

Clinical Medication Template

Name: Shayla Mitchell

Medication: Zyprexa Relprevv (olanzapine)

Expected

May act through combination of dopamine and serotonin type 2 receptor site antagonism

Pharmacological

Action:

Chart Documentation

No documentation on chart

Therapeutic Uses

This medication can treat mental disorder, including schizophrenia and bipolar disorder.

Adverse Effects

- Orthostatic hypotension
- Weight gain, dose dependent
- Hypertriglyceridemia
- Hypercholesterolemia
- Somnolence

Nursing Interventions

- Protect from light, do not freeze
- Immediately upon opening the blister, using dry hands, remove tablet and place entire tablet in the mouth

Contraindications

- Not approved for dementia-related psychosis
- Elderly patients with dementia-related psychosis who are treated with anti-psychotic drugs are at increased risk of death
- Patients are at risk for severe sedation (including coma)
- Documented hypersensitivity

Client Education

- Educate client that orthostatic hypotension can occur so when changing positions move slowly

Medication /Food Interactions

- No known food interactions with this medication.
- This medication can be taken with or without food

Medication Administration

- Tablet disintegration occurs rapidly in saliva so it can be easily swallowed with or without liquid

Medication Effectiveness

- This medication will treat the symptoms of any manic episodes for patients with schizophrenia or unspecified psychosis

Clinical Medication Template

Name:

Medication:

Expected Pharmacological:

Action:

Chart Documentation

Therapeutic Uses

Nursing Interventions

- Seroquel should be administered once daily at bedtime

Adverse Effects

- Dizziness
- Fatigue
- Extrapyrimalidal symptoms
- Increased diastolic blood pressure
- Increased triglycerides

Contraindications

- Not approved for dementia-related psychosis
- Elderly patients with dementia-related psychosis who are treated with anti-psychotic drugs are at increased risk of death
- Increased risk of suicidal thinking and behavior in children

Client Education

- Educate client the best way to take the medication is with a light meal since the medication may cause some dizziness

Medication /Food Interactions

- No known food interactions with this medication.
- This medication can be taken with or without food on a full or empty stomach

Medication Administration

- Swallow the extended-release tablets whole

Medication Effectiveness

- This medication may help battle major depression and generalized anxiety disorder

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

Lives alone 35 miles away

Retired food service worker at the high school in her home town

DSM -IV Diagnoses

Unspecified Psychosis

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V:

NANDA Diagnoses:

Risk for injury r/t impaired thought process as evidence by prolonged hallucinations

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

Appearance - Patient is dressed in yellow gown. Her hair is grey, short, and combed neatly. She is about 5ft and she is Caucasian.

Behavior- Initially the patient is very standoffish. She does not talk very much. She is very cooperative when talking to her.

Attitude- Dull but happy when you talk to her.

Speech- Speaks slowly, articulates her words clearly and has a very detailed vocabulary

Mood- Patient is in a good mood. I know this because the patient stated, "I am having a good day."

Affect- Flat, the patient has straight look on her face but will smile at you if you make direct eye contact with her.

Main Thought Content

Ideations- The patient hears voices in her head that want to harm her. They call her "B****," and they want to take her far away from her home

Delusions- None.

Illusions- None.

Obsessions- None.

Compulsions- None.

Phobias- The voices in her head

Orientation- A/O x4

Memory

Remote- The patient is able to recall that she had a great relationship with her mother and her father.

Reasoning

Judgment- Fair. The patient wants to move closer to her daughter to help with her treatment.

Calculations-

Intelligence- The patient finished high school.

Insight - Fair. The patient is very knowledgeable about her illness. The information the patient gave me matches the information written in her chart.

Allergies: Nizoral (Itching and rash)
Latex (Itching)

Factors that Lead to Taking care of her sick mom 5 years ago and troubled nephew. The patient also used to work a full time job and go days without sleeping.

Treatment:

Significant Depression

Psychiatric

History:

Family Father - Prostate cancer
History: Mother - Type 2 Diabetes Mellitus, CHF, Alzheimer's

Strengths: The patient has a close relationship with her daughter.

Support Daughter
System:

Discharge Plans (YOURS FOR THE CLIENT)

The client should no longer live alone
The client should see a psychiatrist to talk about the voices in her head
Support groups so that she knows she is not alone

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

Medication list:

Metroprolol

Pravastatin

Famotidine

Resperodone

Citalopram

Metformin

Calcium

Benadryl

Nursing Intervention	Short Term Goal	Intervention	Long Term Goal	Intervention
<p>1. Anxiety r/t conflict with reality AEB patient believes that someone is going to take her away from her home</p>	<p>By end of shift patient responds to relaxation techniques to decrease anxiety</p>	<ol style="list-style-type: none"> 1. Maintain a calm, non-threatening manner while working with the client 2. Establish and maintain a trusting relationship with the client by listening to the client 3. Remain with the client at all times when levels of anxiety are high 	<p>By discharge patient is able to discuss feelings of dread and anxiety.</p>	<ol style="list-style-type: none"> 1. Provide reassurance and comfort measures 2. Educate client about medication compliance for anxiety 3. Avoid asking or forcing the client to make choices
<p>2. Risk for violence r/t unspecified psychosis AEB distorted thinking that someone will harm her and take her away from her home</p>	<p>By end of shift client does not harm self or others</p>	<ol style="list-style-type: none"> 1. Discuss safe and effective ways client can demonstrate frustration 2. Listen for verbal threats or hostile remarks towards self or others 3. Reduce milieu noise and stimulation 	<p>By discharge client is able to identify any triggers that may lead to violent behavior</p>	<ol style="list-style-type: none"> 1. Help the client express feelings of anger 2. Help client identify the cause of annoyance such as when the voices begin to speak to her 3. Listen without interruption
<p>4. Risk for injury r/t impaired thought process AEB prolonged hallucinations</p>	<p>By end of shift patient remains free of injury</p>	<ol style="list-style-type: none"> 1. Eliminate all possible hazards in the patients room. 2. Validate the client's concerns and feelings 3. Thoroughly orient client to new surroundings/environment 	<p>By discharge patient is able to return home identifying factors that increase risk for injury</p>	<ol style="list-style-type: none"> 1. Educate the client about safety ambulation at home 2. Help the client identify effective coping mechanisms 3. Validate the client's feelings and concerns related to environmental factors

