

N323 Care Plan

Lakeview College of Nursing

Emily Hines

### Demographics (3 points)

|  |   |   |                                  |
|--|---|---|----------------------------------|
| <b>Date of Admission</b><br>02/13/2026   | <b>Patient Initials</b><br>A.C.                                     | <b>Age</b><br>59 years old              | <b>Biological Gender</b><br>Male |
| <b>Race/Ethnicity</b><br>White/Caucasian | <b>Occupation</b><br>Unemployed                                     | <b>Marital Status</b><br>Married        | <b>Gender Identity</b><br>Male   |
| <b>Code Status</b><br>Full Code          | <b>Height and Weight</b><br>Height: 5'3 (160 cm)<br>Weight: 137 lbs | <b>Allergies</b><br>Penicillin G (rash) | <b>Pronouns</b><br>He/Him        |

### Medical History (5 Points)

**Past Medical History:** Depression, anxiety, bipolar disorder, hypertension, hyperlipidemia, diabetes mellitus type II

**Psychiatric Diagnosis:** Bipolar disorder, current episode depressed, severe, without psychotic features

| Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient |                                     |  |
|---|-------------------------------------|--|
| Dates   | Inpatient or Outpatient?            | Reason for Treatment                               |
| 2021  | Inpatient Swedish American Hospital | Upon asking the patient stated “I don’t remember”. |
| N/A   | N/A                                 | N/A  |
| N/A   | N/A                                 | N/A  |

### Admission Assessment

**Chief Complaint (2 points):** Bipolar disorder, current episode depressed, severe without psychotic features

**Contributing Factors (10 points):**

- o **Factors that lead to admission (address triggers and coping mechanisms if applicable):** Patient stated, “I can not remember.”

- o **Chief Complaint Impact on Life: (i.e. work, school, family, social, financial, legal):** Patient stated his chief impact on life is “work, family, financial, and social.”

**Primary Diagnosis on Admission (2 points):** Bipolar disorder, current episode depressed, severe, without psychotic features.

### Psychosocial Assessment (30 points)

| History of Trauma   |                 |   |                 |
|---|-----------------|---|-----------------|
| Screening Questions:  |                 | Client Answer   |                 |
| Do you have a history of physical, sexual, emotional, or verbal abuse?  |                 | No  |                 |
| Do you have a history of trauma secondary to military service?  |                 | No  |                 |
| Have you experienced a loss of family or friends that affected your emotional well-being?   |                 | Mother, father, and past fiance   |                 |
| Have you experienced any other scary or stressful event in the past that continues to bother you today?   |                 | No  |                 |
| (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.) |                 |
|   | <b>Current?</b> | <b>Past? (what age)</b>   | <b>By whom?</b> |
| <b>Physical Abuse</b>   | No              | No  | N/A             |
| <b>Sexual Abuse</b>   | No              | No  | N/A             |
| <b>Emotional Abuse</b>  | No              | No  | N/A             |
| <b>Verbal Abuse</b>   | No              | No  | N/A             |
| <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 objectively.</b>                  |
| <b>Do you feel down, depressed or hopeless?</b>   | Depressed            | The patient stated he has been feeling severely depressed all day consistently for five to six years every other day.  |
| <b>Do you feel tired or have little energy?</b>   | Tired                | The patient stated he has been feeling severely tired all the time for five years and has been consistent.   |
| <b>Do you avoid social situations?</b>  | Yes                  | The patient stated he has been avoiding social situations for five to six years. Also states "it comes and goes", and is severe.   |
| <b>Do you have difficulties with home, school, work, relationships, or responsibilities</b> | Yes                  | Patient stated he has had difficulty with his whole family for five to six years, has been getting worse over time, and it is now severe.  |
| <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 of hours that you sleep each night?</b>         | Yes                  | Patient stated his hours of sleep has been getting progressively worse over the past five to six years, happens every night, and is very hard for him to get a good night's sleep. |
| <b>Do you have difficulty falling asleep?</b>   | Yes                  | Patient stated he has had a hard time falling asleep over the course of the past five to six years and states "it is getting progressively worse and happens every                 |

|  |                       |  |
|--|-----------------------|--|
|  |                       | night”   |
| <b>Do you frequently awaken during the night?</b>  | Yes                   | The patient stated he has been awakened frequently during the night every night, and it is getting progressively worse over the past five to six years. Also states it takes him a while to fall back asleep and has been difficult. |
| <b>Do you have nightmares?</b>   | No                    | N/A  |
| <b>Are you satisfied with your sleep?</b>  | No, I need more sleep | The patient stated he has not been satisfied with his sleep for five to six years and has been unsatisfied everyday. Also states it has been getting progressively worse and is now difficult.                                       |
| <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>  |
| <b>Do you overeat?</b>   | Sometimes             | Patient states he overeats once a week, “it’s nervous eating and mostly snacking”, and it started one month ago.   |
| <b>Do you purge after eating?</b><br>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>  | Yes                   | Leading up to his admission the patient was not eating much, lasted all the time, severe, and has been going on for three weeks.   |
| <b>Have you recently</b>   | Yes                   | Leading up to his admission the patient was not  |

|  |   |   |
|--|---|---|
| <p><b>experienced unexplained weight loss?</b></p> <p><b>Amount of weight change:</b></p>  | <p>Around 15-20 lbs</p>                                   | <p>eating much, lasted all the time, severe, and has been going on for three weeks.</p>   |
| <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> |
| <p><b>Do you pace, have tremors, or experience other symptoms of anxiety?</b></p>  | <p>Yes on pacing,<br/>No to tremors or other symptoms</p> | <p>Patient stated they happen all day for the past two months, at home he constantly paced, but now that he's in the hospital it's slowed down a lot.</p>         |
| <p><b>Do you experience panic attacks?</b></p>   | <p>Sometimes</p>  | <p>Patients stated they are severe, started two months ago, happen once a day, and last for around ten to fifteen minutes.</p>                                    |
| <p><b>Do you have obsessive or compulsive thoughts?</b></p>  | <p>No</p>   | <p>N/A</p>  |
| <p><b>Do you have obsessive or compulsive behaviors?</b></p>   | <p>No</p>   | <p>N/A</p>  |
| <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> |
| <p><b>In the past week have you wished that you were dead?</b></p>   | <p>Yes</p>  | <p>Patient stated he wished he was dead last Wednesday, and stated it was severe, but can't remember the frequency, duration, and occurrence.</p>                 |
| <p><b>Have you ever tried to kill yourself?</b></p>  | <p>Yes</p>  | <p>Patient stated he tried to kill himself last Wednesday, was severe can't remember the frequency, duration, and occurrence.</p>                                 |
| <p><b>If the client answered either of the previous questions "yes", you must ask the client:</b></p> <p><b>Are you having</b></p> |   | <p>N/A</p>  |

|  |              |                     |                                      |
|--|--------------|---------------------|--------------------------------------|
| <b>thoughts of killing yourself right know?</b><br><br><b>(If the client says yes, you must ensure facility staff are aware)</b>                     | No           |                     |                                      |
| <b>Rating Scale</b>  |              |                     |                                      |
| <b>How would you rate your depression on a scale of 1-10?</b>  |              | 10                  |                                      |
| <b>How would you rate your anxiety on a scale of 1-10?</b>   |              | 5                   |                                      |
| <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> |
| Wife   | 54 years old | Wife                | No drugs, drinks alcohol             |
| Jenna  | 27 years old | Daughter            | No drugs or alcohol                  |
| <b>If yes to any alcohol or drug use, explain:</b>   |              |                     |                                      |
| Wife drinks alcohol due to family related stress, due to wife not speaking to her family anymore due to parents having favoritism to other siblings. |              |                     |                                      |
| <b>Family Medical History:</b>   |              |                     |                                      |
| Father: Hypertension and myocardial infarction   |              |                     |                                      |
| Mother: Patient stated "I can only remember my mother drank alcohol and smoked cigarettes".  |              |                     |                                      |
| <b>Family Psychiatric History (including suicide):</b> No family psychiatric history.  |              |                     |                                      |
| <b>Family alcohol or drug use (not covered by those client lives with):</b>  |              |                     |                                      |
| Yes, his wife has been drinking alcohol everyday for 20 to 30 years.   |              |                     |                                      |

**Do you have children? If yes, what are their ages?**

Yes, she is 27 years old.

**Who are your children with now?**

Lives with patient and his wife.

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

Patient stated his parents got a divorce when he was 19 years old.

**If yes, please tell me more about that:** Divorce happened due to money issues, and father cheated on the patient's mother.

**Are you currently having relationship problems?**

Yes. Patient stated they don't pay attention to each other anymore for the past ten years.

**What is your sexual orientation:**  
Straight/Heterosexual

**Are you sexually active?**  
Yes

**Do you practice safe sex?**  
No

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

The patient stated he has no religious values, beliefs, or spirituality preferences.

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

Patient stated he has no ethnic practices, cultural beliefs, or traditions that might 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):**

No current or past legal issues.

**Whom would you consider your support system?**

Wife, daughter, and only brother.

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

The patient stated he did not know.

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

The patient stated he runs from his problems.

|   |                               |                         |
|---|-------------------------------|-------------------------|
| <p><b>What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.)</b><br/>                 The patient stated his triggers are not being able to fix his problems.</p>   |                               |                         |
| <p><b>Client raised by:</b></p> <p>Natural parents <input checked="" type="checkbox"/><br/>                 Grandparents<br/>                 Adoptive parents<br/>                 Foster parents<br/>                 Other (describe):</p>   |                               |                         |
| <p><b>Self-Care:</b></p> <p>Independent <input checked="" type="checkbox"/><br/>                 Assisted<br/>                 Total Care</p>   |                               |                         |
| <p><b>Education History:</b></p> <p>Grade school<br/>                 High school <input checked="" type="checkbox"/><br/>                 College<br/>                 Other:</p>  |                               |                         |
| <p><b>Reading Skills:</b></p> <p>Yes <input checked="" type="checkbox"/><br/>                 No<br/>                 Limited</p>   |                               |                         |
| <p><b>Primary Language:</b> English</p>   |                               |                         |
| <p><b>Personal History of Substance Use</b></p> <p><b><u>Screening Questions:</u></b></p> <p>1. <u>Have you ever used drugs, alcohol, or nicotine?</u></p> <p>(If no, you may skip to “psychiatric medications”.<br/>                 If yes, complete all sections of this chart. Type N/A if not applicable.)</p> |                               |                         |
| <b>Substance</b>  | <b>First Use and Last Use</b> | <b>Frequency of Use</b> |
| <b>Nicotine Products (including smoking,</b>  | First Use: none               | N/A                     |

|  |   |  |
|--|---|--|
| <b>chewing, vaping)</b>                            | <b>Last Use:</b>  |  |
| <b>Alcohol</b>                                     | <b>First Use:</b> 13 years old<br><b>Last Use:</b> 2022 | Patient stated he would drink “once in a blue moon”. |
| <b>Prescription Medications (Recreational Use)</b> | <b>First Use:</b> none<br><b>Last Use:</b> none         | N/A  |
| <b>Marijuana</b>                                   | <b>First Use:</b> none<br><b>Last Use:</b> none         | N/A  |
| <b>Heroin</b>                                      | <b>First Use:</b> none<br><b>Last Use:</b> none         | N/A  |
| <b>Methamphetamine</b>                             | <b>First Use:</b> none<br><b>Last Use:</b> none         | N/A  |
| <b>Other: Specify</b>                              | <b>First Use:</b> none<br><b>Last Use:</b> none         | 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> | Diphenhydramine/<br>Benadryl | Haloperidol/<br>Haldol | Hydroxyzine/<br>Atarax   | Lorazepam/<br>Ativan | Ondansetron/<br>Zofran-ODT |
| <b>Dose</b>          | 50mg                         | 5mg                    | 25mg                     | IM: 2mg<br>PO: 1mg   | 4mg                        |
| <b>Frequency</b>     | Twice a day<br>PRN           | Every 6 hours<br>PRN   | Three times a<br>day PRN | Every 6 hours<br>PRN | Every 6 hours<br>PRN       |
| <b>Route</b>         |                              | Oral/                  | Oral                     | Oral/                | Oral                       |

|  |   |   |   |   |  |
|--|---|---|---|---|--|
|  | Intramuscular   | Intramuscular   |   | Intramuscular   |  |
| <b>Classification</b>                    | Antihistamine (Jones & Bartlett Learning, 2024).  | Antipsychotic (Jones & Bartlett Learning, 2024)   | Anxiolytic, antiemetic, antihistamine, and sedative hypnotic (Jones & Bartlett Learning, 2024).   | Anxiolytic (Jones & Bartlett Learning, 2024).   | Antiemetic (Jones & Bartlett Learning, 2024).  |
| <b>Mechanism of Action</b>               | Stops the release of histamine to reduce allergy symptoms like pruritus, swelling, erythema, watery eyes or rhinorrhea, and food allergies (Jones & Bartlett Learning, 2024). | They block dopamine receptors to elevate the dopamine turnover to give an antipsychotic effect (Jones & Bartlett Learning, 2024). | Blocks histamine by competing for histamine receptors to reduce manifestations of histamine like swelling, redness that flares, and itching (Jones & Bartlett Learning, 2024). Sedative effects of this medication happen in the central nervous system and increase with bigger doses (Jones & Bartlett Learning, 2024). | Increases gamma-aminobutyric acid effects by attaching to benzodiazepine receptors in the CNS, which helps regulate emotions and anxiety (Jones & Bartlett Learning, 2024). | Blocks serotonin receptors in the brain and at the vagal nerve endings in the intestines, and when this happens nausea and vomiting are reduced (Jones & Bartlett Learning, 2024). |
| <b>Therapeutic Uses</b>                  | Reduce allergy symptoms (Jones & Bartlett Learning, 2024)   | To relieve psychosis (Jones & Bartlett Learning, 2024)  | To help with anxiety and tension (Jones & Bartlett Learning, 2024).   | To help with the patient's anxiety (Jones & Bartlett Learning, 2024).   | To help with nausea and vomiting (Jones & Bartlett Learning, 2024).  |
| <b>Therapeutic Range (if applicable)</b> | Intramuscular: 100mg PRN, maximum dose is 400mg daily (Jones &  | Oral tablets: 0.5-2mg every 8 to 12 hours, and for severe manifestations,   | Oral: 25mg three times a day or four times a day, as needed (Jones  | Oral: 2-3mg two to three times a day, increased, as needed (Jones   | Oral: 8mg given 1 to 2 hours daily (Jones & Bartlett Learning, 2024).  |

|   |  |   |  |  |   |
|---|--|---|--|--|---|
|   | Bartlett Learning, 2024)   | 3-5mg every 8 to 12 hours as needed (Jones & Bartlett Learning, 2024). Maximum dose is 100mg per day (Jones & Bartlett Learning, 2024)            | & Bartlett Learning, 2024).  | & Bartlett Learning, 2024). Intramuscular: 0.05 mg per kilogram up to the highest dose, maximum dose is 4mg (Jones & Bartlett Learning, 2024).         |   |
| <b>Reason Client Taking</b>   | The patient is taking this medication due to his neck wound from when he slit his own throat.  | The patient is taking this medication to help with his agitation and break through his mania and psychosis.                                       | The patient is taking this medication to help with his anxiety.  | The patient is taking this medication to help with his anxiety.  | The patient is taking this medication to help with nausea symptoms.   |
| <b>For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of this Medication</b> | Before giving this PRN medication, I would assess for any allergic reactions like itching and redness (Jones & Bartlett Learning, 2024). | Before giving this PRN medication, I would assess if the patient is showing any agitation, mania, or psychosis (Jones & Bartlett Learning, 2024). | Before giving this PRN medication, I would assess and verify if seizure precautions were needed for the patient (Jones & Bartlett Learning, 2024). | Before giving this PRN medication, I would assess the patient's anxiety level to verify if the medication is needed (Jones & Bartlett Learning, 2024). | Before giving this PRN medication, I would assess the patient's potassium levels, so if low or high potassium is seen it can be corrected before giving the medication (Jones & Bartlett Learning, 2024). |
| <b>Contraindications (2)</b>  | 1. The patient has a history of hypertension (Jones & Bartlett Learning, 2024).<br>2. Seizures (Jones & Bartlett Learning, 2024).        | 1. Depression (Jones & Bartlett Learning, 2024).<br>2. Toxic central nervous system comatose state (Jones & Bartlett Learning, 2024).             | 1. Patients with electrolyte imbalances (Jones & Bartlett Learning, 2024).<br>2. Cardiac arrhythmias   | 1. Liver disease (Jones & Bartlett Learning, 2024).<br>2. Central nervous system depression  | 1. Liver disease (Jones & Bartlett Learning, 2024).<br>2. Phenylketonuria (Jones & Bartlett Learning, 2024).  |

|   |  |   |  |   |   |
|---|--|---|--|---|---|
|   | Learning, 2024).   | Bartlett Learning, 2024).   | (Jones & Bartlett Learning, 2024).   | (Jones & Bartlett Learning, 2024).  |   |
| <b>Side Effects/Adverse Reactions (2)</b> | 1. Sensitive to light (Jones & Bartlett Learning, 2024)<br>2. Sleepiness (Jones & Bartlett Learning, 2024).                              | 1. Anxiety (Jones & Bartlett Learning, 2024).<br>2. Strong desire to sleep (Jones & Bartlett Learning, 2024)  | 1. Seizures (Jones & Bartlett Learning, 2024).<br>2. Dry mucous membranes (Jones & Bartlett Learning, 2024).   | 1. Ideas of suicide (Jones & Bartlett Learning, 2024).<br>2. Slurred speech (Jones & Bartlett Learning, 2024).                            | 1. Itching (Jones & Bartlett Learning, 2024).<br>2. Sleepiness (Jones & Bartlett Learning, 2024).   |
| <b>Medication/Food Interactions</b>       | 1. Avoid alcohol while taking this medication (Jones & Bartlett Learning, 2024).<br>2. MAO inhibitors (Jones & Bartlett Learning, 2024). | 1. Tricyclic antidepressants like desipramine (Jones & Bartlett Learning, 2024).<br>2. Do not drink alcohol while taking this medication (Jones & Bartlett Learning, 2024). | 1. Do not drink alcohol while taking this medication (Jones & Bartlett Learning, 2024).<br>2. Antipsychotic medications like clozapine, or chlorpromazine (Jones & Bartlett Learning, 2024). | 1. Do not drink alcohol while taking this medication (Jones & Bartlett Learning, 2024).<br>2. Fentanyl (Jones & Bartlett Learning, 2024). | 1. SSRI medications (Jones & Bartlett Learning, 2024).<br>2. 5-HT <sub>3</sub> receptor antagonists (Jones & Bartlett Learning, 2024).          |
| <b>Nursing Considerations (2)</b>         | 1. Expect to give this medication intravenously only when the patient can not swallow it (Jones & Bartlett Learning, 2024).              | 1. Closely monitor the complete blood count during the first couple months of using this drug (Jones & Bartlett Learning,   | 1. Closely watch for oversedation if the patient takes more than one central nervous system depressant (Jones & Bartlett   | 1. Make sure that if the patient is depressed they are already taking an antidepressant due to an increased risk of ideas of              | 1. Frequently assess the patient for serotonin syndrome symptoms like agitation, confusion, and restlessness (Jones & Bartlett Learning, 2024). |

|  |  |   |   |   |  |
|--|--|---|---|---|--|
|  | 2. Look to stop using the drug for 3 days before doing skin tests for allergies due to the drug giving false-negative results (Jones & Bartlett Learning, 2024). | 2024).<br>2. Assess to see if the patient is at risk for falls (Jones & Bartlett Learning, 2024). | Learning, 2024).<br>2. Educate the patient about avoiding dangerous activities if they have drowsiness (Jones & Bartlett Learning, 2024). | suicide (Jones & Bartlett Learning, 2024).<br>2. Educate the patient about taking all the medication and to not increase the dosage or amount of times taken (Jones & Bartlett Learning, 2024). | 2. Educate the patient to notify his doctor if he has symptoms that are persistent, serious, or weird (Jones & Bartlett Learning, 2024). |
|--|--|---|---|---|--|

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

Jones & Bartlett Learning. (2024). *2025 Nurse's Drug Handbook* (22nd ed.). Jones & Bartlett Learning.

### Mental Status Exam Findings (25 points)

|   |  |
|---|--|
| <p><b>OBSERVATIONS:</b></p> <p><b>Appearance (i.e.: positioning, posture, dress, grooming):</b> Patient is laying in bed with poor posture, limited grooming, and little hygiene.</p> <p><b>Alertness:</b> Alert and oriented x3</p> <p><b>Orientation:</b> Alert and oriented x3</p> <p><b>Behavior:</b> Patient is withdrawn and sleepy</p> <p><b>Speech:</b> Slow and soft</p> <p><b>Eye Contact:</b> Fleeting eye contact</p> |  |
|---|--|

|   |  |
|---|--|
| <p><b>Attentiveness:</b> No attentiveness</p>   |  |
| <p><b>MOOD:</b><br/> <b>How is your mood today?</b><br/> Patient stated he was withdrawn and tired<br/> <b>Affect:</b> Flat affect<br/> <b>Consistency between mood and affect?</b><br/> Yes, mood and affect are consistent</p>  |  |
| <p><b>COGNITION:</b><br/> <b>Alertness:</b> Alert and oriented x3<br/> <b>Orientation:</b> Alert and oriented x3<br/> <b>Memory Impairment:</b><br/> Fair short-term and long-term memory<br/> <b>Attention:</b> Fair attention span</p>  |  |
| <p><b>MAIN THOUGHT CONTENT:</b><br/> <b>Homicidal Ideations or Suicidal Ideation:</b><br/> Patient stated he has no homicidal or suicidal ideations.<br/> <b>Delusions:</b> Patient stated no delusions.<br/> <b>Hallucinations:</b> Patient stated no auditory, visual, tactile, or olfactory hallucinations.</p> <ul style="list-style-type: none"> <li>● <b>Specify: Auditory, Visual, Tactile, Olfactory</b></li> </ul> <p><b>Obsessions:</b> Patient stated no obsessions.<br/> <b>Compulsions:</b> Patient stated no compulsions.<br/> <b>Paranoia:</b> Patient stated no paranoia.<br/> <b>Flight of Ideas:</b> Patient stated no flight of ideas.<br/> <b>Perseveration:</b> Patient stated no perseveration.<br/> <b>Loose Association:</b> Patient stated no loose association.</p> |  |
| <p><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/> Good judgment. Patient stated he would return the wallet to its owner when asked “If you found a wallet on the side of the road, what would you do?”<br/> <b>Insight into Illness:</b> Upon asking why the</p>  |  |

|  |  |
|--|--|
| patient said he would return the wallet, the patient stated, “because it is the right thing to do.”  |  |
| <b>MOTOR ACTIVITY:</b><br><b>Assistive Devices:</b> None<br><b>Gait:</b> Normal gait with no swaying<br><b>Abnormal Motor Activities:</b> The patient does not have any abnormal motor activities. |  |

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

| Time    | Pulse               | B/P          | Resp Rate             | Temp               | Oxygen           |
|---------|---------------------|--------------|-----------------------|--------------------|------------------|
| 0837 AM | 82 beats per minute | 102/68 mm/Hg | 18 breaths per minute | 97.4°F<br>Temporal | 100%<br>Room air |

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

| Time    | Scale                          | Location                            | Severity                            | Characteristics                     | Interventions                        |
|---------|--------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| 1100 AM | 1-10 Numeric Pain Rating Scale | Patient stated no pain at this time | Patient stated no pain at this time | Patient stated no pain at this time | Patient stated no pain at this time. |

### Nursing Care (6 points)

**Overview of care provided today:** Patient stated the care provided today was “good”.

**Client complaints:** Patient stated, “I wish I was normal”. Then later stated he wants life to go back to life when things were simple like when you are six years old.

**Participation in therapy / groups:** Patient declined morning group therapy, but attended afternoon group therapy with the chaplain.

**Medication compliance today:** Patient is complying with medications today.

**Behaviors exhibited today:** Patient is fatigued, sleepy, and withdrawn.

### **Discharge Planning**

**Discharge location:** Upon discharge, the patient is going home with family.

**Follow up plan:** I would follow up with the patient once a week to assess his neck wound for infection and make sure it's healing well. I would follow up with the patient once a week to assess how his sleeping habits are and evaluate the nonpharmacological ways of improving his sleep. I would evaluate and follow up with the patient once a week to evaluate his effective coping mechanisms so the patient can effectively cope with stress. I would follow up with the patient once a week for suicidal ideations to prevent another from happening. I would follow up with the patient about his anxiety once a week to evaluate if the current interventions are working or need replacing.

**Education needs:** I would educate the patient and family about nonpharmacological ways to help his circadian rhythm improve and help him fall asleep at night. I would educate the patient and family about keeping his neck wound clean and dry to prevent infection. I would educate the patient and family about effective coping mechanisms so he can improve his current coping mechanism of "running away from his problems". I would educate the patient and family about removing sharp objects in the house to prevent another suicidal ideation from happening again.

### **Nursing Diagnosis (25 points)**

**\*Must be NANDA approved nursing diagnosis and listed in order of priority\***

| <b>Nursing Diagnosis</b>  | <b>Rationale</b>                               | <b>Outcome Goal<br/>(1 per diagnosis)</b> | <b>Interventions<br/>(3 per diagnosis)</b> | <b>Outpatient Resource with Rationale<br/>(1 per diagnosis)</b> |
|---|--|---|--|---|
| ● Include full nursing diagnosis with "related to" and "as evidenced by" components | ● Explain why the nursing diagnosis was chosen |   |  |   |

|   |  |   |  |  |
|---|--|---|--|--|
| <p><b>1. Ineffective coping</b> related to low sense of control, as evidenced by the patient stating he runs away from his problems for his coping mechanisms (Phelps, 2023).</p> | <p>I chose this nursing diagnosis because the patient does not have any effective coping mechanisms and states he runs away from his problems.</p> | <p><b>1.</b> The patient will develop and demonstrate new effective coping skills upon discharge (Phelps, 2023).</p>  | <p><b>1.</b> Educate the patient on relaxation techniques like deep breathing and guided imagery (Phelps, 2023).</p> <p><b>2.</b> Motivate the patient to use support groups to help cope (Phelps, 2023).</p> <p><b>3.</b> Commend the patient for identifying good coping techniques and using them (Phelps, 2023)</p>                          | <p><b>1.</b> An outpatient resource the patient could improve with is a therapist. A therapist would help improve his ineffective coping to talk more about why the patient runs away from his problems and address his thoughts and feelings.</p> |
| <p><b>2. Social isolation</b> related to difficulty performing activities of daily living, as evidenced by limited grooming and hygiene (Phelps, 2023).</p>                       | <p>I chose this nursing diagnosis because the patient stays in his room most of the day and does not have good hygiene or grooming.</p>            | <p><b>1.</b> The patient will express feeling less isolated, improved social interaction, and will state an improved sense of self-esteem upon being discharged (Phelps, 2023).</p> | <p><b>1.</b> Schedule an uninterrupted time to speak to the patient about their feelings and concerns (Phelps, 2023).</p> <p><b>2.</b> Talk with the patient about contributing factors and why they socially isolate (Phelps, 2023).</p> <p><b>3.</b> Assess how the patient's home setting affects his social interactions (Phelps, 2023).</p> | <p><b>1.</b> An outpatient resource the patient could improve with is a social worker. A social worker would help by giving the patient resources for support groups and community resources for food and home health aids.</p>                    |
| <p><b>3. Insomnia</b> related to frequent naps throughout the day, as evidenced</p>   | <p>I chose this nursing diagnosis because having little sleep can cause the</p>  | <p><b>1.</b> The patient will not show behavioral symptoms related to stress like restlessness,</p>   | <p><b>1.</b> Offer the patient things to help him sleep like a book to read, pillows, or a bath before bed (Phelps, 2023).</p>   | <p><b>1.</b> An outpatient resource the patient could improve with is cognitive behavioral therapy like deep breathing, guided imagery, and</p>  |

|   |  |   |  |   |
|---|--|---|--|---|
| <p>by the patient stating his hours of sleep has gotten worse over time and has difficulty falling asleep (Phelps, 2023).</p> | <p>patient to have little motivation to go to group therapy more, increase feelings of depression, and make it harder to cope with stress.</p> | <p>irritability, lethargic, and disorientation upon discharge (Phelps, 2023).</p> | <p><b>2.</b> Educate the patient to limit or avoid alcohol and caffeine at bedtime, and to stay away from certain foods that will interfere with his sleep (Phelps, 2023).</p> <p><b>3.</b> Create a low stimulus environment for the patient to sleep (Phelps, 2023).</p> | <p>exercise. Cognitive behavioral therapy would help the patient by giving them nonpharmacological ways to improve his sleep by deep breathing, using a bed only for sleep, and exercise.</p> |
|---|--|---|--|---|

**Other References (APA):**

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

**Concept Map (20 Points):**

### Subjective Data

Patient states, "I wish things would go back to when I was six years old." Patient states, "I wish I had a new brain." Patient states no current or past physical, sexual, emotional, or verbal abuse. Patient states he doesn't have any trauma due to being in the military. Patient states he currently is depressed and has been for 5 years, as well as feeling tired all the time. Patient has had difficulty falling asleep, waking up frequently throughout the night, and has been experiencing a change in hours of sleep for 5-6 years and has progressively gotten worse over time. Patient states he has had times when he overeats once a week, has a loss of appetite, and has lost 15-20lbs.

Patient appears with flat affect, withdrawn, sleepy, and fleeting eye contact. Patient's vitals are pulse of 82 bpm, blood pressure is 102/68, respirations of 18 bpm, temperature of 97.4F on temporal site, and oxygen saturation of 100% on room air. The patient has a laceration on his neck that is 4.5cm and has 7 sutures. Patient declined morning group therapy, but attended afternoon group therapy with the chaplain. Patient stayed in his room most of the day and was fatigued, withdrawn, and sleepy.

### Patient Information

59 year old male with a history of depression, anxiety, bipolar disorder, hypertension, hyperlipidemia, and diabetes mellitus type II was admitted for bipolar disorder, current episode depressed, severe, without psychotic features. Patient is compliant with medications. Patient stated "I can't remember" upon asking for his past surgical history.

### Nursing Diagnosis/Outcomes

**1st Nursing Diagnosis:** Ineffective coping related to low sense of control, as evidenced by the patient stating he runs away from his problems for his coping mechanisms (Phelps, 2023)

**Outcome:** The patient will develop and demonstrate new effective coping skills upon discharge (Phelps, 2023).

**2nd Nursing Diagnosis:** Social isolation related to difficulty performing activities of daily living, as evidenced by limited grooming and hygiene (Phelps, 2023).

**Outcome:** The patient will express feeling less isolated, improved social interaction, and will state an improved sense of self-esteem upon being discharged (Phelps, 2023).

**3rd Nursing Diagnosis:** Insomnia related to frequent naps throughout the day, as evidenced by the patient stating his hours of sleep has gotten worse overtime and has difficulty falling asleep (Phelps, 2023).

**Outcome:** The patient will not show behavioral symptoms related to stress like restlessness, irritability, lethargic, and disorientation upon discharge (Phelps, 2023).

### Nursing Interventions

Educate the patient on relaxation techniques like deep breathing and guided imagery (Phelps, 2023). Encourage the patient to attend group therapy (Phelps, 2023). Schedule an uninterrupted time to speak to the patient about their feelings and concerns (Phelps, 2023). Talk with the patient about contributing factors and why they socially isolate (Phelps, 2023). Assess how the patient's home setting affects his social interactions (Phelps, 2023). Offer the patient things to help him sleep like a book to read, pillows, or a bath before bed to improve his sleep (Phelps, 2023). Educate the patient to limit or avoid alcohol and caffeine at bedtime, and to stay away from certain foods that will interfere with his sleep (Phelps, 2023). Create a low stimulus environment for the patient to sleep (Phelps, 2023).

**More nursing interventions (all of it couldn't fit in the green box):** For the patient's diphenhydramine/ Benadryl I would expect to give the medication intravenously only when the patient can not swallow it (Jones & Bartlett Learning, 2024). Look to stop using diphenhydramine/ Benadryl for 3 days before doing skin tests for allergies due to the drug giving false-negative results (Jones & Bartlett Learning, 2024). For the patient's hydroxyzine/ Atarax I would closely watch for oversedation if the patient takes more than one CNS depressant (Jones & Bartlett Learning, 2024). For the patient's hydroxyzine/ Atarax I would educate the patient about avoiding dangerous activities if they have drowsiness (Jones & Bartlett Learning, 2024). For the patient's haloperidol/Haldol I would closely monitor the CBC during the first couple months of using this drug (Jones & Bartlett Learning, 2024). For the patient's haloperidol/Haldol I would assess to see if the patient is at risk for falls (Jones & Bartlett Learning, 2024). For the patient's lorazepam/Ativan I would make sure that if the patient is depressed they are already taking an antidepressant due to an increased risk of ideas of suicide (Jones & Bartlett Learning, 2024). For the patient's lorazepam/Ativan I would educate the patient about taking all the medication and to not increase the dosage or amount of times taken (Jones & Bartlett Learning, 2024). For the patient's ondansetron/Zofran-ODT I would frequently assess the patient for serotonin syndrome symptoms like agitation, confusion, and restlessness (Jones & Bartlett Learning, 2024). For the patient's ondansetron/Zofran-ODT I would frequently educate the patient to notify his doctor if he has symptoms that are persistent, serious, or weird (Jones & Bartlett Learning, 2024).

**References:**

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

Jones & Bartlett Learning. (2024). *2025 Nurse's Drug Handbook* (22nd ed.). Jones & Bartlett Learning.

