

Clinical Medication Template

Name: Delaney Lockard

Medication: Prozac (fluoxetine hydrochloride)

Expected

This medication inhibits the reuptake of serotonin by CNS neurons, which then increases the available amount in the synapses. This leads to mood elevation.

Pharmacological

Action:

Chart Documentation

N/A (patient is using all-natural approach)

Therapeutic Uses

Treatment for MDD

Adverse Effects

- Drowsiness
- Serotonin syndrome
- Hypotension
- Decreased/increased libido
- Dyspnea

Nursing Interventions

- Use cautiously in patients who have hx of seizures
- Monitor and watch closely for worsening of suicidal ideations, may happen beginning of treatment
- Expect to taper drug when discontinuing

Contraindications

- Hypersensitivity to fluoxetine or other SSRI components

Client Education

- Advise patient to be cautious in hazardous activities until the adverse effects are known
- Inform patient that this medication may take several weeks to achieve its full effect.

Medication/Food Interactions

- Alprazolam
- Buspirone
- Fentanyl
- MAO inhibitors

Medication Administration

Patient is not prescribed this medication; this is just a suggestion if she decides to discontinue her all-natural approach.

Medication Effectiveness

n/a

Client Information Cover Sheet to be used for Care Plan. Attach as a cover sheet when turning in for grading.

Pt. Initials

Age

Gender

Other demographic data

Patient is single and attends college, lives on campus and holds an on-campus job

DSM -IV Diagnoses

MDD (Major depressive disorder)

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

NANDA Diagnoses:

Patient is at risk for suicide related to depressed mood and feelings of hopelessness as evidence by suicidal ideations.

Mental Status Exam Findings (be sure to be VERY descriptive)

Appearance- Patient was well-groomed and clean. Patient was wearing a blue hospital gown.

Behavior- Patient seemed to be calm and relaxed.

Attitude- She was willing to answer questions. Also, she is an inviting person. Patient seemed to have a cooperative attitude.

Speech- Normal rate and rhythm for age

Mood- Depressed, hopeless, and helpless

Affect- Flat

Main Thought Content

Ideations- Suicidal

Delusions- Patient denies having any delusions

Illusions- Patient denies having any illusions

Obsessions- Patient denies having any obsessions

Compulsions- Patient has hx of pulling out her hair

Phobias- Patient denies having phobias

Orientation- Patient was alert and oriented x 4

Memory

Remote- Patient seems to have a good grip on both the past and the present.

Recent- Patient recalls her recent memories.

Immediate- Patient's short-term memory is good; she recalls what she had to eat for dinner.

Reasoning

Judgment- Patient's judgement is fair.

Intelligence- Patient seems to be intelligent, she states that she receives "good grades in her classes."

Insight- Patient seems to have a clear and fair understanding

Allergies: Cheese

Factors that

Lead to

Treatment:

Patient has had a multitude of factors that have led to her treatment. Patient reports that she has insomnia, she has feelings of being overwhelmed often and she is falling behind in school because of her mental health. Patient states that her biggest issue is the cultural barrier present with her family about her mental health.

Significant Psychiatric History: Patient has a history of self-harm by cutting her wrists with sharp objects. Patient also reports that she has compulsions of pulling her hair when she is stressed.

Family History: Patient reports no family history she is aware of pertaining to mental illness.

Strengths: Academics, journaling, reading

Support System: Patient states that her sister attends the same university as her and that their relationship is strong.

Discharge Plans (YOURS FOR THE CLIENT)

Patient will use the coping mechanisms that she learned during her hospitalization. Patient will attend the therapist that is provided on campus once weekly with additional check-ups with her PCP to monitor her mental health status.

Medications (Attach Medication Grid): **Medication grid is included in this packet*

Medication list: Patient states that she would like to take an all-natural approach to her mental illness.

Name: Delaney Lockard
Date: 10/16/19
Client Initials: P. A

CARE PLAN – POC

Nursing Diagnosis (Prioritized)	Short Term Goal	Interventions	Long Term Goal	Interventions
<p>1. At risk for suicide related to depressed mood and feelings of hopelessness as evidence by suicidal ideations.</p>	<p>1. Patient will have less ideations about suicide this week during treatment.</p>	<p>1. Remove items of clothing like scarves, belts or shoelaces; these are things that could be used for self-harm. 2. Reassess for suicidal tendencies often. 3. Initiate a safety plan with the patient.</p>	<p>1. By discharge, the patient expresses that she is free of suicidal thinking.</p>	<p>1. Complete routine assessments with tools like SAD PERSONS suicide risk assessment scale. 2. Reassess for suicidal tendencies. 3. Teach her family members safety precautions and to be alert for changes in the patient’s behavior or verbalization pertaining to suicidal ideation.</p>
<p>2. Hopelessness related to losses, stressors, and the burdensome symptoms of depression as evidence by patient stating “she feels hopeless”</p>	<p>1. Patient reports feeling more positive about her life this week.</p>	<p>1. Assess individual for signs of hopelessness 2. Assess unhealthy behaviors used as coping skills. 3. Encourage the patient to verbalize her feelings.</p>	<p>1. By discharge, patient verbalizes feelings and acceptance of life situations which she has no control over, does not demonstrate suicidal intent or ideations.</p>	<p>1. Encourage the patient to assume responsibility of self-care, like setting goals. 2. Help the patient identify areas in her life that are in or out of her control. 3. Teach the patient about crisis intervention services like suicide hotlines.</p>

References:

Jones & Bartlett Learning. (2019). *2019 Nurses drug handbook* (18th ed.). Burlington, MA.

Swearingen, P. L. (2016). All-in-one care planning resource: medical-surgical, pediatric, maternity; psychiatric nursing care plans. Philadelphia, PA: Elsevier/Mosby.

