Schizophrenia Nursing Care Plan

PATIENT INFORMATION

Full name: _____ **Date of birth:** _____ dd / mm / yyyy

Gender:

◯ Male ◯ Female ◯ Other

Patient ID: _____ **Contact:** _____

Email address: _____ **Medication use:** _____

Facility details: _____

IMPAIRED SOCIAL INTERACTION CARE PLAN

Check all that apply:

- ☐ Disturbed thought processes
- ☐ Isolation
- ☐ Lack of knowledge around social constructs
- ☐ Mistrust of others
- ☐ Inability to maintain relationships
- ☐ Inability to perceive and interpret the intentions of others

IMPAIRED SOCIAL INTERACTION ASSESSMENT

Assessment 1

Assess their perceptions and feelings toward social interaction.

Notes:

Assessment 2

Determine family and support patterns.

Notes:

Assessment 3

Observe speech, nonverbal gestures, and body language.

Notes:

Evidenced by

Difficulty focusing or paying attention Fearful or anxious around others Inappropriate emotional responses Poor eye contact Disorganized speech and thoughts

Suggested intervention

Develop a trusting relationship. Provide positive reinforcement Encourage group activities Refer to specialists for social skills training.

Notes and referrals:

DISTURBED SENSORY PERCEPTION (AUDITORY/VISUAL) CARE PLAN

Check all that apply:

- [ ] Severe stress
- [ ] Sleep deprivation
- [ ] Excessive stimulation
- [ ] Altered sensory perception
- [ ] Misuse of medications, alcohol, or illegal substances

DISTURBED SENSORY PERCEPTION ASSESSMENT

Assessment 1

Assess medication adherence.

Notes:

Assessment 2

Assess contents of hallucinations.

Notes:

Assessment 3

Monitor for increasing agitation or anxiety.

Notes:

Evidenced by

Anxiety Panic Talking or laughing to self Rapid mood swings Seeing or hearing things that aren't there (hallucinations) Inappropriate responses Disorientation Tilting head as if to listen to something

Suggested intervention

Remove the client from chaotic environments. Provide safety. Aid distraction. Help the patient recognize triggers.

Notes and referrals:

RISK FOR SELF/OTHER-DIRECTED VIOLENCE

Check all that apply:

- [ ] Suspiciousness of others
- [ ] Anxiety
- [ ] Command hallucinations
- [ ] Delusional thinking
- [ ] History of threats or violence against self or others
- [ ] Suicidal ideation
- [ ] Perception of a threatening environment
- [ ] Paranoia

RISK FOR SELF/OTHER-DIRECTED VIOLENCE ASSESSMENT

Assessment 1

Assess for a plan for suicide or violence.

Notes:

Assessment 2

Observe for early cues of distress.

Notes:

Suggested intervention

Maintain and convey a calm attitude. Maintain distance from the patient. Keep the patient safe. Administer tranquilizers/restraint.

Notes and referrals:

PHYSICIAN'S NOTES AND RECOMMENDATIONS

Specify below:

Physician's signature:
Date: _____ dd / mm / yyyy

PATIENT ACKNOWLEDGEMENT

- [ ] I have reviewed the nursing plan and understand the information provided.

Physician's signature:

Date: _____ dd / mm / yyyy