



SINA INSTITUTE OF NURSING AND ALLIED HEALTH SCIENCES QUETTA
DOCTOR SHAIR MUHAMMAD ROAD QUETTA

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Nursing Care Plan

Patient Name: Jaleel Ahmed. **Age:** 27y. **Bed No:** 07. **Address:** district jaffarabad.

Medical Diagnose: Manic disorder. **Date of Admission:** 10 -07-2023.

| ASSESSMENT | N.DIAGNOSIS | PLANNING | INTERVENTION | RATIONAL | EVALUATION |
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| <p>Subjective data:</p> <ul style="list-style-type: none"> ● I took the responsibility to pull multiple fire alarms in my dorm to ensure that they worked, given the life or death nature of fires patient stated this to the campus police. ● Patient said I am hero in this hospital no any equal with me. <p>objective data:</p> <ul style="list-style-type: none"> ● impulsivity. ● elevated mood. | <p>Disturbed thought process related to disease process manic disorder as evidenced by verbalization of distractibility and lack of concentration.</p> | <p>Short term goal</p> <ul style="list-style-type: none"> ● After 8hour of nursing intervention the patient will identify ways to concentration. <p>long term goal.</p> <ul style="list-style-type: none"> ● after my two days' clinical rotation the patient will be able to: ● exhibit judgment, insight, and coping skills. ● express logical goal oriented | <ul style="list-style-type: none"> ● get introduction in friendly manner. ● determine the client is previous level of cognitive function from client, family, past medical record. ● orient client and call client by name and frequently mention time date and place. ● use simple concrete words. ● allow the client to have time to think and frame responses. ● provide validation of thought and feeling of client. | <ul style="list-style-type: none"> ● it will help to build therapeutic relationship with client. ● establishing a base line data allow for evaluating of client is progress. ● this step help reinforce reality and provide cues that maintain orientation. ● slowed thinking and difficulty concentrating impair comprehension. ● slowed thinking necessitates time to formulate a response. | <ul style="list-style-type: none"> ● trustworthily nurse client relationship developed. ● the client was able to exhibit judgment insight and coping pattern. ● Express logical oriented thought with absence of delusion. ● demonstrate orientation to person place and time. ● have appropriateness of interaction and willingness to participate in the therapeutic community. ● solve problems and make decisions |

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| <ul style="list-style-type: none"> ● rapid pressured speech. ● mood cycles. ● racing thought. ● display risky behavior. ● disheveled hair. ● poor dressing and poor hygiene level. | | <p>thought with absence of delusion.</p> <ul style="list-style-type: none"> ● demonstrate orientation to person, place and object. | <ul style="list-style-type: none"> ● do not attempt to argue or change the client is belief. ● help the client identify negative thinking thought teach the client to reframe and or refute negative thought. ● administration antipsychotic drugs as prescribed. e.g. tab quetiapine 25mg BD and mood stabilizer e.g. tab lithium 300mg TDS and anti-anxiety drugs e.g. tab alp 0.5mg at night. ● continue to support attending therapy sessions and monitor psychosocial treatment plans. ● provide cool and calm environment. | <ul style="list-style-type: none"> ● validation seeks to help the caregiver encouraging empathy. ● acceptance promotes trust. ● negative rumination adds to feelings of hopelessness and are part of a depressed parson faulty thought processes. ● may block postsynaptic dopamine receptor in the brain. And to stable the mood and reduce anxiety and better sleep. ● to improve wellbeing mental and physical and prevent anxiety from escalating to unmanageable level. ● noisy environment increase the manic episode. | <p>appropriate for age and status.</p> <ul style="list-style-type: none"> ● goal partially met as he is sometime not interacted with his family however he had improved in general and was able to demonstrate orientation person time and place express goal oriented thought with absence of delusion. The plan is continuing treatment and attending therapy CBT and DBT until the patient is achieved with best outcome. |
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Student Name: Muhammad Naeem. **Batch.** Second. **Semester.** Second.