

N323 Care Plan

Lakeview College of Nursing

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**Demographics (3 points)**

<b>Date of Admission</b> 02/02/2025	<b>Patient Initials</b> G.M.	<b>Age</b> 19 y/o	<b>Biological Gender</b> Born Female
<b>Race/Ethnicity</b> White/Caucasian	<b>Occupation</b> Chick-fil-a Employee	<b>Marital Status</b> Engaged	<b>Gender Identity</b> Male
<b>Code Status</b> Full Code	<b>Height and Weight</b> 5'0" 100 lbs	<b>Allergies</b> Adhesives: Red skin, blisters	<b>Pronouns</b> He/Him/His

**Medical History (5 Points)**

**Past Medical History:** Ehlers-Danlos Syndrome, Postural orthostatic tachycardia syndrome (POTS), Eating Disorder, Self-Harm behavior

**Psychiatric Diagnosis:** Bipolar Disorder, Borderline personality disorder, Generalized anxiety disorder

<b>Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient</b>		
<b>Dates</b>	<b>Inpatient or Outpatient?</b>	<b>Reason for Treatment</b>
2017	Inpatient	Self-Harm/Suicidal Ideation
2018	Inpatient	Self-Harm/Suicidal Ideation
2019	Inpatient	Self-Harm/Suicidal Ideation
2020	Inpatient	Self-Harm/Suicidal Ideation
2022	Inpatient	Self-harm/Suicidal Ideation
2024	Inpatient	Self-Harm/Suicidal Ideation

**Admission Assessment**

**Chief Complaint (2 points):** Self-harm, Hearing voices, Suicidal Ideation

**Contributing Factors (10 points):** The patient stated the onset of their suicidal ideation was the political atmosphere. He said he consumes a lot of media related to politics, and it triggers their

suicidal ideation and self-harm behavior. The patient states writing poetry is the major coping mechanism during times of stress. Along with poetry, he copes using aromatherapy and baths to help reduce anxiety and practice self-care. Before his admission, the patient dropped out of school to focus on his mental health and feels that outpatient therapy would work best for him after his discharge from inpatient psych.

**Primary Diagnosis on Admission (2 points):** Suicide Attempt/Self-harm

**Psychosocial Assessment (30 points)**

History of Trauma			
Screening Questions:	Client Answer		
<b>Do you have a history of physical, sexual, emotional, or verbal abuse?</b>	Yes - emotional and grooming abuse		
<b>Do you have a history of trauma secondary to military service?</b>	No - N/A		
<b>Have you experienced a loss of family or friends that affected your emotional well-being?</b>	Yes - loss of an aunt in October, which was followed by an inpatient psych admission		
<b>Have you experienced any other scary or stressful event in the past that continues to bother you today?</b>	Yes - trauma from past adverse events		
(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?
<b>Physical Abuse</b>	No	Yes - childhood	Father
<b>Sexual Abuse</b>	No	Yes - pre-teen/teenage	Music teacher
<b>Emotional Abuse</b>	No	Yes - childhood	Both parents
<b>Verbal Abuse</b>	No	Yes - childhood	Father
<b>Military</b>	No	No	N/A

<b>Other</b>	No	No	N/A
<b>Presenting Problems</b>			
<b>Problematic Areas</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 them objectively.</b>	
<b>Do you feel down, depressed, or hopeless?</b>	Yes	Every day feelings of depression. Depressive episodes last from months to years.	
<b>Do you feel tired or have little energy?</b>	No	N/A	
<b>Do you avoid social situations?</b>	No	N/A	
<b>Do you have difficulties with home, school, work, relationships, or responsibilities?</b>	Yes	Depression has affected his relationship with his partner and affected his schooling (dropped out of college)	
<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 them objectively.</b>	
<b>Have you experienced a change in number of hours that you sleep each night?</b>	Yes	Sleep has gotten better from previous psych admissions.	
<b>Do you have difficulty falling asleep?</b>	Yes	Usually takes 30 mins to 1 hr to fall asleep each night	
<b>Do you frequently awaken during the night?</b>	Yes	Wakes up many times during the night	
<b>Do you have nightmares?</b>	Yes	Especially during inpatient admission, usually relating to suicidal ideation.	
<b>Are you satisfied with your sleep?</b>	Yes	N/A	
<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 them objectively.</b>	
<b>Do you overeat?</b>	No	N/A	

<b>Do you purge after eating?</b> Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.	No	N/A
<b>Do you have not eat enough or have a loss of appetite?</b>	No	N/A
<b>Have you recently experienced unexplained weight loss?</b>  <b>Amount of weight change:</b>	No	N/A
<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 them objectively.</b>
<b>Do you pace, have tremors, or experience other symptoms of anxiety?</b>	Yes - pacing	He paces to help bring his anxiety down
<b>Do you experience panic attacks?</b>	Yes	Has feelings of nausea, emetophobia, and tremors and experiences them in a cyclical pattern
<b>Do you have obsessive or compulsive thoughts?</b>	Yes	Has obsessive thoughts of suicide daily
<b>Do you have obsessive or compulsive behaviors?</b>	Yes	Has obsessive behaviors of self-harm
<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 them objectively.</b>
<b>In the past week, have you wished that you were dead?</b>	Yes	The reason for the suicide attempt with the self-harm
<b>Have you ever tried to kill yourself?</b>	Yes	5 suicide attempts: by hanging, overdosing on medications, and cutting
<b>If the client answered either of the previous</b>	Yes	The staff is aware and is the reason for his inpatient status.

<b>questions “yes,” you must ask the client:</b>  <b>Are you having thoughts of killing yourself right now?</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>		8/10	
<b>How would you rate your anxiety on a scale of 1-10?</b>		2/10	
<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>
Mother	50s	Mother	No
Father	50s	Father	Alcohol use
Brother	16	Brother	No
<b>If yes to any alcohol or drug use, explain:</b> Father is a problem drinker: hides alcohol, drinks daily			
<b>Family Medical History:</b> Hypertension, hypercholesterolemia, Skin cancer, Breast cancer			
<b>Family Psychiatric History (including suicide):</b> Mother: Obsessive-compulsive disorder, Father: Seasonal Depression, Alcohol use disorder, Brother: Attention deficit hyperactivity disorder, Obsessive-compulsive disorder.			
<b>Family alcohol or drug use (not covered by those client lives with):</b> Uncle: Alcoholism. Grandfather: Alcoholism.			
<b>Do you have children? If yes, what are their ages?</b> No: N/A			
<b>Who are your children with now?</b> N/A			

**Have you experienced parental separation or divorce, loss/death/ or incarceration of family or friends?** No

**If yes, please tell me more about that:** N/A

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

**What is your sexual orientation:** Asexual, Biromantic

**Are you sexually active?**  
No

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

**Please describe your religious values, beliefs, spirituality, and/or preference:** Christian: holds spirituality at a high value

**Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care?** Prayer helps them cope, enjoys the community he has at his church

**Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or court dates):** No

**Whom would you consider your support system?** Therapist, fiancée

**How can your family/support system participate in your treatment and care?** Keeping them updated on their mental health would help

**What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.)** Praying, aromatherapy, writing poetry.

**What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.)** Politics, suicidal media, perceived abandonment.

**Client was raised by:** Natural parents

**Self-Care:** Independent

**Education History:** High School diploma, Some college

**Reading Skills:** Yes

**Primary Language:** English

### Personal History of Substance Use

**Screening Questions:**

1. **Have you ever used drugs, alcohol, or nicotine?** Yes

(If no, you may skip to “psychiatric medications.”

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 - Yes</b> Vaping	<b>First Use:</b> 15 years old <b>Last Use:</b> 17 years old	Daily use of vaping during this time
<b>Alcohol - No</b>	<b>First Use:</b> N/A <b>Last Use:</b> N/A	N/A
<b>Prescription Medications (Recreational Use) - No</b>	<b>First Use:</b> N/A <b>Last Use:</b> N/A	N/A
<b>Marijuana - No</b>	<b>First Use:</b> N/A <b>Last Use:</b> N/A	N/A
<b>Heroin - No</b>	<b>First Use:</b> N/A <b>Last Use:</b> N/A	N/A
<b>Methamphetamine - No</b>	<b>First Use:</b> N/A <b>Last Use:</b> N/A	N/A
<b>Other: Specify</b>	<b>First Use:</b> N/A <b>Last Use:</b> 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.**

<b>Brand/Generic</b>	hydroxyzine/ Vistaril	oxcarbazepine /Trileptal	propranolol/ Inderal	trazodone/ Desyrel	cariprazine/ Vraylar
<b>Dose</b>	25 mg	300 mg	10 mg	50 mg	1.5 mg
<b>Frequency</b>	3 times daily	3 times daily	2 times daily	1 time a day/Hour of sleep	1 time a day in the morning
<b>Route</b>	Oral	Oral	Oral	Oral	Oral
<b>Classification</b>	Antihistamine/ Piperazine derivative	Anticonvulsan ts/ Carboxamide derivative	Antihyperte nsive/ Nonselectiv e Beta Blocker	Antidepress ant/ Serotonin Reuptake Inhibitor	Antipsychoti cs/Atypical antipsychoti cs
<b>Mechanism of Action</b>	Suppresses activity in certain essential regions in the subcortical area of the CNS.	Blocks sodium channels in the brain to produce anticonvulsant effects.	The drug depresses renin secretion and prevents vasodilation of cerebral arteries.	Inhibits CNS neuronal uptake of serotonin.	This works on the dopamine and serotonin receptors in the brain.
<b>Therapeutic Uses</b>	Can help control anxiety and tension caused by nervous and emotional conditions.	Can be used off-label to treat depressive disorders.	This can be used to treat anxiety as well as blood pressure.	This can be used for major depressive disorder.	This is used to treat psychotic disorders and patients with depression.
<b>Therapeutic Range (if applicable)</b>	50mg-100mg q.i.d.	N/A	N/A	N/A	N/A
<b>Reason Client Taking</b>	To lessen the symptoms of anxiety.	To help treat symptoms of major depressive disorder.	To treat symptoms of anxiety.	To treat major depressive disorder.	To treat the patient's treatment resistant depression.
<b>For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of</b>	N/A	N/A	N/A	N/A	N/A

<b>this Medication</b>					
<b>Contraindications (2)</b>	Can cause QTc interval prolongation in patients with cardiac conditions. Not used in patients in early pregnancy.	This drug can exacerbate primary generalized seizures and is contraindicated in patients hypersensitive to carbamazepine.	This drug is contraindicated with a history of bronchial asthma or patients with liver or kidney impairment.	This drug can increase the risk of suicidality and is contraindicated in patients with arrhythmias.	This can increase suicidality, can cause orthostatic hypotension, and can cause tardive dyskinesia.
<b>Side Effects/Adverse Reactions (2)</b>	Drowsiness, Dry mouth, respiratory depression	Abnormal gait, ataxia, dizziness, drowsiness, tremors	Fatigue, lethargy, nightmares, irritability	Drowsiness, fatigue, confusion, blurred vision	Fatigue, extrapyramidal symptoms, somnolence
<b>Medication/Food Interactions</b>	Anticholinergics, Alcohol use, cannabis use	Hormonal contraceptives, CYP3A4 inducers, Phenytoin, Valproic acid, alcohol use	Alcohol use, smoking tobacco, ACE inhibitors, Adrenergic blockers	Amphetamines, antipsychotics, dextromethorphan	Dopamine agonists, CNS depressants, Kava-Kava, Grapefruit juice
<b>Nursing Considerations (2)</b>	Watch for oversedation, assess for skin reactions, and monitor the patient for dizziness.	Monitor for changes in behavior indicating worsening of suicidality or depression.	The drug can mask symptoms of shock and hypoglycemia and should monitor BP and HR.	Monitor the patient for signs of serotonin syndrome and hypotension.	Monitor for hypersensitivity reactions, monitor for NMS, monitor for tardive dyskinesia

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

Nursing Drug Handbook. (2025). *Nursing 2025-2026 drug handbook*. Wolters Kluwer.

### Mental Status Exam Findings (25 points)

<b>OBSERVATIONS: Appearance (i.e.: positioning, posture, dress, grooming):</b>	The patient appears well-groomed and in no acute distress. Posture and grooming look within normal limits. The patient is alert and oriented to
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<b>Alertness:</b> <b>Orientation:</b> <b>Behavior:</b> <b>Speech:</b> <b>Eye Contact:</b> <b>Attentiveness:</b>	<p>person, time, place, and situation. His behavior is calm and cooperative. Speech is clear and concise, with normal speaking patterns and intonation. Patient maintains an appropriate amount of eye contact and maintains their attention during the interview process.</p>
<b>MOOD:</b> <b>How is your mood today?</b> <b>Affect:</b> <b>Consistency between mood and affect?</b>	<p>The patient's mood is mixed with happy and sad. The patient states there is the drive of mania mixed with depressive thoughts. The affect is euthymic and broad.</p>
<b>COGNITION:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Memory Impairment:</b> <b>Attention:</b>	<p>The patient is alert and oriented x4 to person, time, place, and situation. There is no memory impairment noted, and their attention is appropriate and well attuned.</p>
<b>MAIN THOUGHT CONTENT:</b> <b>Homicidal Ideations or Suicidal Ideation:</b> <b>Delusions:</b> <b>Hallucinations:</b> <ul style="list-style-type: none"> <li>● <b>Specify: Auditory, Visual, Tactile, Olfactory</b></li> </ul> <b>Obsessions:</b> <b>Compulsions:</b> <b>Paranoia:</b> <b>Flight of Ideas:</b> <b>Perseveration:</b> <b>Loose Association:</b>	<p>The patient has a history of suicidal ideation and a recent suicide attempt - the staff is aware. There are no delusions, no hallucinations. There are obsessions of suicide. No compulsions, no paranoia, and is having a flight of ideas but is writing them down in poetry. The patient is perseverating on suicide and poetry and is showing no loose association.</p>
<b>REASONING:</b> <b>Judgment (Assess by asking: If you found a wallet on the side of the road, what would you do?):</b> <b>Insight into Illness:</b>	<p>The patient's judgment is assessed to be well-defined and appropriate - he would hand a wallet he found to the police. His insight into illness is very self-aware and very insightful into his feelings and difficulties.</p>
<b>MOTOR ACTIVITY:</b> <b>Assistive Devices:</b> <b>Gait:</b> <b>Abnormal Motor Activities:</b>	<p>The patient uses no assistive devices. His gait is normal and well-balanced. There are no abnormal motor activities noted.</p>

**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>
0815	WORD 0-10	N/A	0	N/A	N/A

**Nursing Care (6 points)**

**Overview of care provided today:** The patient was given daily medications, he participated in morning and afternoon group sessions, and had a meeting with the case manager of the unit.

**Client complaints:** The client's chief complaint of the day is wanting to be discharged home and continue outpatient therapy.

**Participation in therapy/groups:** The client is very active in both therapy and in groups. He is determined to continue outpatient therapy.

**Medication compliance today:** The client is compliant with all of their daily medications today.

**Behaviors exhibited today:** The patient showed very appropriate behavior today. He is very willing to speak with the nursing students about his past psychiatric history and exhibits hyper-aware thoughts of self.

**Discharge Planning**

**Discharge location:** Parental single-family home

**Follow-up plan:** Outpatient therapy and continuing psychiatric medications

**Education needs:** Coping skills for self-harm and feelings of suicidal ideation

**Other References (APA)**





