

N323 Care Plan
Lakeview College of Nursing
James Coursen

Demographics (3 points)

Date of Admission 2/23/2025	Patient Initials KH	Age 21	Biological Gender Male
Race/Ethnicity Caucasian	Occupation Unemployed	Marital Status Single	Gender Identity Male
Code Status Full code	Height and Weight 5' 10" / 243.8lbs	Allergies No known allergies No known drug allergies	Pronouns He/him

Medical History (5 Points)

Past Medical History: Hernia repair at age 7, no other known history.

Psychiatric Diagnosis: Major depressive disorder, bipolar disorder type II.

Previous Psychiatric and Substance Use Treatment – Inpatient/Outpatient		
Dates	Inpatient or Outpatient?	Reason for Treatment
No previous psychiatric treatment		

Admission Assessment

Chief Complaint (2 points): Visual and auditory hallucinations, aggressive behavior

Contributing Factors (10 points):

- **Factors that lead to admission (address triggers and coping mechanisms if applicable):**

On 2/22 the local police responded to a call of an aggressive male hitting things with a baseball bat inside the home. Upon arrival at scene police found patient no longer destroying things but shaking and sitting on the couch. Patient said he was angry because his mom kept asking him to do things while he was trying to sleep despite responding “no” multiple times. At which point patient grabbed a baseball bat and started to destroy property for about 5 minutes but stated he had no desire to hurt the other people in the home. Patient stated that he wanted to die during the event but now declines suicidal ideation. Patient also complained of both auditory and visual hallucinations during the event but deny that they are still present. Location suspected to be in the brain. An ambulance took him to the ER where he was assessed by medical personnel and recommended for involuntary admission to a psych facility. No aggravating or alleviating factors identified. Patient was able to calm himself down after the event and showed no aggressive behavior during intake. Patient experienced no other symptoms during the event and remains symptom free at time of admission to psych facility. During group patient identified that physically destroying things was a coping skill he had and identified exercise as a coping mechanism.

o Chief Complaint Impact on Life: (i.e., work, school, family, social, financial, legal):

Patients’ mother called the police because at the time she was afraid of him and was worried he might hurt her. Younger siblings were all at school and did not witness the event. Mother claims she is not going to press charges and supports acute psych admission. Patient is unemployed so job is not affected, patient is not in school, so schooling is unaffected, and the incident was between him and his mom and states he Does not have any friends, so social life is

minimally affected. Unsure if mother will make patient pay for damages so financial consequences are yet to be seen.

Primary Diagnosis on Admission (2 points): Bipolar disorder II, current depressive episode, with psychotic traits

Psychosocial Assessment (30 points)

History of Trauma			
Screening Questions:		Patient Answer	
Do you have a history of physical, sexual, emotional, or verbal abuse?		Yes	
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?		Yes	
Have you experienced any other scary or stressful event in the past that continues to bother you today?		No	
(If the patient answered no to all screening questions for history of trauma, you may skip to "Presenting Problems." If the patient answered yes to any of the screening questions, complete all sections of this chart. Type N/A if not applicable.)		(If the patient answered no to all screening questions for history of trauma, you may skip to "Presenting Problems." If the patient 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	No	Yes, throughout childhood until 13	Both parents
Sexual Abuse	No	Yes, 3 years old	Unable to say, patient started to tremor when discussing topic
Emotional Abuse	No	No	N/A
Verbal Abuse	No	No	N/A
Military	No	No	N/A
Other	No	No	N/A
Presenting Problems			
Problematic Areas	Patient	Describe (frequency, intensity, duration, and	

	Answer	occurrence). If you make any observations that differ from the patient's answer, please describe objectively.
Do you feel down, depressed, or hopeless?	No	Does not feel depressed currently
Do you feel tired or have little energy?	No	Does not have little energy
Do you avoid social situations?	No	Does not avoid social situations
Do you have difficulties with home, school, work, relationships, or responsibilities	Yes	Having difficulty finding a job. States that he has a journal full of job interview notes and applications but still cannot get hired.
Sleeping Patterns	Patient Answer	Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the patient's answer, please describe objectively.
Have you experienced a change in numbers of hours that you sleep each night?	Been sleeping more recently	For the past month pt states he has been sleeping more than 10 hours a day
Do you have difficulty falling asleep?	Yes	Easily woken by noise, every day has trouble falling asleep initially. Turns to exercise to tire himself out to go to sleep
Do you frequently wake up during the night?	Not without reason	Patient easily awoken by any kind of noise. Patient also states he lives "like ten feet from a railroad"
Do you have nightmares?	No	Does not experience nightmares
Are you satisfied with your sleep?	Yes	Patient is satisfied with his sleep
Eating Habits	Patient Answer	Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the patient's answer, please describe objectively.
Do you overeat?	No	Patient does not overeat
Do you purge after eating? Purging includes methods such as vomiting, excessive exercise, or using laxatives after eating.	No	Patient does not purge after eating

Do you have not eaten enough or have a loss of appetite?	Eats enough	Patient feels like he gets enough to eat and is not going to bed hungry
Have you recently experienced unexplained weight loss?	No	Patient has not lost weight recently
Amount of weight change:		
Anxiety Symptoms	Patient Answer	Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the patient's answer, please describe objectively.
Do you have tremors, or have other symptoms of anxiety?	Yes	Noticed uncontrollable, full body tremors when discussing trauma from his past. When questioned about it he states "I'm just really cold"
Do you experience panic attacks?	Yes	Patient states he has been having panic attacks every day for about two weeks. Panic attacks last "like an hour max" with an average time of "a couple minutes"
Do you have obsessive or compulsive thoughts?	No	Does not have obsessive or compulsive thoughts
Do you have obsessive or compulsive behaviors?	No	Does not have obsessive or compulsive behaviors
Suicidal Ideation	Patient Answer	Describe (frequency, intensity, duration, and occurrence). If you make any observations that differ from the patient's answer, please describe objectively.
In the past week have you wished that you were dead?	No	Patient states no but the ER record states he did have some passive suicidal ideation during the event that brought him to the hospital.
Have you ever tried to kill yourself?	No	Patient has never tried to kill himself
If the patient answered either of the previous questions "yes," you must ask the patient:	N/A	N/A
Are you having thoughts of killing yourself right now?		

(If the patient says yes, you must ensure facility staff are aware)			
Rating Scale			
How would you rate your depression on a scale of 1-10?		4/10	
How would you rate your anxiety on a scale of 1-10?		2/10	
Personal/Family History			
Who lives with you?	Age	Relationship	Do they use alcohol or drugs?
Parent	35	Mother	Sells drugs
Sibling	18	Brother	Does not know for sure
Sibling	14	Brother	Does not know for sure
Sibling	15	Sister	Does not know for sure
If yes to any alcohol or drug use, explain: Mother sells drugs from their house. Patient states that a lot of strangers come and go all day long making him feel unsafe.			
Family Medical History: Father had coronary artery disease. Sister has craniosynostosis. No other known family history.			
Family Psychiatric History (including suicide): Father used drugs. No other known psych history.			
Family alcohol or drug use (not covered by those patient lives with): No other known psych history.			
Do you have children? If yes, what are their ages? No kids			
Who are your children with now? N/A			
Have you experienced parental separation or divorce, or loss/death/ or incarceration of family or friends? Father died when he was seven			
If yes, please tell me more about that: Hard on the family. Mom was depressed for a long time but “she seems to be doing better now.” Patient was not very fond of his father so was not very affected by his death. Unsure of how his siblings feel.			
Are you currently having relationship problems? No			
What is your sexual orientation: Heterosexual	Are you sexually active? No	Do you practice safe sex? Not sexually active	
Please describe your religious values, beliefs, spirituality, and/or preference: Does not identify with any religion or spirituality			
Can you describe any ethnic practices, cultural beliefs, or traditions that might affect your plan of care? Does not have any identified practices or beliefs that will affect care.			
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? Does not have an identifiable support system			
How can your family/support system participate in your treatment and care? Mom can keep updated about his progress. Identified that she has a habit of asking him to do things too			

much and that angers him. Mother may be asked not to ask so much of him.		
What are your coping mechanisms? (Coping mechanisms are strategies that people use to manage painful or difficult emotions.) Patient identifies physical destruction and exercise as coping mechanisms.		
What are your triggers? (A trigger is something that you have identified that brings on or worsens your mental health symptoms.) Patient unable to verbally identify triggers. Any time the subject is brought up, patients full body starts to tremor and he withdraws from conversation.		
Patient raised by: Natural parents		
Self-Care: Independent		
Education History: High school		
Reading Skills: Yes		
Primary Language: English		
Personal History of Substance Use		
Screening Questions:		
1. <u>Have you ever used drugs, alcohol, or nicotine?</u>		
(If no, you may skip to “psychiatric medications.”		
If yes, complete all sections of this chart. Type N/A if not applicable.)		
Substance	First Use and Last Use	Frequency of Use
Nicotine Products (including smoking, chewing, vaping)	First Use: Never used Last Use: Never used	N/A
Alcohol	First Use: 17 years old Last Use: 2/14/2026	Occasionally (<5x a month) but binges when he does
Prescription Medications (Recreational Use)	First Use: Never used Last Use: Never used	N/A
Marijuana	First Use: 13 years old Last Use: Earlier this month (Feb)	Occasionally (<8x/month), mostly as a sleep aid when he can not get to sleep or stay asleep
Heroin	First Use: Never used Last Use: Never used	N/A
Methamphetamine	First Use: Never used Last Use: Never used	N/A
Other: Specify	First Use: Never used Last Use: Never used	N/A

Current Psychiatric Medications (10 points)

Complete all your patient’s psychiatric medications

All information listed in this section must be pertinent to your patient.

Brand/Generic	Valproic acid Depakote	Benztropine Cogentin	Haloperidol Haldol	Lorazepam Ativan	Zofran Ondansetron (ODT)
Dose	500mg	2mg	5mg	25mg	4mg
Frequency	BID	Daily PRN	PRN	PRN	Q4H PRN
Route	PO	PO	IM	PO	PO
Classification	Histone deacetylase inhibitor (Hodgson, 2023)	Synthetic muscarinic receptor antagonist (Hodgson, 2023)	Typical antipsychotic/dopamine blocker (Hodgson, 2023)	Benzodiazepine (Hodgson, 2023)	Selective 5-HT ₃ receptor antagonist (Hodgson, 2023)
Mechanism of Action	Increases concentration of GABA (Hodgson, 2023)	Competes with acetylcholine in muscarinic receptors (Hodgson, 2023)	Blocks dopamine receptors in the brain (Hodgson, 2023)	Enhances effects of GABA (Hodgson, 2023)	Blocks serotonin in vagal nerve terminals and in chemoreceptor trigger zones (Hodgson, 2023)
Therapeutic Uses	Seizures, manic episodes, mood stabilizer (Hodgson, 2023)	Management of extrapyramidal side effects (Hodgson, 2023)	Acute agitation or psychosis (Hodgson, 2023)	Antianxiety (Hodgson, 2023)	Nausea caused by antipsychotics (Hodgson, 2023)
Therapeutic Range (if applicable)	50-100 mcg/mL (Hodgson, 2023)	None identified	0.2-1 mcg/mL (Hodgson, 2023)	50-250 ng/mL (Hodgson, 2023)	None identified
Reason Patient Taking	Antipsychotic	PRN for extrapyramidal side effects caused by psychotropic medications	PRN for agitation	PRN for Agitation	PRN for nausea or vomiting caused by antipsychotic medication
For PRN Medications ONLY: One Nursing Intervention That Could Be Attempted Prior to Use of this	N/A	Decrease dosage of antipsychotics if serum levels are getting too high	Encouraging the patient to take some time away from whatever is agitating them.	Verbal deescalation techniques	Smelling an alcohol wipe may decrease nausea temporarily

Medication					
Contraindications (2)	-Patients at risk of suicide (Hodgson, 2023) -Organic brain disorders (Hodgson, 2023)	-Psychosis (Hodgson, 2023) -Hiatal hernia (Hodgson, 2023)	-Current use of other CNS depressant (Lorazepam) (Hodgson, 2023) -Medications that prolong QT interval (ODT) (Hodgson, 2023)	-Depression (Hodgson, 2023) -History of drug abuse (Hodgson, 2023)	-Hypokalemia (Hodgson, 2023) -High dose SSRIs may cause serotonin syndrome when taken concurrently (Hodgson, 2023)
Side Effects/Adverse Reactions (2)	-Fluctuations in body weight (Hodgson, 2023) -Restlessness (Hodgson, 2023)	-Dry mouth (Hodgson, 2023) - Hallucinations (Hodgson, 2023)	-Dry mouth (Hodgson, 2023) -Drowsiness/lethargy (Hodgson, 2023)	-Drowsiness (Hodgson, 2023) -Dizziness (Hodgson, 2023)	-Anxiety (Hodgson, 2023) -Feeling cold/chills (Hodgson, 2023)
Medication/Food Interactions	Herbals with sedative properties may increase toxic effects (Hodgson, 2023). No known food interactions (Hodgson, 2023).	No significant drug or herbal interactions (Hodgson, 2023). Taking with grapefruit may increase concentration (Hodgson, 2023).	Use with alcohol or other CNS depressants may increase depressive effects (Hodgson, 2023). Use with ondansetron may prolong QT interval (Hodgson, 2023). No known food interactions (Hodgson, 2023).	May increase concentration of valproic acid (Hodgson, 2023). Herbals with sedative properties may increase toxic effects (Hodgson, 2023). No known food interactions (Hodgson, 2023).	Using with haloperidol may increase risk of QT prolongation (Hodgson, 2023). No other herbal or food interactions noted (Hodgson, 2023).
Nursing Considerations (2)	-Frequently assess for SI, anxiety, depression (Hodgson, 2023) -Regular lab values to assess for therapeutic value (Hodgson, 2023)	-Monitor for dehydration (Hodgson, 2023) -Be careful when administering with CNS depressants (Hodgson, 2023)	-Monitor vitals, monitor for QT prolongation (Hodgson, 2023) -Supervise suicidal risk patient during early stages of treatment (Hodgson, 2023)	-Screen for paradoxical effects early in administration (Hodgson, 2023) -Monitor for worsening depression (Hodgson, 2023)	-Monitor ECG in patients with hypokalemia (Hodgson, 2023) -Monitor for symptoms of serotonin syndrome (Hodgson, 2023)

Medications Reference (1) (APA):

Hodgson, K. K. (2023). *Nursing Drug Handbook 2023*. St. Louis, Missouri: Elsevier.

Mental Status Exam Findings (25 points)

<p>OBSERVATIONS: Appearance (i.e.: positioning, posture, dress, grooming): appropriate, guarded, well groomed Alertness: Alert and responsive Orientation: Person, place, time, and event Behavior: Behavior within normal limits. No restlessness, fidgeting, etc. Speech: Clear and easy to understand Eye Contact: Maintains eye contact well Attentiveness: Attentive to conversation</p>	
<p>MOOD: How is your mood today: Good. “Better than yesterday” Affect: Affect changes from normal to closed off when past trauma brought up but changes back to normal when the subject is changed Consistency between mood and affect? Mood and affect consistent</p>	
<p>COGNITION: Alertness: Alert and responsive Orientation: Person, place, time, and event Memory Impairment: No identified memory impairment Attention: Attention span appropriate for age, able to maintain a conversation with ease</p>	
<p>MAIN THOUGHT CONTENT: Homicidal Ideations or Suicidal Ideation: No HI or SI Delusions: No delusions Hallucinations: None presently but at time of ER visit patient stated he was seeing mice</p>	

<p>on the floor, effects like “look like throwing a flashlight through a window” and auditory hallucinations consisting of general crowd noise with no directives commanding him to do anything</p> <p>Obsessions: None present Compulsions: None present Paranoia: None present Flight of Ideas: None present Perseveration: Perseveration Loose Association: None present</p>	
<p>REASONING: Judgment (Assess by asking: If you found a wallet on the side of the road, what would you do?): Judgement appropriate. Stated he would find the person and return it or mail it back to them using the address on the ID inside. Insight into Illness: Patient not currently psychotic or suffering a behavior modifying mental illness.</p>	
<p>MOTOR ACTIVITY: Assistive Devices: None present Gait: Normal Abnormal Motor Activities: None present</p>	

Vital Signs, 1 set (5 points)

Time	Pulse	B/P	Resp Rate	Temp	Oxygen
1105	84bpm	157/79 mmHg	20 RR	97.7F	100%

Pain Assessment, 1 set (2 points)

Time	Scale	Location	Severity	Characteristics	Interventions
1105	0-10 numeric	N/A	0	N/A	N/A

Nursing Care (6 points)

Overview of care provided today: Oriented to unit. Shown location of room, shower room, common areas. Patient read resident rights and verbalized understanding. Admission assessment performed. Patient briefly participated in group before going to his room.

Patient complaints: Patient is cold. No other complaints are noted.

Participation in therapy / groups: Brief participation in coping skills group.

Medication compliance today: Compliant. Took first dose of valproic acid without issue.

Behaviors exhibited today: Patient was pleasant and easy to get along with. Patient experienced tremors when discussing past.

Discharge Planning

Discharge location: To be determined. Most likely back home with mother and siblings.

Follow up plan: To be determined

Education needs: To be determined

Nursing Diagnosis (25 points)

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

Nursing Diagnosis	Rationale	Outcome Goal (1 per diagnosis)	Interventions (3 per diagnosis)	Outpatient Resource with Rationale (1 per diagnosis)
<ul style="list-style-type: none"> • Include full nursing diagnosis with “related to” and “as evidenced by” components 	<ul style="list-style-type: none"> • Explain why the nursing diagnosis was chosen 			
1. Impaired Impulse Control related to mood	The patient demonstrated impaired ability to regulate behavior in	Within 48 hours the patient will verbalize	1. Assess patient for thoughts of suicide, homicide, or	A Dialectical Behavior Therapy program to help the patient develop impulse control and emotional regulation

<p>disorder and impaired judgment secondary to Bipolar II as evidenced by a history of violent outbursts (Phelps, 2023)</p>	<p>response to stressors, as evidenced by his history of angry outbursts. Impaired impulse control could damage unit safety and interferes with therapeutic care.</p>	<p>and demonstrate one or more of his warning signs of increasing anger and will use one de-escalation technique (Phelps, 2023)</p>	<p>self-harming behavior (Phelps, 2023)</p> <p>2. Help patient identify stressors that lead to violent outbursts (Phelps, 2023)</p> <p>3. Work with the patient to identify signs of increasing anger and have patient demonstrate one de-escalation method (Phelps, 2023)</p>	<p>strategies. DBT is especially effective for managing anger, impulsiveness, and behavioral dysregulation associated with mood disorders (Cleveland Clinic, 2022).</p>
<p>2. Ineffective Coping related to psychological trauma as evidenced by inability or unwillingness to tolerate discussion of past trauma and neurogenic tremors when recounting traumatic experiences</p>	<p>Patient had observable maladaptive responses to stress and trauma in the form of neurogenic tremors when discussing past traumatic experiences. The patient's difficulty tolerating distressing topics indicates limited coping</p>	<p>Within 48 hours the patient will identify two maladaptive coping behaviors he currently has and two adaptive coping methods to use instead</p>	<p>1. If possible, keep the same nurses assigned to the patient to develop a therapeutic relationship (Phelps, 2023)</p> <p>2. Teach strategies that patient can use to develop coping skills</p>	<p>Trauma focused talk therapy to address unresolved trauma and build coping strategies. Talk therapy allows slow processing of trauma while building coping mechanisms without overwhelming the patient.</p>

	mechanisms, which could result in avoidance or reduced participation in treatment.		(Phelps, 2023) 3. Ask patient for feedback about what coping strategies seem to work (Phelps, 2023)	
3. Anxiety related to being in an unfamiliar situation as evidenced by visible neurogenic tremors during discussion of past traumas, patient statement that he is cold, increased blood pressure, and fatigue (Phelps, 2023)	The patient demonstrated physical and behavioral indicators of anxiety, including trauma-related neurogenic tremors, increased blood pressure, and a feeling of coldness. Anxiety could increase impulsivity and is commonly made worse by inpatient hospitalization.	Within 48 hours the patient will demonstrate one anxiety-reduction technique with observable decrease in restlessness and absence or reduction of neurogenic tremors (Phelps, 2023)	1. Spend time each shift with patient and reassure them that they are safe and that the staff are there to help (Phelps, 2023) 2. Give the patient clear, concise explanations of anything that is about to happen (Phelps, 2023) 3. Refer the patient to community mental health resources (Phelps, 2023)	Outpatient anxiety support group focused on recognizing triggers, reducing symptoms, and grounding techniques. This would help the patient with management of symptoms that persist when discharged (Mayo Clinic, 2025).

Other References (APA):

Cleveland Clinic. (2022, April 19). *Dialectical Behavior Therapy DBT*. Retrieved from my.clevelandclinic.org: <https://my.clevelandclinic.org/health/treatments/22838-dialectical-behavior-therapy-dbt>

Mayo Clinic. (2025, March 27). *Support groups*. Retrieved from mayoclinic.org: <https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/support-groups/art-20044655>

Phelps, L. (2023). *Nursing Diagnosis Reference Manual* . Philadelphia : Wolters Kluwer.

Concept Map (20 Points)

Subjective Data

- Reports daily panic attacks for approximately two weeks to admission
- Notes anxiety from 4/15 during trauma
- Reports feeling "cold" during trauma discussion
- Elevated blood pressure (157/79 mmHg) event
- History of assault, denies visual or hallucinatory ideation
- drinking alcohol (one drink) and exercise as coping strategies
- Potassium 3.0 mEq/L, slight urine
- Water drawn with low potassium levels and neutrophils

Objective Data

Nursing Diagnosis/Outcomes

1. Impaired impulse control
 - a. Outcome:

21-year-old male
 Admitted for aggressive behavior and emotional dysregulation
 Bipolar II disorder with psychotic features.
 Currently not exhibiting hallucinations or suicidal ideation
 Not currently taking anxiety psychotropic meds

- i. Verbalizes anger using therapy
 - ii. Verbalizes and reinforces effective coping strategies within 48 hours
- Staff-guided de-escalation strategies
 - Maintain consistent nursing assignments
 - Help identify ongoing behaviors alternative coping methods
 - Reinforce effective coping behavior strategies within 48 hours

Nursing Interventions

- a. Outcome:
 - i. Demonstrates one anxiety-reduction technique
 - ii. Shows reduction in tremors and restlessness within 48 hours

Patient Information



