NURSING CARE PLAN (PARANOID DISORDERS)

Medical Diagnosis: Paranoid Disorders			
Subjective Data:	Nursing Intervention (ADPIE)	Rationale	
 Suspicion Fear of being deceived Feelings of being persecuted Poor self image 	Assess the client's neurological status	To determine if other issues may be causing symptoms or if the disorder has progressed to another serious condition such as schizophrenia	
	Monitor behaviors and interactions with staff and other clients	Determine how the client interacts with others. Paranoid clients may exhibit aggressive behaviors for no apparent reason.	
	Talk openly with the client about their beliefs and thoughts, showing empathy and support	Help build trust and rapport with clients. Paranoid clients may be more reluctant to trust anyone, but open communication generally offers more cooperation	
Objective Data: Perfectionism Rigid behaviors and beliefs Self-righteous attitude Easily offended Social isolation Detachment Hostility Argumentative	Explain all procedures clearly and carefully, and their purpose, before starting them	Prevents aggressive behavior and suspicion. Promotes cooperation and compliance. Helps develop trust.	
	Remain aware of the client's personal space. Avoid startling the client, sudden movements or touching the client unnecessarily	Even the best of intentions, such as a handshake, tidying the room, or body language may be misinterpreted as threatening and may lead to aggressive behavior. Showing respect for the client's space and possessions helps build trust.	
	Discuss feelings and help the client identify behaviors that cause conflict or alienate others	Helping clients see the reality of their behaviors can help treatment progress and lead to more appropriate behaviors and interactions.	
	Discuss and have client demonstrate (through role-play if appropriate) more acceptable responses and reactions to behaviors and stressors	Helps the client develop more positive coping skills for dealing with delusions, suspicions, and fears	
	Minimize environmental stimuli	Overstimulation from loud noises, excessive talking, television, or radio may increase paranoia and prompt erratic or aggressive behaviors.	



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	Encourage socialization with others, but do not force participation in activities	Help clients develop relationships and more positive interactions with others. Helps reorient the client to reality. Forcing them to participate may trigger paranoia that you are trying to trick or trap them.
	Set behavior boundaries and enforce per facility protocols with medications or restraints as necessary	Promote the safety of clients during agitated moments and the safety of others from aggressive behaviors. Follow your facility's specific protocol regarding supervision, restraint, and documentation.
	Administer medications appropriately and monitor for reactions to medications	Antipsychotic medications may be given to manage delusions and behaviors. Monitor for adverse reactions.
	Offer praise and encouragement for accomplishments of tasks	Promote a sense of self-worth and improves self-esteem
	Consider any cultural concerns or impacts of treatment	Depending on their culture, some behaviors and beliefs may be considered acceptable to the client. Take these into consideration when implementing interventions.
	Provide reorientation as appropriate, but avoid confrontation of the delusions	The client may need to be refocused to reality at times, but avoid confrontation that may be interpreted as argumentative to avoid non-compliance and uncooperative behaviors.
	Provide education, resources, and support for client's family and loved ones	Help family members understand the nature of the client's illness and avoid conflict that could exacerbate the client's symptoms. Encourages the coping skills of family members through each other and support groups.
	Involve patients family or loved ones in care as appropriate in treatment plan	Help develop trust between client and loved ones and promote positive management of illness going forward. Help clients and family members stay on track with treatment.

