Depression Nursing Care Plan

Patient Name: Jess Smith

Date: 12/09/2023

Assessment:

- **Symptoms:** [List of depression symptoms, including severity]
  Low mood, helplessness, low self esteem, no motivation for past 6 months. Severe enough to not go to school and stay in bed all day

- **History:** [Personal and family history of depression or other mental health conditions]
  Mum has a history of depression

- **Risk factors:** [Identify potential risk factors for depression]
  Unresolved grief

Diagnosis:

- [Diagnosis of depression based on DSM-5 criteria]
  Met DSM-5 for depression

Planning:

- **Goals:** [Set specific, measurable, achievable, relevant, and time-bound (SMART) goals for treatment]
  30% decrease in depression related symptoms within the next month

- **Interventions:** [List of interventions to address symptoms, improve functioning, and prevent relapse]
  Cognitive behavioural therapy and Antidepressants

- **Timeline:** [Establish a timeline for achieving goals and evaluating progress]
  Re evaluate every week

Intervention:

- **Education:** [Provide patient with information about depression, treatment options, and self-management strategies]

- **Coping skills training:** [Teach patient coping skills for managing stress, negative thoughts, and emotions]

- **Medication management:** [Monitor medication compliance, side effects, and effectiveness]

- **Psychosocial interventions:** [Provide or coordinate therapy, support groups, or other psychosocial interventions]

Evaluation:

- **Symptom tracking:** [Monitor symptoms over time to assess progress]
  Monitor daily and assess each week

- **Functional assessment:** [Evaluate patient's ability to perform daily activities and maintain social interactions]
  Assess weekly

- **Medication evaluation:** [Determine effectiveness and tolerability of medication]
  Monitor daily and asses effectivness monthly

- **Psychosocial intervention evaluation:** [Assess effectiveness of therapy, support groups,or other psychosocial interventions]
  Assess monthly

Notes:

- [Additional observations or concerns related to the patient's care]

Signatures:

- Nurse Signature: Jane Mcdonald
- Date: 12/11/2023

Review:

- Plan review date: 12/12/2023
- Nurse Signature: Jane Mcdonald
- Date: 12/11/2023