Schizophrenia Nursing Care Plan

Patient Information

- Full Name: _____
- Date of Birth: ____ / ____ / _____
- Gender: _____
- Patient ID: _____
- Contact Number: _____
- Email Address: _____
- Medication use: _____
- Facility Details: _____

Impaired Social Interaction Care Plan

- [ ] 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	Notes
Assess their perceptions and feelings toward social interaction.	
Determine family and support patterns.	
Observe speech, nonverbal gestures, and body language.	

Evidenced by:	*Suggested intervention:*	*Notes and referrals:*
• Difficulty focusing or paying attention • Fearful or anxious around others • Inappropriate emotional responses • Poor eye contact • Disorganized speech and thoughts	• Develop a trusting relationship. • Provide positive reinforcement. • Encourage group activities. • Refer to specialists for social skills training.	

Disturbed Sensory Perception (Auditory/Visual) Care Plan

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

Disturbed Sensory Perception Assessment

Assessment	Notes
Assess medication adherence.	
Assess contents of hallucinations.	
Monitor for increasing agitation or anxiety.	

Evidenced by:	*Suggested intervention:*	*Notes and referrals:*
• 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	• Remove the client from chaotic environments. • Provide safety. • Aid distraction. • Help the patient recognize triggers.	

Risk For Self/Other-Directed Violence

- [ ] 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	Notes
Assess for a plan for suicide or violence.	
Observe for early cues of distress.	

Suggested intervention:	***Notes and referrals:***
• Maintain and convey a calm attitude. • Maintain distance from the patient. • Keep the patient safe. • *Administer tranquilizers/ restraint*	

Physician's Notes and Recommendations

-
-
-

Physician's Signature: _____ Date: ____ / ____ / _____

Patient Acknowledgment

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

Patient's Signature: _____ Date: ____ / ____ / _____