Care Plan

Lakeview College of Nursing

Almog Weiss

Clinical Medication Template

Name: Almog Weiss

Medication: **Benztroprine**

Expected Pharmacological Action:
Anticholinergic

Chart Documentation

- **Benztroprine 1mg PO**

Therapeutic Uses

Reduce shaking and repetitive movement

Adverse Effects

Tachycardia
Confusion
depression

Nursing Interventions

Monitor renal function and therapeutic response

Contraindications

Hypersensitivity

Client Education

Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you.

Medication /Food Interactions

Acetylcholinesterase Inhibitors: May diminish the therapeutic effect of Anticholinergic Agents.

Medication Administration

- **Benztroprine 1mg PO**

Medication Effectiveness

Reduced repetitive movement

Clinical Medication Template

Name: Almog Weiss

Medication: Depakote

Expected Pharmacological Action: Decrease manic episodes

Chart Documentation

500 mg PO TID

Therapeutic Uses

Psychosis

Adverse Effects

Suicidal thoughts, agitation, dizziness, depression

Nursing Interventions

Emphasize the importance of routine exams to monitor progress

May cause drowsiness and dizziness

Contraindications

Hepatic impairment, hypersensitivity, mitochondrial disorders

Client Education

Avoid driving and doing other tasks or actions that call for you to be alert or have clear eyesight until you see how this drug affects you

Medication /Food Interactions

Valproate Products may increase the serum concentration of Barbiturates

Medication Administration

500 mg PO TID

Medication Effectiveness

Reduced manic episode and aggression

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

Pt. Initials KV   Age 24   Gender Male

Other demographic data

Hispanic and homeless

DSM –IV Diagnoses

Unspecified psychosis

NANDA Diagnoses:

Depression d/t unspecified psychosis AEB suicidal attempt

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

Appearance

Behavior- extremely closed off

Attitude- not wanting to cooperate

Speech- some slurred speech

Mood- isolated and guarded

Affect- patient is not well groomed and seems very tired and not very talkative

Main Thought Content

Ideations- none

Delusions- none

Illusions- none

Obsessions- none

Compulsions- none

Phobias- claustrophobia

Orientation-person place time and situation

Memory- resent memory present, previous memory not intact due to alcohol use

Remote- long term memory is not present, patient is a bad historian

Recent-

Reasoning

Judgment- some appropriate not always safe

Calculations- able to do it

Intelligence- hard to determine due to lack of insight

Insight- there is common sense though the voices affect it

Benadryl and Haldol

Factors that Lead to Treatment:

Patient reports command hallucinations telling him to kill himself.

Significant Psychiatric History:

The patient has a history of psychiatric problems and psychiatric treatment. He has a history of poor compliance with medications. He also has history of suicide attempt.

Family History:

Patient refused to answer questions regarding his family history of psychiatric problems

Strengths:

Being able to be in a facility that helps with mental issues

Support System:

None

Discharge Plans (YOURS FOR THE CLIENT)

Patient will need to have further teaching regarding the use of the medication and being able to be stable on the medication. Assure the patient that he is able to come back when the mental status is getting worst. Keeping in touch with a regular counselor to assure maintenance of the mental status.

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

Medication list:

- **Benztroprine 1mg PO**
- **Depakote 500 mg PO TID**
- **Ambien 5mg PO**
- **Clonazepam 0.5 mg BID**

Nursing Diagnosis (Prioritized)	Short Term Goal	Interventions	Long Term Goal	Interventions
1. Impaired verbal communication r/t altered perception AEB hallucinations	1.Patient will express thoughts and feelings in a coherent, logical, goal-directed manner	**1.** Assess if incoherence in speech is chronic or if it is more sudden, as in an exacerbation of symptoms 2. dentify the duration of the psychotic medication of the client **3.** Keep voice in a low manner and speak slowly as much as possible	1. Patient will learn one or two diversionary tactics that work for him/her to decrease anxiety,	1.Focus on and direct client's attention to concrete things in the environment 2. Look for themes in what is said, even though spoken words appear incoherent 3.When client is ready, introduce strategies that can minimize anxiety
2. Impaired social interaction r/t difficulty with communication AEB appears upset, agitated, or anxious when others come too close	1.Patient will engage in one activity with a nurse by the end of the day	**1.**Assess if the medication has reached therapeutic levels **2.**Identify with client symptoms he experiences when he or she begins to feel anxious around others **3.**Avoid touching the	1.Patient will attend one structured group activity within 5-7 days	1.Structure activities that work at the client's pace and activity 2.Structure times each day to include planned times for brief interactions and activities with the client on one-on-one basis

		client		3.If client is found to be very paranoid, solitary or one-on-one activities that require concentration are appropriate.

3. disturbed sensory perception: auditory r/t Altered sensory perception AEB auditory distotions	**1.**Patient will learn ways to refrain from responding to hallucinations	**1.**Accept the fact that the voices are real to the client, but explain that you do not hear the voices. Refer to the voices as "your voices" or "voices that you hear" 2. Be alert for signs of increasing fear, anxiety or agitation 3. Explore how the hallucinations are experienced by the client.	**1.**Patient will state that the voices are no longer threatening, nor do they interfere with his or her life	1. Help the client to identify the needs that might underlie the hallucination 2. Help client to identify times that the hallucinations are most prevalent and frightening 3. Stay with clients when they are starting to hallucinate, and direct them to tell the "voices they hear" to go away. Repeat often in a matter-of-fact manner

Swearingen, P. L. (2008). *All-in-one care planning: medical-surgical, pediatric, maternity, and psychiatric nursing care plans*. St. Louis, MO: Mosby/Elsevier.

Wolters Kluwer. (2019). *Nursing 2019 Drug Handbook*. Philadelphia, PA.

Nursing Care Plan/Concept Map Rubric - 50 Points Total
Name: **Grade:**

	1-4	5-7	8-10	15
Assessment (Cover Page) Includes subjective, objective and historical data that support actual or risk for nursing diagnosis.	Incomplete Assessment portion is incomplete. APA References are incorrect or not used.	Poor Does not include all pertinent data related to nursing diagnosis. May also include data that does not relate to nursing diagnosis. Some APA references are correct	Fair Includes all pertinent data related to nursing diagnosis, but also includes data not related to nursing diagnosis. Most APA references are correct.	Good Includes all pertinent data related to nursing diagnosis and does not include data that is not related to nursing diagnosis.
	1-2	**3**	**4**	**5**
Diagnosis Includes the most appropriate diagnosis for patient and ordinal number that includes all appropriate parts (stem, related to or R/T, and as evidenced by AEB for actual diagnosis) and is NANDA approved	Incomplete Diagnosis portion is incomplete. APA References are incorrect or not used.	Poor Diagnosis is not appropriate for patient and ordinal level (first diagnosis, second diagnosis, etc.). May also not be NANDA and may not include all parts. Some APA references are correct	Fair Diagnosis is appropriate for patient and ordinal level, and diagnosis is NANDA approved, but does not include all parts or information is listed in wrong part of diagnosis. Most APA references are correct.	Good Diagnosis is appropriate for patient and ordinal level, and diagnosis is NANDA approved. Diagnosis also includes all parts and information is listed in correct part of diagnosis.
Planning (Short Term Goal) Includes a patient or family goal that is most appropriate for the patient/family and the nursing diagnosis. Goal should be measurable by at least two criteria and have a target date or time.	Incomplete Goal portion is incomplete. APA References are incorrect or not used.	Poor Goal statement is not patient or family oriented and may not have measurable criteria or a target date or time. Some APA references are correct	Fair Goal statement is patient or family oriented and contains at least one measurable criterion or a target date/time. Most APA references are correct.	Good Goal statement is patient or family oriented and contains two measurable criteria and a target date or time.

Implementation (Short Term Interventions) Includes interventions or nursing actions that directly relate to the patient's goal which are specific in action and frequency.	Incomplete Interventions portion is incomplete. APA References are incorrect or not used.	Poor Interventions portion does not include adequate number of interventions to help patient/family meet goal. Interventions may also not be specific, labeled or listed with rationales. Some APA references are correct	Fair Interventions portion contains adequate number of interventions to help patient/family meet goal, but interventions may not be specific, labeled or listed with rationales. Most APA references are correct.	Good Interventions portion contains adequate number of interventions to help patient/family meet goal, and interventions are specific in action and frequency.
Planning (Long Term Goal) Includes a patient or family goal that is most appropriate for the patient/family and the nursing diagnosis. Goal should be measurable by at least two criteria and have a target date or time.	Incomplete Goal portion is incomplete. APA References are incorrect or not used.	Poor Goal statement is not patient or family oriented and may not have measurable criteria or a target date or time. Some APA references are correct	Fair Goal statement is patient or family oriented and contains at least one measurable criterion or a target date/time. Most APA references are correct.	Good Goal statement is patient or family oriented and contains two measurable criteria and a target date or time.
Implementation (Long Term Interventions) Includes interventions or nursing actions that directly relate to the patient's goal which are specific in action and frequency.	Incomplete Interventions portion is incomplete.	Poor Interventions portion does not include adequate number of interventions to help patient/family meet goal. Interventions may also not be specific, labeled or listed with rationales. Some APA references are correct	Fair Interventions portion contains adequate number of interventions to help patient/family meet goal, but interventions may not be specific, labeled or listed with rationales. Most APA references are correct.	Good Interventions portion contains adequate number of interventions to help patient/family meet goal, and interventions are specific in action and frequency.

Medications	Incomplete	Poor	Fair	Good
Medications All patients' medications are listed, the student has discussed in his/her words how the medications interact with the clinical presentation of the patient. Student has done medication template on 1 of the patient's medications.	Incomplete No medication information is included in the care plan.	Poor Medications not listed. Medication template incomplete and/or inaccurate information.	Fair Medication section missing medications. Medication template complete.	Good Medication section is complete. The medication template is complete in its entirety with appropriate APA references.
APA format Students should utilize references where appropriate and cite utilizing correct APA format.	Incomplete No APA references utilized. More than 5 APA errors.	Poor 3-5 errors in APA format. References not utilized in all appropriate places	Fair 1-3 errors in APA format, references are utilized where appropriate.	Good No errors in APA format, references are utilized where appropriate.

Additional Comments: