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# Sleep disrupted by symptoms or the care environment Depression with safety assessment

Mental Health Nursing | Focused diagnosis-based template

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Fictional educational example. Individualize using verified patient findings, authorized treatment and current local protocols. No real patient record or observed outcome is claimed.

## Clinical assessment

Subjective: Low mood, loss of interest, poor sleep and feelings of hopelessness.

Objective findings and required checks: Reduced activity and self-care; direct assessment of self-harm risk is essential.

Physical examination and investigations: Use a comprehensive mental-state and safety assessment; review medical/substance contributors and investigations when indicated.

Supply actual values, units, timing and trends during supervised application. Do not invent missing clinical data.

## Clinical focus and pathophysiology

Depression with safety assessment: Mood disorders involve interacting biological, psychological and social factors affecting function.

## Medical / surgical management

Provide respectful therapeutic engagement, a collaborative safety plan and prescribed psychological or medication treatment.



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## Illustrative drug and treatment study

| Medicine / treatment | Purpose | Nursing checks |
|---|---|---|
| Prescribed antidepressant | Treat the assessed depressive disorder | Monitor early worsening, activation, adverse effects and follow-up |
| no immediate-effect promise | Improvement takes individualized review | Explain the agreed monitoring plan. |

Treatment examples are not a prescription. Verify the authorized product, dose, route, timing, contraindications and current local product information.



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# Focused nursing-problem template

Nursing diagnoses use original clinical problem wording. They are not the licensed NANDA-I classification. Verify any formal label or code against your institution's licensed current edition; select actual or risk diagnoses only when supported by assessment.

Context task: Establish the immediate clinical priorities and verify the baseline before assuming a diagnosis.

Set individualized measurable targets and an exact review time. Select actual or risk statements only when supported by assessment.

| Assessment: subjective / objective | Nursing diagnosis: original problem wording | Short- and longer-term goals | Nursing interventions with rationale | Evaluation |
|---|---|---|---|---|
| Ask: Ask about usual sleep, current disruption and daytime fatigue. Assess: Record sleep pattern, symptom triggers and environmental disturbance. | Sleep disrupted by symptoms or the care environment. Possible factors: discomfort, anxiety or interrupted routines. Validate against the patient's assessment. | Short-term: At the next patient-specific reassessment: Reports improved rest during the next planned sleep period. Longer-term: Before the clinically approved transition or agreed follow-up: Identifies practical sleep-supporting routines for recovery. | 1. Identify pain, breathlessness, anxiety and medicine-related causes of poor sleep. Rationale: Treating contributors is more useful than assuming a single cause. 2. Cluster non-urgent care and reduce light and noise when safe. Rationale: A predictable environment protects opportunities to sleep. 3. Use relaxation strategies and review prescribed sedating medicines carefully. Rationale: Rest should improve without avoidable oversedation or falls. 4. Provide respectful therapeutic engagement, a collaborative safety plan and prescribed psychological or medication treatment. Rationale: Mood disorders involve interacting biological, psychological and social factors affecting function. The condition-specific plan addresses the underlying problem while response is monitored. | Record the baseline and reassessed finding, the time and whether this goal is met, partly met or not met. If not met, reassess causes and revise or escalate. Do not record an unobserved improvement. |



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## Apply this template

Complete with verified data: assessment cues; supported actual problem or risk; measurable outcome and review time; selected authorized interventions and rationale; observed response and next action.

Subjective / objective cues: _____

Patient-specific target and review time: _____

Evaluation evidence and next action: _____



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## Health education and continuing care

Teach treatment follow-up, support access, gradual daily structure and when urgent help is needed.

Transition only after clinical readiness is confirmed. Reconcile medicines, check access and caregiver support, and document who will review the patient and when.

## Urgent warning signs

**Imminent self-harm risk, inability to maintain safety, psychosis or severe self-neglect requires urgent professional assessment.**

## Evaluation and conclusion

For each goal, document met, partly met or not met using observed evidence and the review time. Reassess and revise if progress is inadequate. Individual assessment, prioritized care and coordinated review guide this topic.

## Quick Revision

- Mood disorders involve interacting biological, psychological and social factors affecting function.

- Priority concerns: Sleep disrupted by symptoms or the care environment.

- Imminent self-harm risk, inability to maintain safety, psychosis or severe self-neglect requires urgent professional assessment.

- Teach treatment follow-up, support access, gradual daily structure and when urgent help is needed.

**Exam / viva: What assessment evidence supports this problem, and what measurable result would demonstrate improvement?**

## References

Nursing Fundamentals, 2e - Ernstmeyer & Christman (editors), Open RN / WisTech Open, 2024
https://wtcs.pressbooks.pub/nursingfundamentals/

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