



AMALA COLLEGE OF NURSING

AQAR (2023-2024)



CRITERION 2 – TEACHING- LEARNING AND EVALUATION

Key Indicator 2.3 – Teaching- Learning Process

Metric No. 2.3.1 - Student-centric methods are used for enhancing learning experiences by:

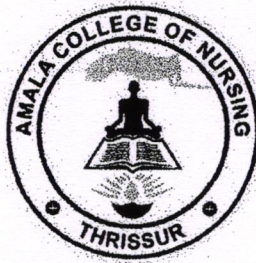
SUBMITTED TO



National Assessment and Accreditation Council

Experiential learning

AMALA COLLEGE OF NURSING, THRISSUR



DEPARTMENT OF MENTAL HEALTH NURSING

Clinical Assignment Code : N-MHN-II-305/CL/UG-07
Name of Assignment : Case Study
Placement : Sixth Semester B.Sc. Nursing

NURSING CARE STUDY OF MR. SURESH WITH DISORDERS DUE TO USE OF COCAINE

Submitted to:

Name of Teacher : DR. AMBIKA C

Designation : PROFESSOR

Graded and Returned on:

Submitted by:

Name of Student : DANY PAUL

Student ID : BSQ100367

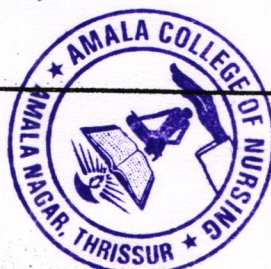
Submitted on : 23/11/24

Grade Level Indicator:

Excellent (90 – 100%)	☐	Very Good (80 – 89%)	☐
Good (70 – 79%)	☐	Satisfactory (60 – 69%)	☐
Below Average (50 – 59%)	☐		

Marks Obtained : 8/10

Signature of Faculty:



Prof. Dr. RAJEE REGHUNATH
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AMALA COLLEGE OF NURSING, THRISSUR

Department of Mental Health Nursing

Sixth Semester B.Sc. Nursing

EVALUATION CRITERIA FOR CARE STUDY

Name of the Student: DANY PAUL

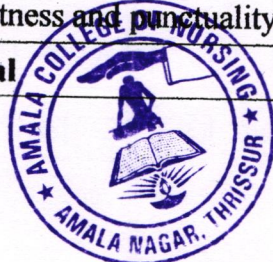
Date: 23/11/2024

Name of the Patient: MR. SURESH K

Max Marks : 10

Diagnosis : DISORDERS DUE TO USE OF COCAINE

Sl.No	Criteria	Marks	Marks scored
1	Psychiatric history	1	0.5
2	Mental status examination	1	0.5
3	Summary of physical examination	0.5	0.5
4	Formulation of provisional diagnosis	0.5	0.5
5	Investigation & Medication	0.5	0.5
6	Case Discussion – book picture and patient picture • Definition • Etiology and risk factors • Prevalence and incidence • Psychodynamics • Classification • Clinical features – ICD 10 • Diagnostic Criteria – ICD 10 • Investigations • Management – pharmacological, psychological and nursing management	2	1
7	Nursing diagnoses according to priority	0.5	0.5
8	Nursing care plan	1	1
9	Psycho education	0.5	0.5
10	Activity plan	0.5	0.5
11	Progress note	0.5	0.5
12	Conclusion	0.5	0.5
13	Bibliography	0.5	0.5
14	Neatness and punctuality of submission	0.5	0.5
	Total	10	8



Legat

Signature of the Supervisor:

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HISTORY COLLECTION

IDENTIFICATION DATA

Name - Moi Surosh k

Age - 41 years

Sex - male

address - Machingal (H) vomelneriyar

Education - 12

Occupation - auto driver

Income - 10,000/-

marital status - married

Religion - Hindu

Informant details

Not available

PRESENTING CHIEF COMPLAINTS

PATIENT VERSION

patient says that "2 months before, I feel more energetic because substance use. I had decreased sleep. I had decreased concentration and memory than. Every morning, I go to my job and at night, I use and never come back to home. My family members recognised and brought me here. I am here for the past 2 months and regret my mistake. I am not going back to my place after discharge."

INFORMANT VERSION

Not available

PRESENT PROBLEMS

increased energy

decreased sleep

euphoria

decreased attention and concentration

substance usage - cocaine

other directed harm behaviour

HISTORY OF PRESENT ILLNESS

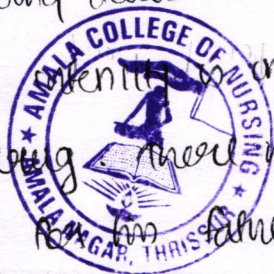
Mr. Suresh 41 years old male got admitted to our mental health centre on 18/09/24 at 10 am voluntarily along with his brother and his wife Mrs. Sini. The specific reason for admission was increased energy, decreased sleep, euphoria, increased aggressive behaviour, decreased attention and concentration due to substance usage - cocaine.

The patient has high cravings when can't use cocaine and also shows withdrawal symptoms such as irritability and insomnia. There is no other medical problem associated with cocaine use. The client was apparently normal 2 months before. The precipitating factor was peer pressure. He has symptoms of increased energy, decreased sleep, euphoria, decreased attention and concentration for past 2 months. The time of onset is young adulthood and mode of onset is insidious. Course is episodic and severity is increasing. The perpetuating factors are availability of drug, peer pressure, predisposing factors such as family history of drug use, father and brother. He has negative

low

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history of substance use for past 4 years with use of cocaine for past 2 months.

Effect of symptoms give rise to euphoria. It affects other mental functions such as thinking, attention and concentration. It affects biological functions such as decreased sleep, normal bowel bladder habits and normal appetite. He is able to do his work and take care of maintaining social relationship; interpersonal relationship with family / spouse was poor. He rarely goes to house for sleep at night. There is no present legal problems, arrest or ongoing case in the court.

client takes medication such as Tab sodium Valproate 300mg (1-1-1), Tab Lithium 300mg (1-1-1) Tab olanzapine 10mg (1-1-1) Tab clozapine 35mg (0-0-1). He has not underwent ECT or any other therapies.

PAST PSYCHIATRIC HISTORY

client has first used the cocaine 2 months back. Cause of cocaine use was family issues and peer pressure. He experienced euphoria and happiness after the first use. He continued his use of cocaine.

He started to regularly use this on the next day onwards and he had difficulty in tolerating on first days but began to tolerate slowly. client had craving of it didn't get. He didn't have loss of control and headaches of taken in large quantity. He had spent thousands rupees for buying this. There is history of use of alcohol and smoking since 4 years.

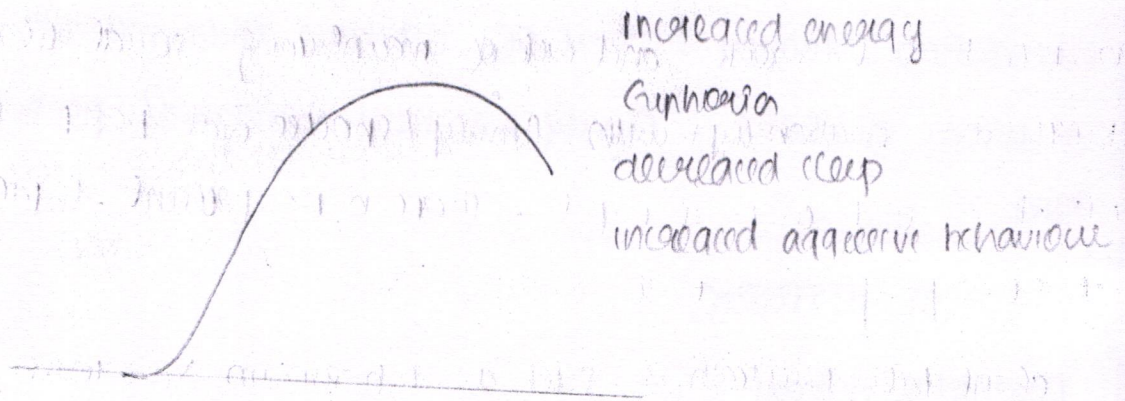
The client failed to stop the use of cocaine but he felt irritability and aggression. There is no other medical and psychiatric illness associated with use of cocaine. The client had no history of suicidal

attempts and hospitalisation related to substance use treatment

PAST MEDICAL HISTORY

No past medical history for the client

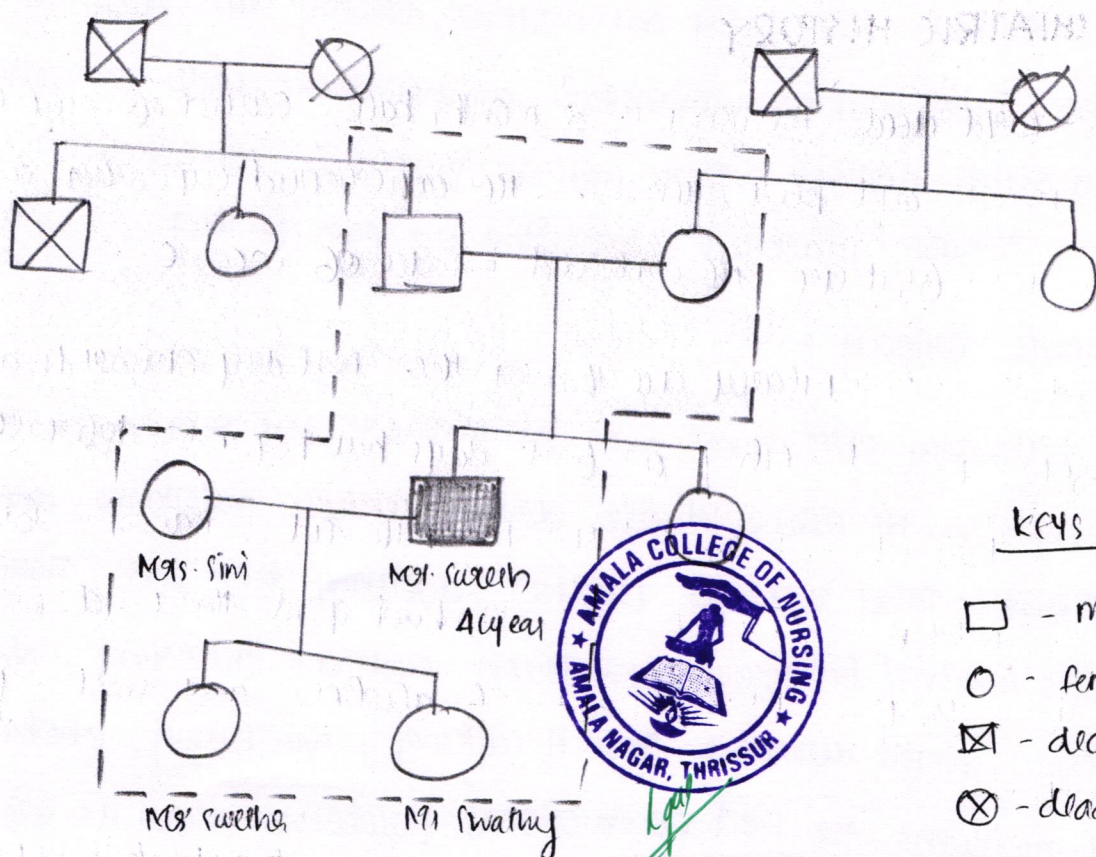
LIFE CHART



2024

Nov. Mental Health Centre, Weetbrett

FAMILY HISTORY



keys

- - male
- - female
- ⊠ - dead male
- ⊗ - dead female
- - psychiatric patient

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DESCRIPTION OF FAMILY

The client belongs to middle class family and has nuclear family. He has a sister. He is married and has 2 daughters. He is the breadwinner of family with average income of 10,000/-

He has no family history of suicide, psychiatric illness or mental retardation. Family history of substance abuse present. His father was a chronic alcoholic. Family members maintained positive attitude towards him.

PERSONAL HISTORY

Prenatal history

The client was a wanted child. There was no history of any behavior illness, drug/alcohol abuse, trauma, infection, metabolic diseases or psychiatric illness during pregnancy. His date of birth is 15/11/1982. He was normal term baby and mode of delivery was normal vaginal delivery. There was no intrauterine complications and congenital abnormalities present. There was no postnatal complications such as cyanosis, perhale, jaundice, infection or poor feeding.

Childhood history

The primary care giver was his mother and there were no separations from mother. He achieved all developmental milestones appropriate to his age. There were no illnesses affecting the CNS. There was no neurotic traits / behavioural problems such as stuttering, stammering, enuresis, night terrors, thumb sucking, nail biting, phobia, somatization, temper tantrums. He had no emotional problems such as inferiority. He was very anxious. There was no sibling rivalry. He maintained good relations.

Educational History

Formal education began at the age of 4. The academic and extra curricular achievements were good. He maintained good relationship with peer groups and teachers. There is absence of school phobias, absenteeism, impulsiveness, antisocial behaviour. He discontinued education after +2 due to lack of interest and financial crisis.

Occupational History

The client started working at the age of 20 as an auto driver. He has an income of 10,000 per month. He is satisfied with his job and maintains good relationship with coworkers. There is no history of job change.

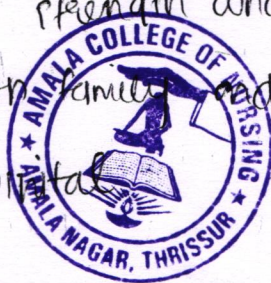
Sexual and Marital History

Client had non consanguineous arranged marriage at the age of 26. He maintained good marital relationship with spouse and he is satisfied with his relationship. He is having 2 children and maintained good relationship with them. He supports them in their education and extracurricular activities.

PREMORBID PERSONALITY

⇒ Attitude to self

Client was confident and has good self esteem level. He is well aware of his own strength and abilities. He wants to maintain good relationship with family and avoid substance usage after discharge from hospital.



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Relation

client maintain good interpersonal relation with family, friends and coworkers. He is an introvert person. He maintain good social relationship with his closest friends. Most of the peers are from same sex. He has poor tolerance to criticism.

Work / Leisure

client has great acceptance regarding his responsibilities. He has good self esteem. He loves to listen music and read newspaper.

→ predominant mood

client is cheerful, react positively to stressful events.

→ Religious beliefs and moral attitudes

He has good religious beliefs and follows Hindu religion. He has some beliefs in supernatural entities.

→ fantasy life - NO

→ habits

He has normal sleeping, bowel and bladder pattern. He had history of alcohol consumption and cigarette smoking since 4 years and use of cocaine for past 2 months.



MENTAL STATUS EXAMINATION

GENERAL APPEARANCE AND BEHAVIOUR

Level of consciousness - fully aware and alert

Facial expression - anxious

Level of grooming - moderate

Level of cleanliness - adequate

Social behaviour - normal

Cooperativeness - cooperative

Eye to eye contact - maintained

Response - build spontaneously

Comprehension - good

PHYSICAL FEATURES

Look - looking over age

Weight - normal

Physical deformity - absent

PSYCHOMOTOR ACTIVITY

Quantity - normal

Reaction time - normal

Posturing - open



Abnormal involuntary movement - absence of tics, extrapyramidal symptoms

Catatonic phenomena - absent

Hallucinatory behaviour - absent

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SPEECH

initiation/spontaneous - spontaneity

reaction time - normal

Rate - normal

productivity - normal

Tone / volume - normal

relevance/coherence - fully relevant and coherent

other speech problem - absence of echolalia, neologism, neologization, alogia

THOUGHT

⇒ stream (flow of thought)

absence of stray thoughts, flight of ideas, scattered thinking, mutism, thought block, neologism, circumstantiality, tangentiality

⇒ form (formal thought disorders)

absence of autistic thinking, logical thinking, incoherence, neologism, word salad, ambivalence, song association

⇒ content of thought

poverty of thought - absent

Delusions

1. Do you believe that somebody is trying to follow, harass, create, conspire against you?

Ans : no

inference: absence of persecutory delusions

Do you believe that you have any special abilities, power, knowledge, identity?

Ans - no

Inference - absence of delusion of grandeur

Do you believe that somebody or external forces control your thoughts, feeling and impulse?

Ans - no

Inference - absence of delusion of control

Do you believe that all that happening around you are directed by you?

Ans - no

Inference - absence of delusion of reference

Other delusions - absence of hypochondriacal, nihilistic, delusion of love, control, guilt, jealousy and others

Overvalued ideas - absent

Preoccupations - tenderness and loneliness present

Obsession - absence of thought, images, doubts, rituals

Phobias - absent

Fantasy - absent

POSSSESSION

1. Do you feel that your thoughts are being inserted in your passive mind?

Ans - no

Inference - thought insertion absent



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2. Do you feel that your thoughts are being escape from your mind
ans - no

inference - thought withdrawal absent

3. Do you feel that your thoughts are being escape from your mind
and can be known to others?

ans - no

inference - thought broadcasting absent

MOOD

Subjective mood

1. What do you feel now?

ans: I feel anxious

persistency : 1 week

stability of mood : normal

other abnormalities : absence of anhedonia, delusional mood

Objective mood

Quality : anxious, loneliness

stability : stable

AFFECT

appropriateness and congruent - appropriate to situation and environment
congruent to thought

Range / intensity - normal

persistency - absence of affective incontinence

PERCEPTION

SENSORY DISTORTIONS

change in quality - absence of hypoaesthesia / hyperaesthesia

change in size - absence of micropsia / macropsia

SENSORY DECEPTIONS

Illusions

1. Do you often misinterpret object and the environment or surrounding?

Ans - no

Inference - illusion is absent.

Hallucinations

1. Do you hear / see things that cannot see / hear by others?

Ans - no

Inference - absence of auditory and visual hallucination

2. Do you feel that any tactile sensation with any imaginary object?

Ans - no

Inference - absence of tactile hallucinations

Somatic passivity

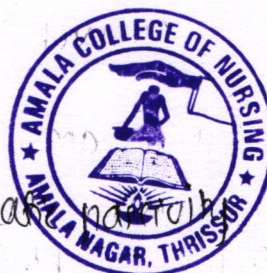
Do you feel that sensation imposed in your body by some external forces?

Ans - no

Inference - absence of somatic hallucinations

Personification - absent

Reverberation - absent



Sign

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INT

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A

client is oriented
to time, place and
person

MEMORY

QUESTIONS

ANSWER

INFERENCE

Immediate memory

Will tell you objects
about it after 5 min?

Book, pen, table,
house, tree

Immediate memory
is intact

Recent memory

What do you had in your
yesterday's breakfast?

Bread

Recent memory is
intact

Remote memory

In which year you born?

1982

Remote memory
intact

INTELLIGENCE

QUESTION

ANSWER

INFERENCE

General information

Who is the chief minister
of Kerala?

Pinarayi Vijayan

General information
is good

Arithmetic ability

Can you do the calculation?

$3+8=11$ $10-9=1$
 $15+9=24$ $10 \times 2=20$

Arithmetic ability
is good

Vocabulary

Can you say some
colour's name

Red, Orange, black

Vocabulary is
good

ABSTRACT THINKING

QUESTION

ANSWERS

INFERENCE

Similarities and dissimilarities

Between apple and
orange

Both are fruits orange
orange is colour, apple
is red colour

Client answered
similarities and
dissimilarities



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◦ Interpretation of proverb 'all that glitters are not good'	Things that seem good may not be good within	client interpreted proverb abstract thinking is intact
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JUDGEMENT

QUESTIONS	ANSWER	INFERENCE
◦ personal can you tell future near?	I want to be with my family and have happy life	personal judgement intact
◦ social what will you be feeling after a death	I will cry	social judgement intact
◦ Telt what will you do if a child is drowning in water	I will call for help	Telt judgement is intact

INSIGHT

What is the reason for your admission?

"2 month before I went to my job and at night I use cocaine and return to home. my family members recognized this and brought me here. I will not use cocaine further. I want to go home"

Inference: Grade 6 True emotional insight

GENERAL OBSERVATIONS

Sleep - client had insomnia 2 months before

episodic disturbances - He had increased energy and activity, absence of empathy, aggressive and delinquent behaviour

26.

ANAMNESIS AND DIAGNOSTIC FORMULATIONS

Mr. Subash 41 year old male got admitted to Govt. mental health centre Thrissur with chief complaints of increased energy, euphoria, decreased sleep attention and concentration due to substance use 2 months back.

On mental status examination, client fully conscious and has anxious facial expression. His psychomotor activity, speech, thought, perception is normal. Cognitive functions such as judgement, concentration, orientation, memory, abstract thinking, intelligence, attention is intact. Insight is grade 6. According to ICD 11 diagnostic criteria, cocaine is a central nervous system stimulant and intoxication includes state of euphoria and hyperactivity.

On the basis of history collection and mental status examination According to ICD 11 I suggest that client is having 'Substance use disorders due to use of cocaine' substance use disorder (disorders due to use of cocaine)

Rajee

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PHYSICAL EXAMINATION

GENERAL EXAMINATION

consciousness - conscious

orientation - oriented to time, place and person

Nourishment - well nourished

Body build - normal

activity - normal

Look

grooming - good

speech - normal

vital signs

checked

not available

INTEGUMENTARY SYSTEM

SKIN

colour : fair

Texture : normal

Hydration - good

integrity - intact

NAILS

nail bed - pink

capillary refill - 4 sec

cyanosis - absent

HAIR

colour : white and black

distribution : equal

shape - normocephalic

scalp - clean

hair - normal

eyelid - normal

iris - BERRA

sclera - white

conjunctiva - pink

corneal reflex - present

vision - normal

EARS

pinna - normally placed

hearing - normal

NOSE

nasal pathway - patent

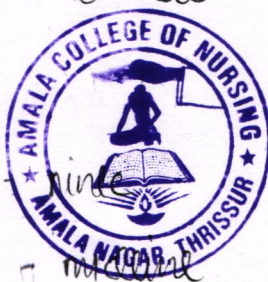
nasal septum - not deviated

smell - normal

MOUTH AND THROAT

lips

tongue



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mucous membrane - pink
pharynx - gag reflex

NECK

ROM - positive
lymph nodes - not enlarged

RESPIRATORY SYSTEM

inspection - room air
chest expansion - symmetrical
palpation - no masses palpable
percussion - resonance
auscultation - normal breath sounds

CARDIOVASCULAR SYSTEM

inspection - normal
palpation - no masses palpable
auscultation - S1 S2 heard

ABDOMEN

inspection - normal
auscultation - normal bowel sounds
palpation - no masses
percussion - tympanic sounds

MUSCULOSKELETAL

muscle tone - normal

Extremities Left Right

Left

5/5

5/5

Right

5/5

5/5

Upper extremities / Lower extremities

Symmetry - symmetrical

ROM - normal

Reflexes - normal

Deformity - absent

Genitourinary

Lesions - absent

Infection - absent

Voiding - normal

Power pattern - normal

Inference

On head to toe assessment, he is conscious oriented to time place and person. Look is dull and anxious. There is no subjective complaints.



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INVESTIGATIONS

Not available

MEDICATIONS

Name of drug	Dose	Route	Frequency	Action
TAB. SODIUM VALPROATE	200mg	P/O	1-1-1	anticonvulsants
TAB. LITHIUM	300mg	P/O	1-1-1	anti-manic
TAB. OLANZAPINE	10mg	P/O	1-1-1	atypical antipsychotic
TAB. CLOZAPINE	25mg	P/O	0-0-1	atypical antipsychotic



DRUG FILE

Name of drug	Mechanism of action	Dose / Route	Indication	Side effects	Nursing Interventions
sodium valproate	an anticonvulsant, antimanic, anti migraine agent that directly increases concentration of inhibitory neuro transmitter GABA	capsule 250mg Pupup 250mg/sml Tablet 125, 250, 500 mg	Persever manic episode headache	En'ency abdominal pain irregular periods diarrhea indigestion alopecia vomiting	- o assess the seizure pattern LOC and review the history of seizure behavior - o initiate seizure precaution and provide patient with dark environment - o determine duration location and onset of precipitating factor - o lower dosage for elderly



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Name of drug	Mechanism of action	Dose / Route	Indications	Side effects	Nursing responsibility
clozapine	dibenzodiazepine derivative that interferes with binding of dopamine at dopamine receptors also binds partially at noradrenaline receptors sites		schizophrenia suicidal behaviour Bipolar disorder manic disorders	salivation tachycardia constipation hyperkinesia nausea diarrhoea syncope	- o obtain the current baseline data - o WBC count before beginning treatment - o assess patient's appearance, behaviour, emotional status - o monitor BP - o give clozapine without regard to food

DISEASE CONDITION

Substance Use Disorder

INTRODUCTION

Substance abuse is a common comorbidity with multiple psychiatric disorders including mood, anxiety and psychiatric disorders. Abuse of substance involves a pathological pattern of psychoactive substance use in an ability to control this use and impairment in social and occupational functioning.

CLASSIFICATION

According to ICD 11

6C40 - disorders due to use of alcohol

6C41 - disorders due to use of cannabis

6C42 - " synthetic cannabis

6C43 - " opioids

6C44 - " sedatives, hypnotics, anxiolytics

6C45 - " cocaine

6C46 - " stimulants, amphetamines, metamphetamines

6C47 - " synthetic cathinones

6C48 - " ketamine

6C49 - hallucinogens



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GC4A - disorders due to use of nicotine

GC4B - volatile inhalants

GC45 - DISORDERS DUE TO USE OF COCAINE

DEFINITION

Disorders due to use of cocaine are characterized by the pattern and consequences of cocaine use. cocaine is compound found in the leaves of coca plant. cocaine is a central nervous stimulant and cocaine intoxication typically includes a state of euphoria and hyperactivity

ETIOLOGY

⇒ Biological factors

- Genetic vulnerability
- family history of substance use disorders

- Biochemical factors

role of dopamine and nor epinephrine have been implicated in cocaine ethanol, opioid dependence

- Neurobiological theory

inborn deficiency of endorphins

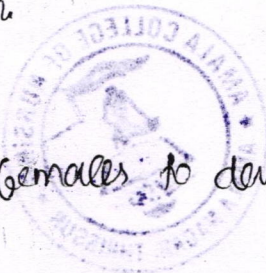
comorbid medical disorders

- Heredity

psychological and learning factors play an important role of causation, substance addiction

- Gender

males are more likely than females to develop a substance use disorder



Psychological measures

Drug abuse as result of conditioning / cumulative reinforcement from drug use

Drug use causes enormous convenience

Thoughts and acting associated with drug use may themselves become reinforcing or may trigger

Psychological factors

- sense of inferiority
- poor impulse control
- low self esteem
- inability to cope up
- loneliness, unmet needs
- pleasure seeking
- sexual immaturity

Social factors

1) family related factors

Risk factors

- having parent / sibling, that has substance use disorder
- poor quality of child parent relationship
- social isolation
- sexual, physical, emotional abuse

2) peer factors

- use among peer group
- poor social skills

3) sociocultural / environmental factors



Equb

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- accessibility and availability of substance
- community dining
- low economic status

=> other factors

religious rituals, modernization and urbanisation

BOOK PICTURE	PATIENT PICTURE
- Biological factors • genetic vulnerability • biochemical factors • neurobiological theory • Hereditary • gender - Behavioural theories - psychological factors - social factors • family related factors • peer factors • environmental factors	recent recent - - male - low self esteem, inability to cope up with problems family disputes, stress related to family issues substance use among peer group -

reuniting event / wedding factors



cognitive appraisal



primary

(new level to self threat to self concept, physical integrity)

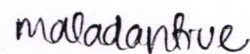
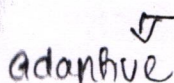


Secondary

(Involves coupling mechanism related to dimensional eqn)



Quality of response



Puhitanele ahui



substance dependence

CLINICAL FEATURES

Acute intoxication

Penhous

Ranking, readability

hyperwrigence

Psychomotor agitation

impaired judgement

rocky cardio

elevated BP

panillary dilation

nausea / vomiting

hallucination

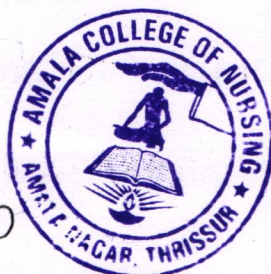
deluriam

day month

renewed green

inability to sleep

Peeling of chromium



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withdrawal symptoms

agitation	restlessness
depression	insomnia
anorexia	psychomotor agitation
fatigue	suicidal ideation
pleurisy	anxiety

BOOK PICTURE	PATIENT PICTURE
Acute intoxication	euphoria / psychomotor agitation Racing / inability to sleep
withdrawal symptoms	insomnia / sleepiness suicidal withdrawal

DIAGNOSTIC EVALUATION

- o Taking the substance in larger amounts
- o wanting to cut down or stop using the substance but unable to do
- o spending a lot of time getting, using or recovering from use of substance
- o craving and urge to use the substance
- o fail to manage at work, home or school
- o giving up important social, occupational or recreational activities
- o continuing to use, even about physical or psychological problem that could have been caused or made worse by the substance
- o needing more of the substance to get the effect person want
- o development of withdrawal symptoms which can be reduced by taking more of substance

MANAGEMENT

PSYCHOPHARMACOLOGY

• Antiepileptics

anticholinergic drugs

• mood stabilizers

antimanic drugs - lithium

anticonvulsants - sodium valproate, carbamazepine

• Antipsychotics

haloperidol, olanzapine, aripiprazole, risperidone

• Antidepressants

SSRI - citalopram, fluoxetine

TCA - amitriptyline, doxepin

Monoamine oxidase inhibitors - moclobemide

• other drugs

calcium channel blockers

vitamin supplements

muscle relaxants

anticholinergic agents

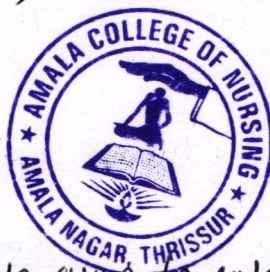
dopaminergic agonists

PSYCHOSOCIAL THERAPY

• motivational interviewing

client centered approach aims to enhance person's motivation to change behaviour

• group therapy



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In which one or more therapist work with group of individuals to address specific issues or mental health concerns

- o Behaviour therapy

Focusing on changing maladaptive behaviour by using principles of learning theory particularly classical conditioning and operant conditioning

- o Cognitive therapy

It focuses on identifying and changing negative or distorted thought process and contribute to maladaptive behaviour

- o Relapse prevention technique

This technique helps the client to identify high risk relapse factors and develop strategies to deal with them

- o Narrative psychotherapy

Focuses on strengthening the persons coping mechanisms, building resilience and observing guidelines

- o Recreational therapy

Systematic process which utilizes the recreation and other activity based interventions on the needs of individuals with illness conditions which mean to improve the psychological, physical health.

Individual psychotherapy

process between patient and mental health professional therapist. The issues addressed are life adjustment issues, relationship issues and substance abuse

Music therapy

utilization of music in treatment

OTHER THERAPIES

• Breathwork

controlled breathing technique help to regulate the nervous system, reducing anxiety and promoting relaxation

• Somatic experiencing

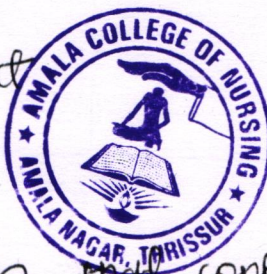
therapeutic approach that focuses on releasing the physical tension stored in the body due to past trauma

• Trauma sensitive yoga

using yoga to help individuals heal from trauma and addiction by connecting the mind as a therapeutic non judgemental environment

• Bioenergetic analysis

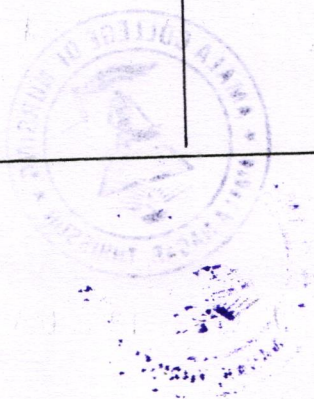
therapeutic approach that combines physical exercises, breathing techniques



◦ Integrative body mind training

This is mindfulness based somatic approach that helps regulate the body's stress response by integrating mental and physical properties

BOOK PICTURE	PATIENT PICTURE
◦ psychopharmacology - mood stabilizers - anticonvulsants - antipsychotics - antidepressants - other drugs ◦ psychological therapies ◦ other therapies	Tab. lithium Tab. sodium Valproate Tab. olanzapine Tab. clozapine — — — —



NURSING MANAGEMENT

NURSING ASSESSMENT

- assessment of withdrawal risk
- evaluation of medical and mental health comorbidities
- identification of substance use patterns and triggers
- assess for physical signs of substance abuse (eg black marks, jaundice, nasal damage, poor oral hygiene)
- monitor vital signs for abnormalities (hypertension, tachycardia)

PROBLEM IDENTIFIED

1. Risk for other directed violence
 - aggressive behaviour
2. ineffective individual coping
 - coping mechanism by using substances
3. Impaired self esteem
 - lack of confidence, helplessness
4. Disturbed sleeping pattern
 - sunken eyes
 - weakness
5. Anxiety
 - difficulty in managing daily activities
 - frequently asking questions
- Deficient knowledge
 - insufficient information



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NURSING DIAGNOSIS

1. Risk for other directed violence related to substance intoxication
2. Ineffective individual coping related to immaturity as evidenced by substance use as a coping strategy
3. Impaired self esteem related to cognitive impairment as evidenced by hopelessness
4. Disturbed sleeping pattern related to substance withdrawal as evidenced by weakness and sleepiness
5. Anxiety related to stressor as evidenced by verbalisation
6. Deficient knowledge regarding treatment modalities as evidenced by unaware about available treatment option.



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PATIENT

PLANNING

EXPECTED OUTCOME

EVALUATION

PROBLEM	SYMPTOMS	EXPECTED OUTCOME	PLANNING	RATIONALE		
<u>obj data</u> Feeling of anger restlessness	Risk for other directed violence related to substance abuse	client remains free from other directed violence as evidenced by reduced aggressive behaviour 	• assess the risk behaviour of the client • remove hazard object around the patient surrounding • plan alternate way to handle frustration • provide diversional therapy	To obtain the baseline data To avoid other directed harm To get relaxation To distract mind of client	aftered care he sometime experiences feeling of anger removed hazardous and sharp objects from patient surroundings provide deep breathing exercises provided activity work book	client remained free from other directed violence as evidenced by reduced aggressive behaviour


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ASSESSMENT	DIAGNOSIS	EXPECTED OUTCOME	PLANNING	RATIONALE	IMPLEMENTATION	EVALUATION
<u>Sub. data</u> client says 'I want to take cocaine' <u>Obj. data</u> Thought and frequent want to use cocaine	ineffective individual coping related to immaturity as evidenced by substance use as a coping strategy	client uses effective coping skills as evidenced by adequate coping strategies	determine under- standing of current situation, previous and other methods of coping with the problem set the limits to client's behaviour encourage verbalization of feelings explore alternative coping strategies	identified coping skills that may used by patient To change the ineffective behaviour To keep the client verbalize self To deviate mind	assessed the current method of coping in situation, client actively communicate with others encouraged communication with others encouraged verbalization of feelings provided activities flower making	client used effective coping skills as evidenced by exploring alternative coping strategies, increased communication with others

ASSESSMENT	DIAGNOSIS	EXPECTED OUTCOME	PLANNING	RATIONALE	IMPLEMENTATION	EVALUATION
<u>Obj. data</u> • lack of confidence • feeling of guilt, fear, anxiety • less communicating	chronic low self esteem related to substance use disorder as evidenced by impaired social relationships	client remains optimum social interaction as evidenced by increased communication	Encourage verbalization of patient about current situation spend time with patient encourage the client in participating activities encourage to do deep breathing exercise of positive self talk	client often has difficulty expressing self To reduce feeling of loneliness To deviate mind from negative thoughts decreased lack of confidence	encourage verbalization Talk about current situation spend time with client encouraged to maintain rapport produced more name challenge educated deep breathing exercises	client remained optimum social interaction as evidenced by increased communication



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ACTIVITY PLAN 1

INDIVIDUAL ACTIVITY

Objective :

Name of activity : flower making

Duration : 15 min

description of environment	description of activity	evaluation
The activity was done inside the closed male ward which is free from distractions Materials required : colour paper scissors gum	<u>steps</u> • take colour paper • cut one side of paper into small strips • fold it to the form of stick • paste the end of folded part with gum and fix it	• objective is achieved • client is interested to do activities • He twisted and rounded each folds • He is happy after completing work

ACTIVITY PLAN 2

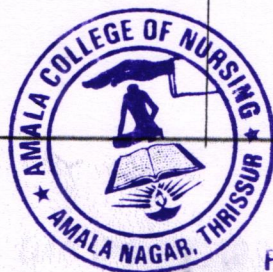
GROUP ACTIVITY

Objective : To establish social interaction with others

Name of activity : Ludo

Duration : 20 min

Description of environment	Description of activity	Evaluation
The activity was done inside of the ward 11 which is free from distractions <u>Articles required</u> Ludo board	<u>Steps</u> • Place the ludo board • Each one of you take each colour on their with • Shake the dice and look the number on it • If we get 6 on the dice we can enter into the game • The one who completes all the 4 parts of the ludo game will be the winner	- Objective is achieved - He is interested to play with others - Increased social interaction with others - He is accepting the failures in game



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PSYCHO EDUCATION

Daily Evening Activity

⇒ sleep

- ask client to maintain good atmosphere to sleep
- ask client to have milk powder to sleep
- avoid heavy meals before to sleep
- encourage deep breathing exercises

Symptom management

- advise client to explore feelings
- provide counselling
- encourage to interact with others
- provide diversional therapy
- provide activities

Medication and follow up

- advise to continue medication as per order
- advise to take medication regularly and stop it only by doctor's order
- review the doctor at next order



PROGRESS NOTES

DAY 1

Mr. Sureish 41 year old male got admitted in Govt. mental health centre Thrissur and diagnosed with cocaine use disorder. On history collection and mental status examination client is oriented to time, place and person. increased activity and aggressive behaviour. cognitive functions are normal. has decreased sleep and ineffective individual coping

DAY 2

On MSE, client was conscious and alert. He had decreased sleep. On examination has increased activity. He participated in morning exercises. Provided activity book to the client. He actively completed the activity book

DAY 3

On MSE client was alert, slightly anxious and has low self esteem and lack of confidence. maintained rapport with client. provided activity booklet making to the client. distracted him

DAY 4

client is communicating with others. actively participated in the activities and also provided more name cards to client



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actively participated in the game, provided due medication, provided psychoeducation to the client about sleep, symptomatic management and medicine follow up

DAY 5

client actively communicating with others. reduced aggressive behaviour. client has decreased anxiety. started to sleep atleast 6 hr. client has decreased thoughts of substance abuse and using alternative coping strategies such as occupational therapy, communication.

CONCLUSION

As part of my 6th semester BSc Nursing mental health nursing posting in Govt. mental health center Thrissur I got a chance to provide care to Mr. Suresh 41 year old male diagnosed with substance use disorders. History collection and mental status examination was done.

Client is interested in doing activities and also participated in during workbooks. He is very cooperative and I was able to collect his history and examine mental status and understand more about his condition. This experience will surely help me to provide better care to patient with similar condition in future.

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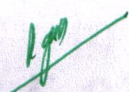
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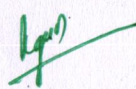
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WORK BOOK

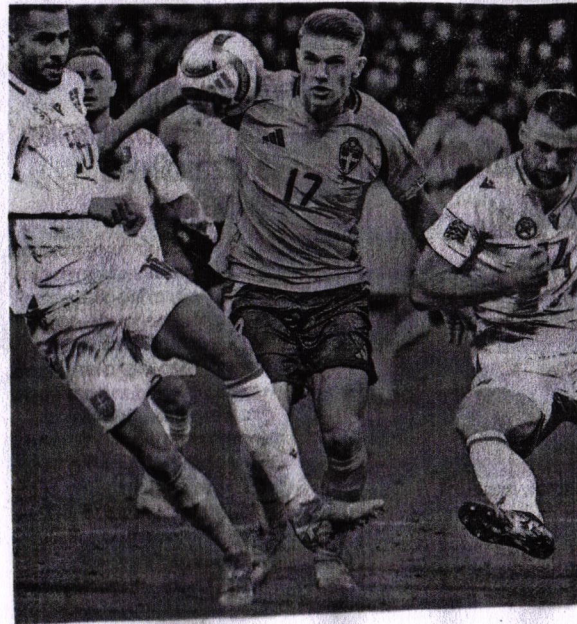

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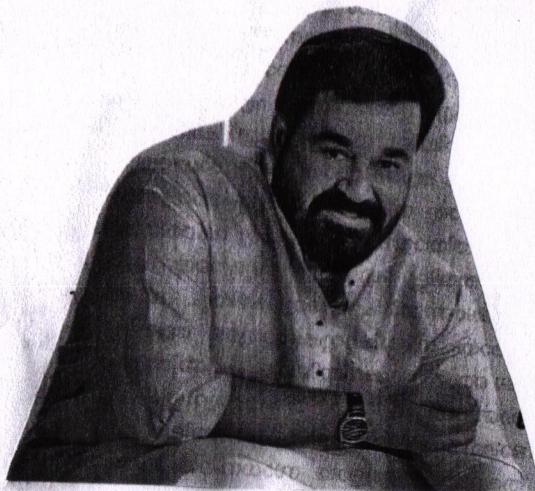
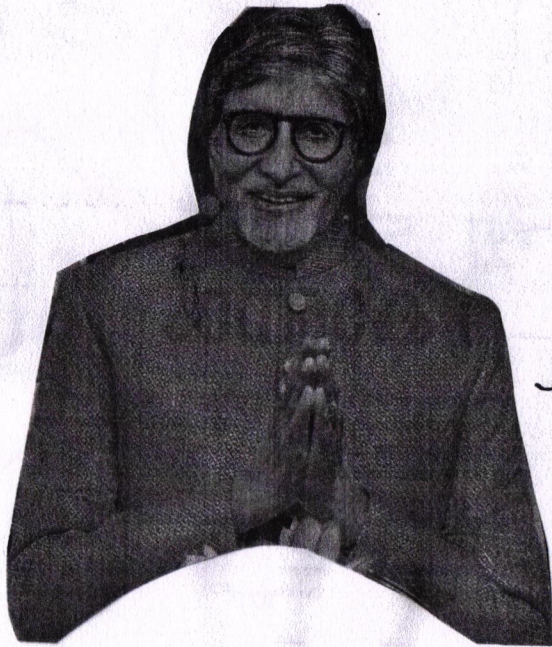
വയസ്സ് : 41

താഴെ തന്നിരിക്കുന്ന സന്ദർഭങ്ങൾ
നിരീക്ഷിക്കുക ?



Interpersonal communication contact

താഴെക്കൂട്ടം വാചകങ്ങൾ സംഗ്രഹിച്ചിരിക്കുന്നു; ഏതെങ്കിലും ഒരു വാചകം പാഠ്യപുസ്തകത്തിൽ ഉപയോഗിക്കാൻ പറ്റാത്തതെന്ന് തിരഞ്ഞെടുക്കുക.



Legend
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Reference: general information
 intact

നാലു തെളിവുകളിലൂടെ അനുകൂലമായോ? അല്ലെങ്കിൽ അനുകൂലമായോ
 ചിത്രം അടയാളപ്പെടുത്തുക?

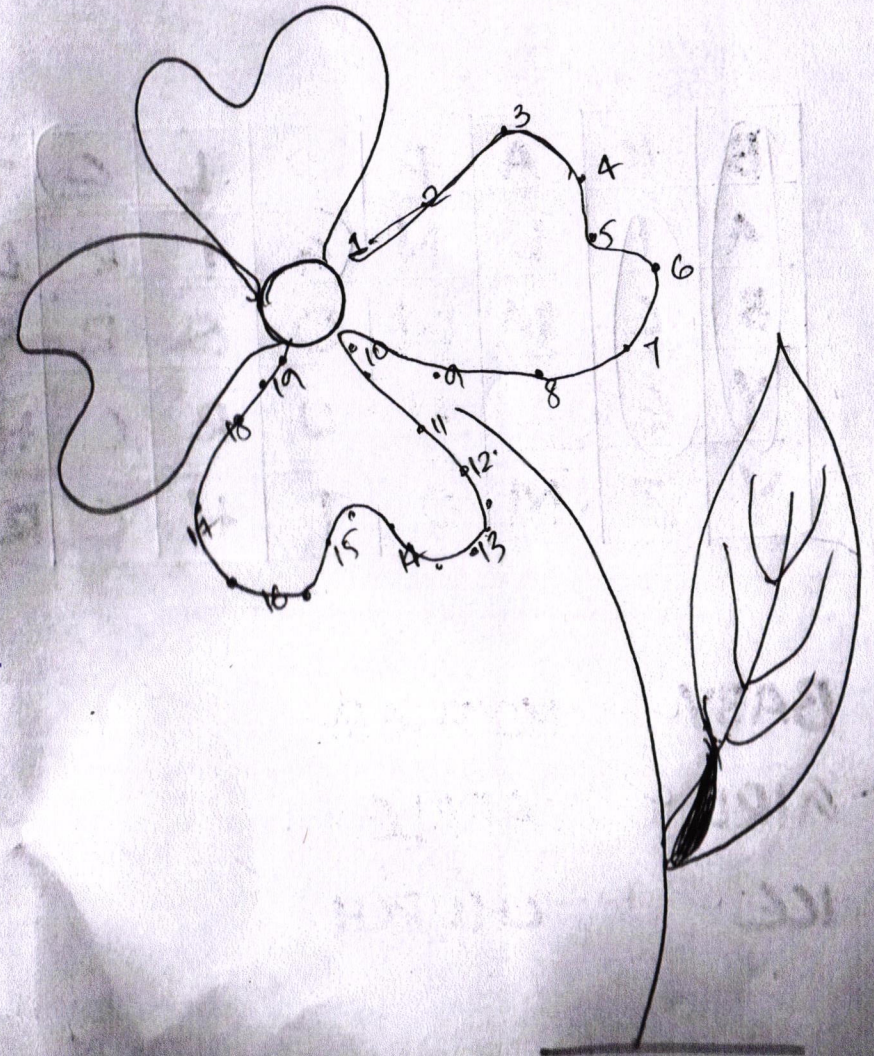
$$10 + 2 = 12$$

$$8 - 3 = 5$$

$$5 \times 2 = 10$$

$$25 \div 5 = 5$$

Inference: arithmetic ability intact



Inference: concentration intact

താഴെ പറയുന്ന ചതുരത്തിൽ നിന്നും
വാക്കുകൾ കണ്ടെത്തുക

B	K	A	P	P	L	E	T
A	T	L	N	G	I	R	L
B	C	M	W	O	Q	R	S
Y	E	C	H	U	R	C	H
Y	Z	M	O	T	H	E	R

BABY ✓

MOTHER ✓

GIRL ✓

APPLE ✓

ICE ✓

CHURCH ✓

Inference: vocabulary is intact



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