

(DISSOCIATIVE DISORDERS) NURSING CARE PLAN

Medical Diagnosis: Dissociative Disorders

Subjective Data:	Nursing Intervention (ADPIE)	Rationale
<ul style="list-style-type: none"> • Memory loss • Feeling of being detached • Feeling of surroundings being foggy or dreamlike • Inability to cope with emotional or social stress • Suicidal thoughts • Depression 	<p>Perform complete nursing and neurological assessment. Note any signs of self-mutilation or previous suicide attempts</p>	<p>Assess for any suicidal or homicidal ideations to provide for client safety and the safety of others.</p>
	<p>Provide teaching to family members and encourage their support in dealing with client's symptoms.</p>	<p>Clients often feel isolated in regards to their past experiences. Incorporating a family support system helps the progression and effectiveness of treatment</p>
	<p>Monitor skin integrity when using restraints or for clients with suicidal ideations.</p>	<p>Clients may develop self-destructive behaviors during treatment. Improper or extended use of restraints can cause skin breakdown.</p>
<p>Objective Data:</p> <ul style="list-style-type: none"> • Anxiety • Distant or reclusive behavior • Erratic or chaotic behavior • Unresponsiveness to environmental stimuli (sound, smell, temperature, etc.) 	<p>Administer medications as needed appropriately.</p>	<p>While there are no medications for these specific disorders, many clients have other mental illnesses or conditions that exacerbate symptoms such as depression and anxiety. Some medications may be used for chaotic or erratic behaviors and are given on a PRN basis.</p>
	<p>Provide support and encouragement during recollection of past traumatic experiences</p>	<p>Build rapport and trust to help the client work through the difficult emotions and circumstances that they may have been avoiding</p>