

Care Plan
Twila Douglas
Lakeview College

Name: Twila Douglas

Medication: Acyclovir Zovirax

Expected: eye discomfort

Reli

Sup

Chart Documentation

400 mg tab PO 2x daily

The treatment of initial episodes of herpes genitalis, suppression of unusual frequent recurrences of herpes genitalis, and acute treatment of herpes zoster and varicella.

Adverse Effects

- headache
- nausea

Nursing Interventions

- **Ensure that patient receiving acyclovir is adequately hydrated before drug is given, to decrease risk of renal impairment**
- **Know that acyclovir therapy should be initiated as soon as possible after sign and symptoms appear**
- **Use caution when administering to patients with dehydration or preexisting renal disease or who receiving other nephrotoxic drugs, because of increase**

Client Education

- **Inform patient that acyclovir does not cure herpes infection but helps to manage the sign and symptoms.**
- **Tell women of child-bearing age to notify prescriber if pregnancy occurs or is suspected**
- **Stress importance of maintaining adequate hydration throughout acyclovir therapy to maintain medication effectiveness**

Medication effectiveness is high

Hypersensitivity to acyclovir or valacyclovir or any of their components

Medication /Food Interactions

No significant medication interaction

There is no known interaction with food

Medication Administration

Tablets, Capsules, and Suspension

Risperdal risperidone

Medication:

Expected

Think clearly and manage psychotic disorders

Chart Documentation

N/A

Adverse Effects

- Agitation
- Decreased concentration
- Drowsiness
- Fatigue
- Weight gain
- Extrapyrimal effects

Contraindications

- Hypersensitivity to risperidone, paliperidone, or its components

Medication /Food Interactions

- Don't mix with oral solution with cola or tea
- Antihypertensives, carbamazepine, clozapine, CNS depressant

Medication Administration

Oral solution, orally disintegrating tablets, tablets

Therapeutic Uses

- To manage psychotic disorders

Nursing Interventions

- Use cautiously with in-debilitated patients, elderly patients, and patients with hepatic or renal dysfunction or hypotension because of their increased sensitivity to the drug.
- Monitor for orthostatic hypotension, especially in patient with cardiac or cerebrovascular disease.
- Institute fall precautions
- Monitor patient's blood glucose and lipid levels as order because Client Education
- Urge patient to avoid alcohol because its additive CNS effects.
- Caution diabetic patient to monitor blood glucose level closely, because risperidone may increase it.
- Caution patient to avoid performing hazardous activities until CNS effects are known and subside.

Medication Effectiveness

Medication effectiveness is high

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

Pt. Initials A.M

Age 21

Gender F

Other demographic data

Quit smoking 16 months ago; homeless; single; heterosexual; two children; alcohol/ drug abuse in maternal grandmother; currently not working or in school

DSM -IV Diagnoses

- 1. **Psychotic disorder, unspecified**
- 2. **Bipolar disorder, mixed severe w/ psychosis**

- 1. Risk for
Suicide R/T suicidal ideation
- 2. **Disturbed Sensory Perception: Auditory/ Visual R/T Neurological / biochemical changes AEB Hallucinations**
- 3. **Impaired Social Interaction R/T Impaired thought processes (delusions or hallucinations) AEB Spends time alone by self and unable to make eye contact or initiate or respond to social advances of others**

Appearance- withdrawn, very distant
 Behavior- uninvolved, distracted, poor eye contact
 Attitude- unexpressive
 Speech-Normal, non impairment, coherent
 Mood- Calm, flat, depressed
 Affect- Blunted, lack of affect

Main Thought Content

Ideations- Suicidal

Delusions- present

Illusions- not present

Obsessions- not present

Compulsions- not present

Phobias-not present

Orientation- Patient is alert, but not fully oriented

Memory

Patient does not engage to answer questions

Recent-

Reasoning

Judgment- Judgement is poor

Intelligence- client has basic knowledge and awareness.

Insight

Coping Mechanisms (what are they and are they + or -)

Allergies:

Flagyl, Coritzone, Eggs

Factors that

Patient experienced postpartum depression after having recent baby that is 10 months old.

Lead to

Patient has been experience psychosis and visual and auditory hallucinations that commands patient to hurt herself and others. Patient is current noncompliant with medication.

Treatment:

Depressive Symptoms and suicidal ideations

Significant

Psychiatric

History:

Bipolar, depression, postpartum, psychosis, anxiety, visual and auditory hallucinations, sexual victimization, suicidal ideations

Family

No contact with grandmother who has 2 year old daughter
10 month old daughter currently lives with father.
Maternal grandmother had alcohol and drug abuse

History:

Strengths: Patient is in good physical health and is able to communicate when she decides.

Support

Current support systems are the patient's mother and grandmother.

System:

Patient will start taking psychotic medications
Patient will stay compliant with medication
Monitor outbreak and prevent infections

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

Medication list:

Acyclovir Zovirax 400 mg tab PO 2x daily

Triamcinolone 0.1% topical cream 2X daily

Recommended to start taking Risperdal

Name : Twila Douglas
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CARE PLAN – POC

Date:11/04/ 19

Client Initials A.m

Nursing Diagnosis (Prioritized)	Short Term Goal	Interventions	Long Term Goal
1. Risk for Suicide R/T suicidal ideation	1. Patient confesses suicidal thoughts and feelings within 7 days.	1. Introduce the use of self-expression methods to manage suicidal feelings 2. Stay with the patient more often. 3. Disincline the patient in making decisions during severe stress	1. Patient responds to treatment plan to reduce risk for suicidal behaviors by the end of 28 day program .

<p>2. Disturbed Sensory Perception: Auditory/ Visual</p> <p>R/T Neurological/ biochemical changes AEB Hallucinations</p>	<p>1. Patient will identify to personal interventions that decrease or lower the intensity or frequency of hallucinations within 3 days</p>	<p>1. Be alert for signs of increasing fear, anxiety or agitation</p> <p>2. Decrease environmental stimuli when possible</p> <p>3. Explore how the hallucinations are experienced by the client.</p>	<p>1. Patient will learn ways to refrain from responding to hallucinations by the 28 th day.</p>
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<p>3. Impaired Social Interaction R/T Impaired thought processes (delusions or hallucinations) AEB Spends time alone by self and unable to make eye contact, or initiate or respond to social advances of others</p>	<p>1. Patient will use appropriate social skills in interactions within 7 days.</p>	<p>1. Identify with client symptoms he experiences when he or she begins to feel anxious around others</p> <p>2. Teach client to remove himself briefly when feeling agitated and work on some anxiety relief exercise</p> <p>3. Eventually engage other clients in social interactions and activities with the client</p>	<p>1. Patient will engage in one or two activities with minimal encouragement from nurse or family members within 28 days.</p>
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References:

2019 Nurse's Drug Handbook (18th ed.).

F A Davis. (2018). *Nursing Care Plans*.

