

## **PART I**

### **Scenario:**

Marissa is a 24-year-old female who was brought to the Emergency Department after being found surrounded by pill bottles by her mother. Marissa's mother states she had not heard from her in three days and she had a feeling she needed to check on her daughter. Marissa is awake and alert upon presentation and is willing to talk with the staff. After staff brings Marissa back to an examination room, Marissa begins to talk about how happy she is that she lost weight in the last month. At this point in time, the nurse asks Marissa how much she used to weigh and how much weight she believes she has lost recently. Marissa happily chimes in, "I used to weigh like 130 pounds. I think now I'm down to like 115! I haven't weighed this little since high school I've never been happier." The nurse asks Marissa what led to this weight loss and Marissa's demeanor immediately changes. She is no longer smiling, begins staring at the ground, and now speaks in a low tone.

"My boyfriend was cheating on me. Or at least I thought he was. I started following him around and waiting for him to meet up with *her*. He never did. So, I decided to try to break into his apartment while he was at work so I could read through his laptop. I hid behind the bushes outside the door and when he left for work, I snuck in the door before it closed. He keeps a spare key at his neighbor's apartment, so I just told them that I forgot my phone there the night before and they gave me the key. When I found his laptop, I went through his texts and emails. The stupid guy deletes everything. How am I supposed to prove he's cheating on me if he deletes everything like that? Anyway, since I couldn't find anything, I tore his apartment apart and threw stuff all over the place. He showed up at my house that night and broke up with me for no reason at all."

The nurse asked Marissa more about this situation and the timing of it and Marissa reported that this all started about a month ago. Marissa states the break-up happened about four days ago.

"I told my mom what happened, and she didn't think what I did was right, so I just stopped talking to everybody. I didn't want to be judged anymore. Everywhere I went people were pointing at me and laughing and it's like they all knew what happened. That's kinda why I tried to take all those pills too. I'm just over everything this world has to offer. Nothing is worth it anymore. I want to die and try to come back next as a dog. They seem like they have it good."

Marissa then agreed to complete the Beck's Depression Inventory with the nurse and scored a 40. After seeing the results of the test combined with the depression inventory, the nurse recommended admission to the psychiatric unit of the hospital for observation.

The nurse then spoke with Marissa’s mother to try to gain more insight on the background of this relationship. Marissa’s mother states that she has not had a boyfriend in years but there was someone she kept mentioning who was in a relationship with one of her classmates. Marissa’s mother states that she has not been acting herself since she found out she did not get accepted into her graduate school of choice.

**Subjective Data:**

Marissa informed the staff of a weight loss amounting to “around 15 pounds” over the past month. Marissa’s mother informed the staff that Marissa had stopped contacting her family and friends three days prior to admission. Marissa continues to have suicidal ideations. Marissa’s mother stated that the man Marissa liked was in a different relationship and that she recently found out she was not accepted into her preferred graduate program.

**Objective Data:**

Marissa has not been taking care of herself. This is visualized through the dirty clothing she is wearing; she has a thin stature that is barely visible under her very oversized clothing. Her hair is greasy and does not look to have been washed for a number of days. Marissa appears happy in demeanor and is generally positive in the way she speaks. However, Marissa has not made eye contact with any members of staff or her mother since admission to the emergency department. Over the past few months Marissa appears to have displayed paranoia, delusions of a relationship, as well as irrational thoughts and behaviors.

**PART II**

**Plan of Care:**

1. Nursing Diagnosis: Risk of self-harm related to suicidal ideations as evidenced by attempted overdose on medications.

Source	Interventions	Rationale
Goal 1.1: Patient will refrain from attempting suicide.	1. Client will sign a no self-harm contract.	This may give the client time to reassess the emotions behind the desire to commit suicide.
	2. Nursing staff will initiate 1:1 observation of	This ensures the client is not left alone and has
		Martin, P. (2016b, October 11). <i>3 Suicide Behaviors Nursing Care Plans</i> . Nurseslabs. <a href="https://nurseslabs.com/suicide-behaviors-nursing-care-plans/">https://nurseslabs.com/suicide-behaviors-nursing-care-plans/</a>
		Videbeck, S. (2017). <i>Psychiatric-Mental Health Nursing (7th ed.)</i> .

	Client.	minimal opportunity for attempt.	Wolters Kluwer.
	3. Client will recognize that the issue is temporary, and death is permanent.	The understanding that one situation does not define your life may aid the client in losing the desire for death.	Krinsky, S. J., & Rappaport, N. (2015). Self-Injury: What Educators Need to Know. <i>Educational Leadership</i> , 73(2), 64-67.
Goal 1.2: Client will discuss alternate problem-solving methods.	1. Nursing staff will provide written material on coping mechanisms.	This will allow the client to read the material on her own and not feel as if she is being controlled.	Videbeck, S. (2017). <i>Psychiatric-Mental Health Nursing</i> (7th ed.). Wolters Kluwer.
	2. Client will read material and discuss what she thinks will be most effective.	The ability to talk about feelings can help a client minimize the amount they act out.	Martin, P. (2016b, October 11). <i>3 Suicide Behaviors Nursing Care Plans</i> . Nurseslabs. <a href="https://nurseslabs.com/suicide-behaviors-nursing-care-plans/">https://nurseslabs.com/suicide-behaviors-nursing-care-plans/</a>
	3. Client will learn to implement new coping methods.	Learning new methods of coping while in a facility will aid the accuracy of use.	Krinsky, S. J., & Rappaport, N. (2015). Self-Injury: What Educators Need to Know. <i>Educational Leadership</i> , 73(2), 64-67.
Goal 1.3: Client will learn how to relay thoughts and emotions to others.	1. Client will identify friends and family she can talk to outside the facility.	A support system will help minimize the chance of future attempts.	Martin, P. (2016b, October 11). <i>3 Suicide Behaviors Nursing Care Plans</i> . Nurseslabs. <a href="https://nurseslabs.com/suicide-behaviors-nursing-care-plans/">https://nurseslabs.com/suicide-behaviors-nursing-care-plans/</a>
	2. Client will agree to attend crisis counseling.	Counseling will give the client an outlet that feels nonjudgmental to talk about problems.	Krinsky, S. J., & Rappaport, N. (2015). Self-Injury: What Educators Need to Know. <i>Educational Leadership</i> , 73(2), 64-67.
	3. Nursing staff will provide client with information on	Attending groups and obtaining the knowledge that	Videbeck, S. (2017). <i>Psychiatric-Mental Health Nursing</i> (7th ed.). Wolters Kluwer.

	self-help groups in her community.	she is not alone is a proven effective coping method.	
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2. Nursing Diagnosis: Risk for nutritional deficiency as evidenced by 15-pound weight loss in last 30 days related to depression.

	Interventions	Rationale	Source
Goal 2.1: Client will express belief in herself.	1. Help client identify her strengths.	This will help the client move past the belief she is not enough because she did not make it into the graduate program.	Videbeck, S. (2017). <i>Psychiatric-Mental Health Nursing</i> (7th ed.). Wolters Kluwer.
	2. Assist client in distinguishing between realistic and unrealistic expectations.	This will help the client to recognize the difference between achievable and far-reaching goals.	Martin, P. (2016b, October 11). <i>3 Suicide Behaviors Nursing Care Plans</i> . Nurseslabs. <a href="https://nurseslabs.com/suicide-behaviors-nursing-care-plans/">https://nurseslabs.com/suicide-behaviors-nursing-care-plans/</a>
	3. Nurse will perform motivational interview with client.	Client will recognize their positive aspects.	Calear, A., Christensen, H., Freeman, A., Fenton, K., Busby Grant, J., van Spijker, B., & Donker, T. (2016). A systematic review of psychosocial suicide prevention interventions for youth. <i>European Child &amp; Adolescent Psychiatry</i> , 25(5), 467-482. <a href="https://ezproxy.lakeviewcol.edu:2097/10.1007/s00787-015-0783-4">https://ezproxy.lakeviewcol.edu:2097/10.1007/s00787-015-0783-4</a>
Goal 2.2: Client will return to healthy weight.	1. Assist client in monitoring intake and calorie counts.	Reduction in BMI with a healthy weight decreases suicidal ideation.	Myoungjin Kwon. (2018). Factors Affecting Suicidal Ideation of Depressed Adults by Age. <i>Journal of Digital Convergence</i> , 16(4), 267-276. <a href="https://ezproxy.lakeviewcol.edu:2097/10.14400/JDC.2018.16.4.267">https://ezproxy.lakeviewcol.edu:2097/10.14400/JDC.2018.16.4.267</a> <a href="https://ezproxy.lakeviewcol.edu:2097/10.1080/09638230701677746">https://ezproxy.lakeviewcol.edu:2097/10.1080/09638230701677746</a>
	2. Provide positive feedback of	Recognition of healthy weight will provide encouragement	Videbeck, S. (2017). <i>Psychiatric-Mental Health Nursing</i> (7th ed.). Wolters Kluwer.

	maintainin g healthy weight.	to client.	
	3. Encourage small high calorie and protein snacks throughout the day.	Minimize weight loss and maintain nutrition.	Martin, P. (2016b, September 20). <i>Major Depression Nursing Care Plans - 9 Nursing Diagnosis - Nurseslabs - Page 6</i> . Nurseslabs. <a href="https://nurseslabs.com/major-depression-nursing-care-plans/6/">https://nurseslabs.com/major-depression-nursing-care-plans/6/</a>
Goal 2.3: Client will implement a healthy diet and exercise routine .	1. Assist client in identifying healthy foods she enjoys eating and exercises she enjoys performing .	This will help bring good feelings to the client when she eats and exercises to promote healthy habits.	Martin, P. (2016b, September 20). <i>Major Depression Nursing Care Plans - 9 Nursing Diagnosis - Nurseslabs - Page 6</i> . Nurseslabs. <a href="https://nurseslabs.com/major-depression-nursing-care-plans/6/">https://nurseslabs.com/major-depression-nursing-care-plans/6/</a>
	2. Assist client in associating positive feelings with healthy habits.	The implementation of healthy habits is shown to improve mood with increased vitamins and hormones.	Harbottle, L., & Schonfelder, N. (2008). Nutrition and depression: A review of the evidence. <i>Journal of Mental Health, 17</i> (6), 576-587. <a href="https://ezproxy.lakeviewcol.edu:2097/10.1080/09638230701677746">https://ezproxy.lakeviewcol.edu:2097/10.1080/09638230701677746</a>
	3. Have client identify an accountability partner.	An accountability partner will help make sure the client is keeping her health in mind.	Videbeck, S. (2017). <i>Psychiatric-Mental Health Nursing</i> (7th ed.). Wolters Kluwer.

### APA References:

Calcar, A., Christensen, H., Freeman, A., Fenton, K., Busby Grant, J., van Spijker, B., & Donker, T. (2016). A systematic review of psychosocial suicide prevention interventions for youth. *European Child & Adolescent Psychiatry, 25*(5), 467-482. <https://ezproxy.lakeviewcol.edu:2097/10.1007/s00787-015-0783-4>

Harbottle, L., & Schonfelder, N. (2008). Nutrition and depression: A review of the evidence. *Journal of Mental Health, 17*(6), 576-587.

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Krinsky, S. J., & Rappaport, N. (2015). Self-Injury: What Educators Need to Know. *Educational Leadership, 73*(2), 64-67.

Martin, P. (2016b, September 20). *Major Depression Nursing Care Plans - 9 Nursing Diagnosis - Nurseslabs - Page 6*. Nurseslabs. <https://nurseslabs.com/major-depression-nursing-care-plans/6/>

Martin, P. (2016b, October 11). *3 Suicide Behaviors Nursing Care Plans*. Nurseslabs. <https://nurseslabs.com/suicide-behaviors-nursing-care-plans/>

Videbeck, S. (2017). *Psychiatric-Mental Health Nursing* (7th ed.). Wolters Kluwer.

### **PART III**

#### **NCLEX Questions with Rationale:**

Question #1: What are the symptoms of depression this client exhibited? (Select all that apply)

**A. Self-Care Deficit**

B. Paranoia

**C. Weight Loss**

D. Negative emotions

**E. Cutting off contact with loved ones**

Rationale: This client lost 15 pounds in a month, had not spoken to family or friends in three days, and was wearing dirty clothing.

Source: Videbeck, S. (2017). *Psychiatric-Mental Health Nursing* (7th ed.). Wolters Kluwer.

Question #2: What is the primary intervention that should be put in place for this client?

**A. Suicide precautions**

B. During and Post-meal observation

C. Strict intake and output

D. Fall precautions

Rationale: While this client has lost weight, it is due to lack of eating from a depressive episode. The primary intervention would be suicide precautions because this client attempted to overdose.

Source: Videbeck, S. (2017). *Psychiatric-Mental Health Nursing* (7th ed.). Wolters Kluwer.

Question #3: What would a possible therapeutic procedure be for this client?

- A. Electroconvulsive therapy
- B. Group counseling
- C. Psychosomatic counseling
- D. Nothing

Rationale:

Source: Videbeck, S. (2017). *Psychiatric-Mental Health Nursing* (7th ed.). Wolters Kluwer.