosa, to treat<br/>acute panic</b>     |

|   |   |  |   |
|---|---|--|---|
|   | <b>following detoxification, as adjunct to treat alcoholism.</b>    | <b>to lithium or divalproex, to treat bipolar depression, as adjunctive therapy with antidepressants to treat major depressive disorder.</b> | <b>disorder, to treat acute depressive episodes associated with bipolar I disorder, to treat resistant depression, to treat premenstrual dysmorphic disorder.</b> |
| <b>Therapeutic Range (if applicable)</b>  | <b>50-100 mg</b>  | <b>300-800 mg</b>  | <b>20-60 mg</b>   |
| <b>Reason Client Taking</b>   | <b>To treat alcoholism</b>  | <b>To treat bipolar disorder type I</b>  | <b>To treat depressive episodes associated with bipolar I disorder</b>  |
| <b>For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of this Medication</b> | <b>N/A</b>  | <b>N/A</b>   | <b>N/A</b>  |
| <b>Contraindications (2)</b>  | <b>Positive urine screen for opioids, acute opioid withdrawal</b>   | <b>QT interval prolongation, hepatic impairment</b>  | <b>Concurrent therapy with pimozide or thioridazine, history of seizures or epilepsy</b>  |
| <b>Side Effects/Adverse Reactions (2)</b>   | <b>Suicidal ideation, hepatotoxicity</b>                            | <b>Hypothermia, suicidal ideation</b>  | <b>Suicidal ideation, serotonin syndrome</b>  |
| <b>Medication/Food Interactions</b>   | <b>Disulfiram: increased risk of hepatotoxicity , thioridazine:</b> | <b>Alcohol: enhanced CNS depression, Dopamine agonists:</b>  | <b>St johns wort: increased risk of serotonin syndrome, Antipsychotics:</b>   |

|                                   |   |  |  |
|-----------------------------------|---|--|--|
|                                   | <b>increased lethargy and somnolence</b>  | <b>antagonized effects of these drugs</b>  | <b>increased plasma levels of these drugs and increased risk of serious adverse reactions</b>                              |
| <b>Nursing Considerations (2)</b> | <b>Use cautiously in patients with hemophilia, prepare patient for naloxone challenge test if there are any doubts about a patient's abstinence for 7 to 10 days.</b> | <b>Use cautiously in patients with history of cardiovascular disease, Institute fall precautions</b> | <b>Use cautiously in patients with a history of seizures, use cautiously in patients with congenital long QT syndrome.</b> |

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

2024 Nurse's Drug Handbook. (2023). Jones & Bartlett Learning.

### Mental Status Exam Findings (25 points)

|  |  |
|--|--|
| <b>OBSERVATIONS:</b><br><b>Appearance (i.e.: positioning, posture, dress, grooming):</b><br><b>Alertness:</b><br><b>Orientation:</b><br><b>Behavior:</b><br><b>Speech:</b><br><b>Eye Contact:</b><br><b>Attentiveness:</b> | <b>Patient appears to be somewhat well groomed. She is slouching over and rocking within her chair. Patient is alert and oriented to person, place, and time. Speech is clear and concise. Eye contact maintained throughout assessment. Patient remained attentive throughout the entirety of the assessment.</b> |
| <b>MOOD:</b><br><b>How is your mood today?</b><br><b>Affect:</b>   | <b>Patient states she is anxious. Patient exhibits a limited range of emotions. Mood and affect are consistent.</b>  |

|   |   |
|---|---|
| <b>Consistency between mood and affect?</b>   |   |
| <b>COGNITION:</b><br><b>Alertness:</b><br><b>Orientation:</b><br><b>Memory Impairment:</b><br><b>Attention:</b>   | <b>Patient is fully Alert and oriented to person, place, and time. No obvious signs of memory impairment. Patient is devoting full attention.</b> |
| <b>MAIN THOUGHT CONTENT:</b><br><b>Homicidal Ideations or Suicidal Ideation:</b><br><b>Delusions:</b><br><b>Hallucinations:</b> <ul style="list-style-type: none"> <li>• <b>Specify: Auditory, Visual, Tactile, Olfactory</b></li> </ul> <b>Obsessions:</b><br><b>Compulsions:</b><br><b>Paranoia:</b><br><b>Flight of Ideas:</b><br><b>Perseveration:</b><br><b>Loose Association:</b> | <b>Patient denies current suicidal or homicidal ideation. No delusions or hallucinations.</b>   |
| <b>REASONING:</b><br><b>Judgment (Assess by asking: If you found a wallet on the side of the road, what would you do?):</b><br><b>Insight into Illness:</b>   | Patient seems confused by the question. She states she would return it.   |
| <b>MOTOR ACTIVITY:</b><br><b>Assistive Devices:</b><br><b>Gait:</b><br><b>Abnormal Motor Activities:</b>  | <b>No assistive devices. Gait is smooth and steady.</b>   |

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

| <b>Time</b> | <b>Pulse</b> | <b>B/P</b> | <b>Resp Rate</b> | <b>Temp</b> | <b>Oxygen</b> |
|-------------|--------------|------------|------------------|-------------|---------------|
| N/A         | N/A          | N/A        | N/A              | N/A         | N/A           |

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

| <b>Time</b> | <b>Scale</b> | <b>Location</b> | <b>Severity</b> | <b>Characteristics</b> | <b>Interventions</b> |
|-------------|--------------|-----------------|-----------------|------------------------|----------------------|
| <b>0935</b> | <b>NPSR</b>  | <b>N/A</b>      | <b>0</b>        | <b>N/A</b>             | <b>N/A</b>           |

**Nursing Care (6 points)**

**Overview of care provided today: Offered patient emotional support and adapted questions and environment to patient's specific needs.**

**Client complaints: Patient feels that the group therapy sessions are not focused, and that the environment does not foster positive emotions.**

**Participation in therapy / groups: Patient attends groups but does not feel comfortable speaking.**

**Medication compliance today: Patient was compliant with all medications.**

**Behaviors exhibited today: No negative behaviors were exhibited. Patient exhibited physical manifestations of anxiety including rocking back and forth in her chair.**

**Discharge Planning**

**Discharge location: To home or self-care**

**Follow up plan: Patient will attend substance abuse counseling and follow up with physician to discuss medications. Patient will remain clean from alcohol and attend weekly therapy sessions.**

**Education needs: Patient needs education on community resources for housing, resources for sobriety support, and possible anxiety coping strategies.**

