

N323 Care Plan

Lakeview College of Nursing

Ashley Shields

### Demographics (3 points)

<b>Date of Admission</b> 2/1/2025	<b>Patient Initials</b> T.S.	<b>Age</b> 16 y/o	<b>Biological Gender</b> Female
<b>Race/Ethnicity</b> White	<b>Occupation</b> Unemployed	<b>Marital Status</b> Single	<b>Gender Identity</b> Female
<b>Code Status</b> Full Code	<b>Height and Weight</b> 62.4 in 90 kg	<b>Allergies</b> Amoxicillin/Penicillin	<b>Pronouns</b> She/Her

### Medical History (5 Points)

**Past Medical History:** Obesity

**Psychiatric Diagnosis:** Severe major depressive disorder, anxiety, nicotine and cannabis abuse disorder

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	Inpatient or Outpatient?	Reason for Treatment
None	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

### Admission Assessment

**Chief Complaint (2 points):** Suicidal thoughts with plan to overdose- Zoloft

**Contributing Factors (10 points):**

- o **Factors that lead to admission (address triggers and coping mechanisms if applicable):** Patient states her aunt, who has guardianship, was limiting access to her mother due to concerns of meth use.

- o **Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal):** Patient states “my family is nuts” and has caused her life to be very difficult.

**Primary Diagnosis on Admission (2 points):** Severe major depressive disorder, anxiety, nicotine and cannabis abuse 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 states there has been verbal abuse by her uncle (dumbass, bitch) and physical abuse by her stepdad by grabbing her arm and beats her mother.	
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?		Patient states they lost their great-grandmother at 8 y/o, grandma at 10 y/o, and cousin (10 y/o) when patient was 11 to suicide.	
Have you experienced any other scary or stressful event in the past that continues to bother you today?		Patient states she witnessed domestic violence regularly by her stepdad to her mom.	
(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	Does not remember age	Stepfather
Sexual Abuse	N/A	N/A	N/A
Emotional Abuse	N/A	N/A	N/A

<b>Verbal Abuse</b>	N/A	<b>Does not remember age</b>	<b>Uncle</b>
<b>Military</b>	N/A	N/A	N/A
<b>Other</b>	N/A	N/A	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 objectively.</b>	
<b>Do you feel down, depressed or hopeless?</b>	<b>Not currently</b>	<b>Patient states her depression comes in waves and can last for weeks. She admits to cutting, going long periods without showering, and not eating the way she should.</b>	
<b>Do you feel tired or have little energy?</b>	<b>Tired</b>	<b>Patient states hydroxyzine has made her tired since starting the medication.</b>	
<b>Do you avoid social situations?</b>	<b>Sometimes</b>	<b>Patient states she has anxiety in social situations and avoids them.</b>	
<b>Do you have difficulties with home, school, work, relationships, or responsibilities</b>	<b>Yes</b>	<b>Patient states she has had to relocate often and this has made it difficult to make and maintain friendships.</b>	
<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>	
<b>Have you experienced a change in numbers</b>	<b>No</b>	<b>Patient states her sleep habits have not</b>	

of hours that you sleep each night?		changed.
Do you have difficulty falling asleep?	Yes	Patient states her brain doesn't shut off due to anxiety and that makes it difficult to fall asleep.
Do you frequently awaken during the night?	Sometimes	Patient states stress causes her to awaken frequently through the night.
Do you have nightmares?	Sometimes	Patient states she does not dream often but when she does, they are always scary dreams.
Are you satisfied with your sleep?	Yes	Patient states she is satisfied with the amount of sleep she gets.
<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?	Yes	Patient states she overeats often due to emotions and stress.
Do you purge after eating? Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.	No	Patient denied purging.
Do you have not eat enough or have a loss of appetite?	Loss of Appetite	Patient states she has had a loss of appetite since being admitted to the facility due to stomach pain and anxiety.
Have you recently experienced unexplained weight loss?	No	Patient denies weight loss.

<b>Amount of weight change:</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>Patient states she has anxiety which affects her all day, every day. Patient states it is a 10 on a 0-10 scale and it causes diaphoresis.</b>
<b>Do you experience panic attacks?</b>	<b>No</b>	<b>Patient denies panic attacks.</b>
<b>Do you have obsessive or compulsive thoughts?</b>	<b>No</b>	<b>Patient denies obsessive or compulsive thoughts.</b>
<b>Do you have obsessive or compulsive behaviors?</b>	<b>No</b>	<b>Patient denies obsessive or compulsive behaviors.</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>Patient states she has and that is the reason she is here.</b>
<b>Have you ever tried to kill yourself?</b>	<b>No</b>	<b>Patient states she has thought about killing herself several times but has never actually attempted suicide.</b>
<b>If the client answered either of the previous 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>No</b>	<b>Patient denies thoughts of killing herself right now.</b>
<b>Rating Scale</b>		

<b>How would you rate your depression on a scale of 1-10?</b>		<b>Patient rates her depression a 2 out of 10 after starting Zoloft. Before med adjustment, she said it was consistently an 8-9.</b>	
<b>How would you rate your anxiety on a scale of 1-10?</b>		<b>Patient rates her anxiety a 10 out of 10.</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>
<b>Heather</b>	<b>29</b>	<b>Aunt</b>	<b>No</b>
<b>Matthew</b>	<b>52</b>	<b>Uncle (aunt's husband)</b>	<b>Marijuana</b>
<b>Dominick</b>	<b>2</b>	<b>Cousin (foster)</b>	<b>N/A</b>
<b>Allison</b>	<b>4 wks</b>	<b>Cousin (foster)</b>	<b>N/A</b>
<b>If yes to any alcohol or drug use, explain:</b> Uncle uses marijuana daily.			
<b>Family Medical History:</b> Dad: Type 1 diabetes, Maternal Grandmother and Sister: Type 2 diabetes, Paternal Grandmother: Type 2 diabetes			
<b>Family Psychiatric History (including suicide):</b> Mother has suicide ideations, uncle and cousin died by suicide.			
<b>Family alcohol or drug use (not covered by those client lives with):</b> Patient states mother and stepmother use fentanyl and meth, but stepmother is clean now due to incarceration father uses pain pill, alcohol, marijuana, and stepfather and grandpa drink alcohol.			

<b>Do you have children? If yes, what are their ages?</b> N/A		
<b>Who are your children with now?</b> N/A		
<b>Have you experienced parental separation or divorce, or loss/death/ or incarceration of family or friends?</b> Mother, father, stepmother <b>If yes, please tell me more about that:</b> DCFS removed patient from the care of her mother and stepfather. Stepmother (Mother's wife) is in prison. Patient lost cousin to suicide and this has had an extensive impact on patient.		
<b>Are you currently having relationship problems?</b> No		
<b>What is your sexual orientation:</b> Bi-sexual	<b>Are you sexually active?</b> Yes	<b>Do you practice safe sex?</b> Yes
<b>Please describe your religious values, beliefs, spirituality and/or preference:</b> Patient states a belief in God, but does not practice a religion.		
<b>Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care?</b> None		
<b>Do you have any current or past legal issues (with self/parents, arrests, divorce, CPS, probation officers, pending charges, or course dates):</b> DCFS removed patient from mother's care, stepmother is currently incarcerated.		
<b>Whom would you consider your support system?</b> Mother		
<b>How can your family/support system participate in your treatment and care?</b> Patient states she wants her mother to be there for her and support her emotionally. She also has a little brother that is part of her support system when she gets to be with him.		
<b>What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.)</b> Patient states she draws, listens to music, vapes, smokes marijuana, and drink alcohol to cope.		
<b>What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.)</b> Patient states people yelling and slamming doors are big triggers for her due to her stepfather.		
<b>Client raised by:</b> Patient states she was with her mother until she was 14. Then for the last two years, she was "passed around" between her stepfather and grandmother, and currently lives with her aunt and uncle. <b>Natural parents-</b> Mother		

<b>Grandparents-</b> Grandmother Adoptive parents Foster parents <b>Other (describe):</b> Stepfather, Aunt, Uncle		
<b>Self-Care:</b> Patient completes all ADL's independently.  <b>Independent</b> Assisted Total Care		
<b>Education History:</b> Patient is currently in junior high school.  Grade school High school College <b>Other:</b> Junior High School		
<b>Reading Skills:</b> Patient has appropriate reading skills.  <b>Yes</b> No Limited		
<b>Primary Language:</b>		
<b>Personal History of Substance Use</b>		
<b>Screening Questions:</b> <b>1. <u>Have you ever used drugs, alcohol, or nicotine?</u></b>  (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 (including smoking, chewing, vaping)</b>	<b>First Use: 11 years old</b>  <b>Last Use: 2 weeks prior to interview</b>	<b>Patient states she vapes several times a day.</b>
<b>Alcohol</b>	<b>First Use: Too young to remember</b>  <b>Last Use: The summer of last year</b>	<b>Patient states she drinks alcohol occasionally.</b>
<b>Prescription Medications (Recreational Use)</b>	<b>First Use: Never</b>	<b>Patient denies using prescription medication</b>

	Last Use: N/A	recreationally.
<b>Marijuana</b>	First Use: Summer of 8 <sup>th</sup> grade Last Use: December, 2024	Patient states they smoke marijuana regularly.
<b>Heroin</b>	First Use: Never Last Use: N/A	N/A
<b>Methamphetamine</b>	First Use: Never Last Use: N/A	N/A
<b>Other: Specify</b>	First Use: 2023 Last Use: N/A	Patient states she tried shrooms one time.

### 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>	Sertraline Zoloft	Hydroxyzine Atarax (CAN)	N/A	N/A	N/A
<b>Dose</b>	100 mg	25 mg	N/A	N/A	N/A
<b>Frequency</b>	Once daily	Every 6 hrs PRN	N/A	N/A	N/A
<b>Route</b>	PO	PO	N/A	N/A	N/A
<b>Classification</b>	Pharmacologic: selective serotonin reuptake inhibitor (SSRI) Therapeutic: Antianxiety, antidepressant, antiobsessive-compulsant, antipanic, antiposttraumatic	Pharmacologic: Piperazine derivative Therapeutic: anxiolytic, antiemetic, antihistamine, sedative-hypnotic (NDH, 2024).	N/A	N/A	N/A

	stress, antipremenstrual dysphoric (NDH, 2024).				
<b>Mechanism of Action</b>	Inhibits reuptake of neurotransmitter serotonin by CNS neurons, thereby increasing the amount of serotonin available in nerve synapses to possibly elevate mood and reduce depression, May also relieve symptoms of premenstrual dysphoric disorder or other psychiatric conditions attributed to serotonin deficiency (NDH, 2024).	Competes with histamine for histamine receptor sites on surfaces of effector cells, suppressing results of histamine activity. Sedative actions occur at subcortical level of CNS and are dose-related (NDH, 2024).	N/A	N/A	N/A
<b>Therapeutic Uses</b>	Major depression, obsessive-compulsive disorder, panic disorder, PTSD disorder, premenstrual dysphoric disorder (NDH, 2024).	Anxiety, nausea/vomiting, antihistamine, sedative (NDH, 2024).	N/A	N/A	N/A
<b>Therapeutic Range (if applicable)</b>	Initial 50 mg daily, increased in increments of 25-50 mg daily every week PRN, maximum daily dose of 200 mg.	Children 6 years and older: 50-100 mg daily in divided doses (NDH, 2024).	N/A	N/A	N/A
<b>Reason Client</b>	Depression	Anxiety	N/A	N/A	N/A

<b>Taking</b>					
<b>For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of this Medication</b>	N/A	A nurse could try deep breathing exercises, low stimulation environment, relaxation techniques, and providing support/listen to calm the patient.	N/A	N/A	N/A
<b>Contraindications (2)</b>	1.Use within 14 days of an MAO inhibitor. 2.Concurrent use of disulfiram or pimoziide.	1.Prolonged QT interval. 2.Early Pregnancy (NDH, 2024).	N/A	N/A	N/A
<b>Side Effects/Adverse Reactions (2)</b>	1.abnormal dreams 2.Anxiety	Drowsiness and hallucinations (NDH, 2024).	N/A	N/A	N/A
<b>Medication/Food Interactions</b>	Using sertraline with hydroxyzine may increase dizziness, drowsiness, confusion, and difficulty concentrating. Alcohol increases dizziness, drowsiness, confusion, and difficulty concentrating. Grapefruit juice can increase the blood levels of this medication. Many common antibiotics also interact with this medication. St. John's Wort.	Using sertraline with hydroxyzine may increase dizziness, drowsiness, confusion, and difficulty concentrating. Alcohol can increase the effects of hydroxyzine such as dizziness, drowsiness, and difficulty concentrating. (Drugs.com, 2025)	N/A	N/A	N/A

	(Drugs.com, 2025).				
<b>Nursing Considerations (2)</b>	<b>Ensure patient has been screened for a personal or family history of bipolar disorder, hypomania, or mania before initiating sertraline therapy for depression. Watch closely for suicidal tendencies, especially when therapy starts and dosage changes, and especially in children and adolescents.</b>	<b>Observe for oversedation if patient takes another CNS depressant. Use cautiously for patients with prolonged QT or other heart abnormalities (NDH, 2024).</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

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

Drugs.com. (2025, March 30). Hydroxyzine and sertraline

<https://www.drugs.com/search.php?searchterm=hydroxyzine&a=1>

<https://www.drugs.com/search.php?searchterm=sertraline>

Nurse's Drug Handbook. (2024). *Nurse's Drug Handbook* (2024 ed.). Wolters Kluwer.

#### Mental Status Exam Findings (25 points)

<b>OBSERVATIONS:</b> Appearance (i.e.: positioning, posture, dress, grooming): Alertness: Orientation: Behavior: Speech: Eye Contact: Attentiveness:	<b>Patient is clean, groomed, and dressed appropriately. Alert and oriented x4 to person, place, time, and reason for being here. Patient is awake, speaking clearly, and communicating appropriately. Patient's behavior is calm and mildly upbeat. Patient maintains eye contact and is attentive to the conversation/situation.</b>
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<b>MOOD:</b> <b>How is your mood today?</b> <b>Affect:</b> <b>Consistency between mood and affect?</b>	<b>Patient states “I feel happy and tired today”</b> <b>Affect appears to be mildly nervous to be conducting an interview, but appears eager to participate. Mood and affect seem fairly consistent, all things considered.</b>
<b>COGNITION:</b> <b>Alertness:</b> <b>Orientation:</b> <b>Memory Impairment:</b> <b>Attention:</b>	<b>Patient is alert and awake. A&amp;O x4 to person, place, time, and reason for being here. No abnormal memory impairment noted.</b> <b>Attention is appropriate for age.</b>
<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>	<b>Patient was admitted for suicidal ideations, but states she no longer has those. Patient is not expressing any delusions, hallucinations, obsessions, compulsions, paranoia, flight of ideas, perseverations, or loose associations.</b>
<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>	<b>Patient states she would look for an ID for who it belongs to so she could give it back to them or she would contact the police to turn it in. If there was no ID or anything, she would keep it for the money. The patient’s judgment does not give any more insight into illness.</b>
<b>MOTOR ACTIVITY:</b> <b>Assistive Devices:</b> <b>Gait:</b> <b>Abnormal Motor Activities:</b>	<b>Patient does not have any assistive devices, gait is appropriate, and no abnormal motor activities noted.</b>

**Nursing Care (6 points)**

**Overview of care provided today:** The patient went to the day room, participated in group, spoke with a telehealth doctor, took medications as scheduled, attended school, and participated with other patients appropriately.

**Client complaints:** Patient stated she feels tired.

**Participation in therapy / groups:** The patient was an active participant in group.

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

**Behaviors exhibited today:** Patient was calm, active with others, open to communication, and very pleasant to interact with. The patient did exhibit some anxiousness/nervousness during the interview, but stated she was happy to help and participate.

### **Discharge Planning**

**Discharge location:** Patient will be discharged to DCFS care, likely to her aunt's house.

**Follow up plan:** Recommended for the patient to start seeing a counselor/therapist on a regular basis. I would also recommend an appointment with a primary care physician or gynecologist to obtain birth control and STD testing at least every 3 months or with each new partner due to sexual activity.

**Education needs:** Patient needs to learn coping skills, risks of alcohol/drugs/sex, suicidal warning signs for her and her family, as well as communication to communicate when she starts having these thoughts/feelings.

