

N323 Care Plan

19-2

Lakeview College of Nursing

Molly Streff

Section 1: /5 pts			
Date of Admission 3/23/2020	Client's Initials FJ	Age 69	Gender M
Race/Ethnicity Caucasian	Occupation Retired factory worker	Marital Status Never married	Allergies NKDA
Observation Status None	Height / Weight 6'0" / 225lbs	Other Pertinent Information	

Section 2: /5 pts
Admission Assessment
Reason for Admission (In client's own words): "My doctor said that if I start to stay awake for a few days at a time that I need to call him. And that's what happened. He said it was time for a medication change. I stop taking my meds a lot too. They didn't feel like they were working and then I ran out about a month ago. I tried to walk to Indy to get some more because Danville rejected me, but I decided not to. Didn't seem like a good idea. But yeah. Doc said it was time to come in again."
Admitting Diagnosis: Schizoaffective Disorder
Secondary Diagnosis (if applicable): Depression (not currently showing symptoms)
Medical Conditions: GERD, Chronic back pain, HTN GSW (Vietnam injury), Broken right tibia (past, date unknown)
Factors that Lead to Admission: Client stopped taking his medication due to feeling as if it was not longer effective after he noticed no change when he ran out.
History of Suicide Attempts (Date/Method): None
History and Current use of Substances: Alcohol- 2 drinks/week Marijuana- once a week, "I don't know how much. Don't know how to measure that. I bought a gram a really long time ago." Speed, Acid- "back in the day"
History of Psychiatric Diagnosis: Schizoaffective Disorder- diagnosed at 24 years-old. Client began hearing voices three months after he returned from the service. Client reports the

voices as non-commanding. “They’re not very nice. They talk real mean to me. I thought they were God at first then I realized God wouldn’t talk that way. They call me stupid a lot. They scare me a lot when a new voice shows up. The normal ones I’m kinda used to now. I just turn my music up real loud to distract me. It bothers me most in the shower or when I’m trying to go to bed though.”

Depression- diagnosed from ages 20-24; diagnosis changed with the appearance of voices at age 24.

Section 3: /20 pts				
Level of Care Assessment				
NOTE: If you do not know the definitions look them up!				
Appearance	Appropriate Poor Hygiene Needle tracks Poor eye contact	Neat / Well groomed Dental erosion Injured	Good eye contact Dress: Casual Bizarre	Disheveled Clothing not typical of gender
Build	Average Petite	Underweight Obese	Thin Muscular	Overweight
Speech	Normal rate Pressured Mumbled Monotone Rapid	Loud Slurred Incoherent Animated/excited Circumstantial	Slow Garbled Clear Accent Flight of ideas	Soft Stutter Impoverished Difficulty finding words
Interpersonal Style	Congenial Withdrawn Engaging Irritable	Open Relaxed Defensive Guarded	Cooperative Shy Resistant Cautious	Compliant Hostile Annoyed
Mood/ Affect Mood as stated in client’s own words:	Fearful Anhedonia Indifferent Dysphoric Flat Depressed/ Hopeless/ Helpless	Irritable Anxious Labile Apathetic Constricted	Appropriate Sad Ambivalent Reactive Fixed	Angry Manic Blunt Calm Tearful
Behavior	Euphoric Drowsy Sullen Depressed Inability to focus	Angry Anxious/panicky Distant Manic/mania	Irritable Paranoid/ suspicious Unconcerned Hyperactive	Hostile Appropriate Negative Hypervigilant
Judgement Comments:	Good	Fair - Appropriate aside from believing he can reenlist and help fix the country	Poor	
Abstraction	Appropriate	Concrete		
Insight Comments:	Awareness of problem Psychosis	Partial understanding of illness	Denial of problem/illness	No understanding of illness

	Dementia			
Impulse Control	Good	Fair - Appropriate aside from phone calls to recruiters	Poor	
Intelligence	Average	Above Average	Below Average	Unable to ascertain
Orientation	Time Disoriented	Place - after two attempts; "the hospital feels like home" Poor Concentration	Person	Situation
Sensorium	Alert Clouded	Aware Drowsy	Lethargic Dull	Stupor Uninterested
Thought content	Hallucinations Confused Goal directed Coherent Depersonalization Within normal limits	Delusions Divergent Somatic Logical Dangerous Confabulation	Paranoia Evasive Obsessive Grandiosity Distortion of body image	Racing thoughts Blocking Phobic Tangential Loose associations
Memory	Recent Good Fair Poor	Short Term Good Fair Poor	Long Term Good Fair Poor	
Gait	Normal	Shuffling	Unsteady	Staggering
Assistive Devices:	Rigid Wears reading glasses, no other assistive devices	Trembling	Left side weakness	Right side weakness
Posture/ Muscle Tone/ Strength:	Normal Cogwheel	Rigid Spastic	Slouched Atrophy	Flaccid Other
Motor Movements	Normal Tics	Restless Continuous movement	Agitated Slow/psychomotor retardation	tremors

Section 4:
/10pts

Psychosocial Assessment

History of Trauma

No lifetime experience/witness of trauma/abuse

	Current	Past (what age)	Secondary Trauma**	Describe
Physical Abuse	--	Childhood	--	Client states: "you would get a whooping when you did something wrong"
Sexual Abuse	--	--	--	--

Emotional Abuse	69	--	--	Client states there is a woman from the bar who is "always messing with his big heart"
Neglect	--	--	--	--
Exploitation	--	--	--	--
Crime	--	30-60	--	"Been in a bar fight or two. Just stopped going to the bar as much after I got my DUI."
Military	--	18-20	--	"I was in Vietnam a long time. A lot of stuff happened there. I don't really wanna talk about that stuff though."
Natural Disaster	--	--	--	--
Loss	--	41	--	Client states he lost both his mother and father at the age of 41.
Other	--	--	--	--

**Secondary Trauma is a response that comes from caring for another person with trauma. Also called compassion fatigue or burnout.

Section 5: /15 pts

Presenting Problems

Problematic areas	Presenting?		Describe (frequency, intensity, duration, occurrence)
Depressed or sad mood	Yes	No	Client becomes irritated with the news on a daily basis. This irritation lasts until he finds something to distract his mind. This has been happening daily for almost a year.
Loss of energy or interest in activities/school	Yes	No	--
Deterioration in hygiene and/or grooming	Yes	No	Client states he does not like to shower because that is when the voices in his head become the loudest. "It sounds like people are walking around my house."
Social withdrawal or isolation	Yes	No	Client continues to go to the bar and drink pop when he begins to feel lonely in order to socialize.
Difficulties with ability to parent/ or be parented	Yes	No	--
Difficulties with home, school, work, relationships or responsibilities	Yes	No	Client states he has a physical only relationship with a woman from the bar who he gives money to. Client states he does not have any issues with their current relationship or providing her money.
Sleeping Patterns	Presenting?		Describe (frequency, intensity, duration, occurrence)
Change in number of hours / nights	Yes	No	Client states he has been able to only sleep 3-4 hours a night on the nights that he manages to sleep.
Difficulty falling asleep	Yes	No	Client states his frustrations about the news keep him awake at night.
Frequently awakening during night	Yes	No	Client states he wakes up from dreams or voices throughout the night.
Early morning awakenings	Yes	No	Client states he wakes up frequently from dreams, voices, or after 3-4 hours of sleep.
Nightmares/dreams	Yes	No	Client has dreams of Vietnam that tend to wake him up. He states he can rarely fall back asleep

			afterwards.	
other	Yes	No	Client states he has recently been staying awake for 3-4 days at a time.	
Eating habits	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Changes in eating habits: overeating/loss of appetite	Yes	No	"The news makes me sick to my stomach I can't even eat. Sometimes I smoke pot. I want to punch somebody." "In the hospital you get to eat three times a day and that means you get to poop every day. I don't do that at home."	
Binge eating and/or purging	Yes	No	--	
Unexplained weight gain/loss? Amount of weight change: _____	Yes	No	--	
Use of laxatives or excessive exercise	Yes	No	--	
Anxiety Symptoms	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Anxiety Behaviors (pacing, tremors etc.)	Yes	No	Client states he paces while listening to the news on a daily basis.	
Panic attacks	Yes	No	--	
Obsessive/compulsive thoughts	Yes	No	Client believes he can reenlist and save the country. Client struggles to think about anything outside of the news.	
Obsessive/compulsive behaviors	Yes	No	--	
Impact on daily living or avoidance of situations/ objects due to levels of anxiety	Yes	No	Client cannot eat. Client has started smoking marijuana.a	
Rating Scale				
How would you rate your depression on scale of 1-10 1-2				
How would you rate your anxiety on scale of 1-10 9-10				
Section 6: /5 pts Current Stressors or Areas of Life Affected by Presenting Problems (work, school, family, legal, social, financial)				
Problematic Areas	Presenting?		Describe (frequency, intensity, duration, occurrence)	
Work	Yes	No		
School	Yes	No	--	
Family	Yes	No	Client states his brother's wife does not like him and does not allow the client to come to their home. Client's brother does not want to visit the client's home due to his dog.	
Legal	Yes	No	--	
Social	Yes	No	Client has a girl from the bar who is "toying with my heart".	
Financial	Yes	No	Client is giving money to the girl from the bar from his limited income.	
Other	Yes	No	--	
Section 7: /5 pts Previous Psychiatric and Substance Use Treatment - Inpatient/Outpatient				
Dates	Facility/MD/	Inpatient/	Reason for	Response/Outcome

	Therapist	Outpatient	Treatment	
2010	Danville VA	Inpatient Outpatient Other: _____	Change in medication regimen. Client was brought in by the police after a barfight.	No Improvement Some improvement Significant Improvement
Dates unknown	Milwaukee VA Chicago VA Indianapolis VA Key West VA Montana VA	Inpatient Outpatient Other: _____	Change in medication regimen.	No Improvement Some improvement Significant Improvement
3/23/2020	Danville VA	Inpatient Outpatient Other: _____	Change in medication regimen.	No Improvement-current admission Some improvement Significant Improvement

Section 8: /20 pts Personal/Family History				
Who lives with you?	Age	Relationship		Do they use any substances
Rover	9	Client's dog		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes to any substance use explain: Not applicable				
Children (age and gender): None				
Who are children with now? Not applicable				
Household dysfunction, including separation/divorce/death/incarceration: Both of client's parents are deceased. No family incarcerated. No true relationship with brother.				
Current relationship problems: 22-year-old girl from bar who asks client for money. Client and female practice unsafe sex. Number of Marriages: 0				
Sexual Orientation: Heterosexual	Is client sexually active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Does client practice safe sex? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Please describe your religious values, beliefs, spirituality and/or preference: No religion. "My mom made me go when I was young. I don't go now. They don't like me they think I'm too weird. They're real judgy there."				
Ethnic /cultural factors /traditions / current activity Describe: Clients current activity includes going to the bar two times a week and talking with the bartender, Tom, and the girl he gives money to and is sexually active with. Client does not participate in any ethnic, culture, or traditional activities.				
Current/Past legal issues (with self/parents, arrests, divorce, CPS, Probation officers, pending charges, or court dates): Prior bar fights that he was hospitalized for as the police felt he posed a threat to others. No probation, charges, or court dates.				
How can your family/support system participate in your treatment and care? Clients family is either deceased or not actively involved in his life.				
Client raised by - <input checked="" type="checkbox"/> Natural parents <input type="checkbox"/> Grandparents <input type="checkbox"/> Adoptive parents <input type="checkbox"/> Foster parents				
Other: (describe) "I had a real good mom. But dad was always at work."				
Significant Childhood issues impacting current illness: None				

Atmosphere of Childhood Home:					
Loving	Comfortable	Chaotic	Abusive	Supportive	Other:
Self-Care:	Independent	Assisted	Total Care		
Family History of Mental Illness (diagnosis/ suicide/ relation etc.) Client is unsure of any diagnosed mental illnesses in his family history. Client states he remembers, "Grandpa got hospitalized once. He was always really weird and he just started acting crazy one day."					
Family History of Substance Use: Father- drank alcohol, frequency unknown					
Education History: Grade school High school College Other					
Reading Skills: Yes No Limited Client states, "I don't like to read. That's why I watch the news."					
Primary Language: English					
Problems in School: None					
Discharge:					
Clients goals for treatment: Client states he would like his medications changed to become more affective. Client states he does not do well with taking a pill more than once a day. "I want a med that works. One pill or a shot a day. Something easy." Client would also be willing to have an STD test done based on his current sexual relations.					
Where will client go when discharged? Client will return home upon discharge. Client lives alone.					

Section 9:
/5 pts

Vitals

Time	Pulse	B/P	Resp Rate	Temp	O2
0752	84	106/72	12	98.6F	96%
1237	86	94/70	12	98.6F	96%

Pain Assessment

Time	Scale	Location	Severity	Characteristics	Interventions
0752	0-10	NA	0	NA	NA
1237	0-10	NA	0	NA	NA

Intake and Output

Intake (in mL)	Output (in mL)
1100	Unknown mL, client states, "I peed a lot"

Section 10:
/5 pts

Discharge Planning

Client will return home with new medication more affective for patients with schizoaffective disorder. Client will be able to practice more effective coping mechanisms for anxiety about what he sees on the news. Client will find ways to more consistently practice personal hygiene, a better sleep routine, and healthier dietary habits. Client will be more forward with girl from bar about discontinuing the frequent allowances. Client will learn the importance of practicing safe sex even at his age.

Section 11: /15 pts

Current Psychiatric Medication

Complete on all your client's Psychiatric medications

Brand/Generic	Trazodone (Desyrel)	Olanzapine (Zyprexa Zydis)	Lorazepam (Ativan)
Dose	100mg	10mg	0.5mg
Frequency	QHS	BID	Q8 TID PRN
Route	Oral	Oral	Oral
Classification	SSRI Antidepressant	Antimanic Agent Second Generation Antipsychotic	Anticonvulsant Benzodiazepine
Mechanism of Action	Inhibits the reuptake of serotonin	Antagonism of dopamine and serotonin type 2 receptor sites	Inhibition of GABA effectiveness on neuronal excitability
Therapeutic Uses	Major depressive disorder	Schizophrenia Bipolar Disorder Major Depressive Disorder Aggression associated with psychiatric	Anxiety Status epilepticus

		disorders	
Reason Client is taking	Depression associated with Schizoaffective disorder	Schizoaffective Disorder	Anxiety associated with Schizoaffective disorder
Contraindications	Hypersensitivity to components. Use of MOAIs within 14 days.	Hypersensitivity to components.	Hypersensitivity to components.
Side effects/ adverse reactions (2)	Drowsiness Dizziness	Orthostatic Hypotension Drowsiness	Drowsiness Sedation
Medication/ Food Interactions	Alcohol-enhance effects Lorazepam Olanzapine	Tobacco Alcohol Lorazepam Trazodone	Alcohol Olanzapine Trazadone

Medication References (APA):

Drugs.com. (2019c, October 21). *LORazepam (Professional Patient Advice)*. Drugs.Com. <https://www.drugs.com/ppa/lorazepam.html>

Multum, C. (2019, September 17). *Olanzapine*. Drugs.Com; Drugs.com. <https://www.drugs.com/mtm/olanzapine.html>

Sinha, S. (2019, December 2). *Trazodone Uses, Dosage, Side Effects & Warnings*. Drugs.Com. <https://www.drugs.com/trazodone.html>

Client Problem List (Prioritized)	Desired Client Outcome	Immediate Interventions (at admission)	Intermediate Interventions (during hospitalization)	Community Interventions (prior to discharge)
1. Medication Compliance	Client will adhere to medication regimen and understand importance of compliance.	1. Assess client's current medication regimen. 2. Assess reasoning for client medications. 3. Assess why client has not been compliant with medications.	1. Provide education to client about how to maintain a routine with his medications. 2. Educate client on the reason they are taking each medication. 3. Provide client education on side effects of medications that may indicate a need to contact his provider.	1. Assess client's ability to pay for and pick up medications. 2. Have client perform teach-back for why they are taking these medications and side effects to report to their provider. 3. Assist client in identifying a support system for medication compliance.
2. Anxiety associated with Schizoaffective disorder.	Client will be able to watch the news without increasing anxiety.	1. Assess client's current anxiety level. 2. Provide client with medications to decrease anxiety. 3. Ensure safety of client.	1. Educate client on nonpharmaceutical anxiety relief techniques. 2. Assist client in recognizing triggers for increased anxiety. 3. Assist client in recognizing safe behaviors and outlets for anxiety.	1. Assess client's ability to perform therapeutic techniques. 2. Assess client's readiness for avoiding triggers. 3. Assist client in identifying a support system to reach out to during high anxiety times.
3. Decreased self-care activities	Client will find methods to perform self-care more	1. Assess client's current level of functioning. 2. Assess	1. Educate client on importance of self-care to include dental hygiene and bathing.	1. Assist client in establishing goals for self-care. 2. Educate client

	consistently.	client's readiness to perform self-care 3. Assess client's self-care needs.	2. Provide client encouragement during self-care activities to distract from the voices. 3. Assist client with basic self-care after anxiety has decreased.	on implementing distractions during self-care. a. Use of music to distract from voices. 3. Assist client in establishing a routine for self-care activities.
--	---------------	--	--	--

Other References (APA):

Brannon, G. (2019). Schizoaffective Disorder: Practice Essentials, Background, Pathophysiology and Etiology. *EMedicine*. Medscape. <https://emedicine.medscape.com/article/294763-overview#a1>

Jean, N., Mcmichael, M., Johnson, J., Distasi, A., Wilford, K. L., Lemon, T., & Assessment Technologies Institute. (2019). *RN mental health nursing : review module* (11.0). Assessment Technologies Institute.

Swearingen, P. L., & Wright, J. D. (2019). *All-in-one nursing care planning resource : medical-surgical, pediatric, maternity, and psychiatric-mental health*. Elsevier.

Section 13:

/20pts

Concept Map

Disorder

Alterations in Health (Diagnosis): Schizoaffective Disorder

Pathophysiology: Abnormality in neurotransmitters serotonin, norepinephrine, and dopamine causing schizophrenia-related symptoms. Schizoaffective disorder has both criteria for schizophrenia and bipolar disorder or depression.

Health Promotion and Disease Prevention: There is no prevention for schizoaffective disorder. Nursing staff should promote diet, sleep, and medication compliance for maintenance.

Assessment

Risk Factors: Schizoaffective disorder may have a genetic component.

Expected Findings: Lack of eye contact, auditory or visual hallucinations, blunted affect, alogia, poor judgement

Laboratory Tests: CBC, Rapid plasma reagent, TSH level and thyroid function tests, Urinalysis, urine drug screen and pregnancy test, lipid panel, HIV test

Diagnostic Procedures: CT, MRI, EEG

Safety Considerations: Suicidal or homicidal ideations, fall risk due to medications

Patient-Centered Care

Nursing Care: Assist with self-care, therapeutic relief of anxiety and/or depression, vital signs, medications, pain assessment, ensure adequate sleep

Therapeutic Procedures: Psychological testing, psychotherapy

Medications: Antipsychotics (haloperidol, olanzapine), SSRIs (sertraline, escitalopram), mood stabilizers (lithium, valproic acid)

Client Education: nonpharmaceutical depression and anxiety relief techniques, social skills, medication compliance, importance of adequate sleep and proper diet, substance use cessation

Interprofessional Care: Psychiatry, Dietary, Occupational Therapy

Complications: Suicide accounts for 10% of deaths in clients with schizoaffective disorder.