

Patient care plan analysis: suicide attempt case study



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The purpose of this essay is to explore the effectiveness of the care delivered to Mike during clinical placement. In order to achieve this, the essay will demonstrate development of therapeutic relationships through the use of appropriate communication and interpersonal skills will be demonstrated in this essay the essay will look at the formulation and documentation plan of care of Mike including his family or carers within a framework of informed consent. The essay will also evaluate and document the outcomes of nursing and other interventions. Finally, the essay will discuss the opportunities utilised and created to promote the health and well-being of patients, clients and groups. For confidentiality reasons, names and places used in this essay are changed in compliance with Nursing and Midwifery Council Code of Conduct (NMC, 2010).

Mike, a 54 year old widower was taken to the accident and emergency (A&E) department when found in a semi-conscious state after taking an overdose of his prescribed pain killers. Mike's neighbours alerted the police when they realised his curtains had not been drawn and reported he had not been attending the local social club for a couple of weeks. Mike collapsed on his bed with an empty packet of tablets beside him and a suicide note addressed to his son Duke who lives in Greece. Mike appeared to have been neglecting himself, lost weight and there were signs he had made superficial cuts to his wrist. Mike was also suffering from chronic lung condition due to excessive smoking. Following an assessment Mike was diagnosed of depression and was detained under section 2 of the Mental Health Act (MHA) since he refused to be admitted voluntarily.

Hospital environment can be very stressful for clients when they first arrive at the ward. Nurses need to engage positively with clients to develop therapeutic relationship. Barker (2009) argues that, therapeutic relationship empower clients to learn, or cope more effectively with their environment. The nurse began a therapeutic relationship with Mike by initially introducing himself to Mike and addressed Mike by his preferred name. Mike was listened to without any immediate advice or diminishing his feelings. NMC (2010) recommends that, patients must be treated as individuals and respect their dignity. Mike had daily 1-1 nursing time with staff and through this Mike's goals and wishes were identified which was incorporated into his care plan. DOH (2006) declares that, one to one session are therapeutic, they enable the patient to engage well with staff as empowering them to express their feelings and thoughts.

In other to deliver effective care to mike to promote his recovery, person-centred care plan was devised. NICE (2009) recommends that, treatment and care should take into account patients' needs and preferences. It also suggests, people with depression should have the opportunity to make informed decisions about their care and treatment, in partnership with their practitioners. Since Mike had severe and complex mental and physical health needs, different health professionals' i. e. psychiatrists, psychologists, GP, nurses, social workers, occupational Therapist and other community care providers were involved in his care. DOH (2004) ten essential shared capabilities recommends that professionals, patients, families, carers should work in partnership to provide quality care. Consent was sought from Mike if he wanted his son Duke to be involved in his care. Gaining consent is a legal

aspect of mental health nursing and it shows that patients are treated with respect (Diamond, 2008). Mike and Duke were fully involved in every aspect of the plan of care for Mike. CPA (2008) recommends, patients, families; carers should be involved in making decision about their care plans. The author and other team members provided Mike with vital info to promote Mike's choice and to enable Mike to make informed decisions. The MDT reviewed Mike's mental and physical health regularly and any significant changes in Mike's health were amended on his care plan to make sure Mike's needs were still being met. Meeting service users other needs improves their quality of life and provides good well-being, No Health without Mental Health (2011)

Due to the nature of Mike's illness and presentation, Mike was initially nursed within eyesight observation which was later reviewed to general observation (NICE, 2005). Mike also had lots of supports, reassurance and prompts to enable him attend to his personal care since he appeared unkempt. Mike losing his wife and the chronic lung condition may have impacted on his mood. Also it is possible that Mike had limited social support network and felt vulnerable, which can add to low mood. Therefore team's occupational therapists regularly engaged Mike in therapeutic activities both on and off the ward to lift Mike's mood up and also to promote his independence. New Horizons (2011) suggests, occupational activities are therapeutic and they help patients to engage with staff and other patients in the ward and builds self-worth and confidence towards discharge. Mike was also provided with bereavement support. NHS (2012) recommends bereavement support to carers, families and patients if they lose a dear one as it has impact on their

mental health and well-being. Mike was made known of options of treatment available to him (NICE, 2009). Apart from being treated with antidepressant medication, Mike also had lots of inputs from the team psychologist to help promote Mike's recovery. NICE (2009) recommends that, people with moderate or severe depression should be provided with a combination of antidepressant medication and a high-intensity psychological intervention i. e. cognitive behavioural therapy (CBT) or individual personal therapy (IPT). Papageorgiou, C. et al. (2011) affirms that, one of the most widely known types of psychological therapy for depression is CBT, which combines both cognitive and behavioural techniques into an integrated whole.

The MDT and the ward staff carried out initiatives that raised awareness and promoted healthier lifestyles choices and patients awareness of health, and also reduced the risk of experiencing illness. Wrycraft (2009) argues that, mental health promotion is an activity healthcare professionals carryout as part of their everyday practice in their roles and do not realise they are engaging in such activity. However at other times they actively seek information about health promotion activities. The nurse did provide Mike with information in the form of leaflets about his condition and range of information on smoking cessation and different methods involved. Staff facilitated these health promotions by strengthening the patients on the ward, they increased emotional resilience through communicating and negotiation with the patients to promote self-esteem, life and coping skills.

This plan of care should be reviewed by the MDT depending on the progress of Mike health.