



Stanislaus State

School of Nursing - Mental Health

Daily Plan of Care 4

Student Name: ZARAH COLLINS

Date of care: 9/26/2021

Patient Legal Status: 5150

Admitting Diagnosis: Bipolar Disorder

Admitting Date: 9/24/2021

Patient Initials: JP

Gender: M

Age: 35

DSM IV: Axis I: Bipolar I Disorder

Axis II: Deferred

Axis III: no significant medical history as per pt and as per records

Axis IV: sole breadwinner of family of 5; no real close relationships with any family member or friends; long hours of physically strenuous work; regrets not being able to get a college diploma

Axis V: Admit GAF: 30

Current GAF: 55- exhibits some level of paranoia; obsessed with religion; lack of interest in knowing what his meds are and what they do

Highest GAF: 61 – some mild symptoms like depressed mood and mild insomnia but generally functioning pretty well, has meaningful relationships with wife and kids

Education Level: high school graduate; pt said he had some college degree and was going to pursue a degree in English, but that plan fell through

Primary Language: English

Vital Signs: T: 36.8 R: 16 P: 80 B/P: 127/77, LA O2 SATS: 98 *Allergies: NKMA

Precautions: Suicide: No suicidal ideations Homicide: No homicidal ideations Other: N/A

Past Medical/Surgical History: no significant medical history as per pt and as per records; pt appears to be in an excellent physical condition

Past Psychiatric Hospitalizations: Pt has a hx of bipolar d/o. As per physician notes, he may be a rapid cycler. He was treated in a hospital in Modesto in 2017 and about a month ago, in Fremont Hospital. He dropped his follow-up care in the community by the psychiatrist.

Excellent

Use of Alcohol/Drugs (type, frequency, duration): denies tobacco and illicit drugs or prescription abuse or hx of; says he was a heavy beer drinker from 2003-2017 but stayed away from alcohol after that

Spiritual Assessment: grew in a Roman Catholic family but did not practice it himself; on 2017, found Christianity and has been earnestly reading the Bible since

Cultural Assessment: pt is very family-oriented; says family is very important to him and his spirituality

Pain Assessment scale 0 – 10 : 0/10

Location of pain: N/A

Rx or other for pain: acetaminophen PRN

Family History (mental health, ETOH/drug abuse, spouse neglect): per pt, no one in his family or close relatives has any mental condition that he knows of, or a hx of substance abuse

LAB DATA

Date	Lab Value	Patient Value	Normal Value	Nursing Implications
9/24/2021	EKG	Sinus rhythm	Sinus rhythm	Nurse should continue to monitor.
9/24/2021	AST/ALT	25/68	10-40/ 37-117 U/L	Depakote is contraindicated for people with hepatic impairment . The pt's AST/ALT are both w/in normal range. Nurse should continue to monitor.
9/24/2021	HgbA1C	5.2 %	<5.7%	Risperidone may worsen glucose control so nurse should continue to monitor.
9/26/2021	Valproic acid	61.5	50-125 mcg/mL	VA is now within therapeutic levels but still on the low side. Nurse should continue to monitor.
9/24/2021	Creatinine	1.00	< = 1.11 mg/dL	This pt's creatinine level is within normal values. Nurse should check this lab value periodically to assess renal function.
9/24/2021	BUN	10	7-27 mg/dL	This pt's creatinine level is within normal values. Nurse should check this lab value periodically to assess renal function.
9/24/2021	GFR	> 60	> = 60	This pt has no indication of renal failure. Nurse should continue to monitor.

9/24/2021	LDL	105	<100	A cholesterol profile was ordered; LDL came back slightly higher. This should be monitored because if pt will need lipid-lowering drugs, it may reduce the effects of valproic acid.
9/24/2021	Urine tox	neg for all drugs except for benzo	neg	Pt was given IM midazolam in ED. Nurse should continue to monitor.

MEDICATION

Medication Name Generic & Trade Name	Therapeutic/Pharm Class	Route/Time	Effects of Rx on Symptoms	Side Effects – Common and Serious	Nursing Implications
divalproex sodium (Depakote DR) 500 mg	valproate	PO tab, EC, BID	Increase levels of GABA in the CNS to decrease manic episodes associated with bipolar disorder	<i>Common:</i> agitation, headache, abdominal pain, N/V, constipation <i>Serious:</i> suicidal thoughts, DRESS, pancreatitis, hepatotoxicity	Pt has pancreatic cancer so nurse should be on the lookout for abdominal pain, N/V, anorexia (signs of pancreatitis).
lorazepam (Ativan) 0.5 mg	antianxiety agent/ benzodiazepines	PO tab, q6hr, PRN	Depresses the CNS, probably by potentiating GABA , to treat anxiety	<i>Common:</i> dizziness, drowsiness, lethargy <i>Serious:</i> apnea, cardiac arrest	Assess degree and manifestations of anxiety and mental status (orientation, mood, behavior) prior to and periodically throughout therapy. May lead to dependence; advise pt it is typically for short-term use

					Advise pt to avoid activities that will require awareness until response is known.
zolpidem (Ambien)	sedative/hypnotics	PO tab, 10 mg, qHs	Produces CNS depression by binding to GABA receptors. Used to manage insomnia.	<i>Common:</i> daytime drowsiness, dizziness <i>Serious:</i> complex sleep behaviors (sleep driving, sleep walking)	Pt should be ready to go to bed immediately after taking zolpidem because it is fast-acting. Protect pt from injury by assisting with ambulation and bed is lowered. Reduce external stimuli and provide comfort measures to increase effectiveness of medication.

THERAPEUTIC NURSING MANAGEMENT

Problem Identification	Goals	Planned Interventions	Evaluations of Interventions
Environment			
<i>Loud noises in the hallway that wakes him up in the middle of the night</i>	RN will ensure pt will improve sleep by eliminating external stimuli.	RN will provide facility provided earplugs for pt to help minimize noise.	RN will see 7-8 of uninterrupted sleep on pt logs (and/or when pt is asked).

	Pt will have at least 7 hours of uninterrupted sleep.	Pt will wear earplugs before sleeping so he won't have to wake up to put them on.	Pt will verbalize restful and uninterrupted 7-8 hrs of sleep.
Psychopharmacological treatment (Administer Rx, teach, monitor response)			
<i>Risk for increased suicidal thoughts, a serious S/E of Depakote.</i>	Pt will be safe from injury throughout admission	RN will make sit down with pt for 10-15 mins to hear out pt's thoughts on "tools" he can pull during times of psychological and emotional crisis.	RN will develop a plan with pt to address possible suicidal ideations.
	Pt will have a plan of support if suicidal thoughts do occur.	Pt will call wife or talk to a nurse/staff within 48 hours of feeling especially down or emotionally stressed	Pt's suicidal thoughts will be abated or completely relieved.
Psychological/Social Treatment (Individual, family, group therapy, etc.)			
<i>Anger or hostility that may not be overt</i>	RN will identify pt's hobbies and possible avenues where he can experience the same "high" that he experiences when he has manic episodes	RN will ask patient what activities he is into or if there's none, what high-intensity activities he might be interested in doing like running, rowing, swimming.	Pt will have positive ideas to express "high"/ anger/hostility outwardly in a safe manner.
	Pt will be made aware of ways he can experience a "high" in a safe manner.	Pt will tell nurse what activities and hobbies he is into at present and discuss with nurse other ideas he may have.	Pt will verbalize commitment/agreement to an activity of his choice.
Physical Health			

<i>High LDL level per lab</i>	The nurse will be able to communicate with the pt what might happen if his LDL levels continues to be high, especially after 40 when the liver becomes less able to remove this type pf cholesterol.	RN will sit down with pt and ask what his diet normally consists of and identify foods that are high in saturated fats and what low-fat substitute can be used.	The pt will verbalize more understanding of the possible outcomes if LDL cholesterol is not controlled.
	Pt will be more educated about healthy food choices.	Pt will, when he gets discharged, watch videos on Youtube about diets to help reduce LDL.	The pt will eat/use ingredients that are low in saturated fat for his diet.
Education			
<i>P's wife said he stopped taking his olanzapine a week before manic symptoms started.</i>	Pt will gain a real understanding of the importance of medication compliance.	RN will interview the pt and assess pt's feelings and beliefs towards the medications. RN will educate the pt about what the medication is for and what the outcomes are for nonadherence.	Pt will verbalize understanding of the importance of medication compliance and will call the provider if meds make him sleepy at work.
	Psychotic/manic episodes will be controlled.	Pt will participate in planning his treatment regimen by suggesting the times he can take them for example, that will conform with his work schedule.	Pt will take his mood stabilizers as prescribed.