

# Case report of an adolescent's suicide attempt through drug intoxication and nursing care

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### ABSTRACT

Suicide is a serious public health problem with increasing prevalence. It ranks fourth among the most common causes of death, especially in adolescents. The negative events they experience negatively affect the psychosocial health of adolescents and may lead them to suicide. The most common method used as a means of suicide is drug overdose. It is possible to prevent suicide by strengthening psychosocial support systems, early intervention programs and increasing access to mental health services. This case report aims to provide guiding information for necessary nursing care by focusing on the experiences of an adolescent who attempted suicide.

Keywords: Adolescent, suicide attempt, nursing care, case report

### **INTRODUCTION**

### CASE

Suicide is a preventable cause of death. Adolescents are among the most risky groups related to suicide (WHO 2023). Adolescence, which is the stage of transition from childhood to adulthood, is a critical period that involves many physical and psychosocial changes. Reasons such as family conflicts, lack of acceptance by peers, decline in academic success, identity confusion and inadequacy in emotional relationships negatively affect the psychosocial health of adolescents (Çetinkaya et al. 2016). When adolescents cannot cope with the problems they experience sufficiently, they may see suicide as a solution in intense despair (Onar et al. 2021).

The fact that suicide is a preventable phenomenon reveals the importance of the approach to the individual who attempts suicide. Supporting the individual before or after the suicide attempt, developing coping skills, strengthening the social support system and self-esteem will prevent suicide from being chosen as a solution (Efe et al. 2023). In this context, nurses who provide continuous care to individuals have critical roles in the management of the suicide process (Çetinkaya et al. 2016). It is the duty of nurses to protect, improve and maintain adolescent health, identify risk factors, and plan and implement appropriate interventions (Efe et al. 2023). With this case presentation, it was aimed to draw attention to the suicide phenomenon by sharing information about an adolescent who committed suicide and to provide appropriate nursing care for this individual.

AA is a 17-year-old woman, a third year high school student. She was found unconscious at home by her grandmother in the morning. She was hospitalized in the emergency department with a diagnosis of drug intoxication. This was AA's first suicide attempt. There was no conflict before the suicide attempt. Glasgow coma score (GCS) of AA was 10-12: 10-12 and the light reflex was biletarel isochoric. The individual who attempted suicide took 15 tablets of Parol, 10 tablets of Coraspirin, 8 tablets of prozac and injected 8 Oxapar subcutaneously. Therefore, there are needle marks on AA's left arm and neck. Emergency intervention was planned and AA was given 1200 mg of mucinac (NAC) in 500 cc. of serum physiologic (SF). mucinac (NAC) infusion was given and a foley catheter was inserted. When she regained consciousness, she repeatedly expressed that she wanted to kill herself and refused to drink activated charcoal which was recommended for treatment in the first period. Since the patient was taking Coraspirin, 4 mg. Vitamin K was administered IV as a puff, 50 mg of activated charcoal was administered and gastric lavage was performed. In addition to these, 40 mg. Pantpas, 4 mg. Kemoset IV puff and 500 cc. SF was given in infusion.

AA, whose acute treatment was completed, was hospitalized in the pediatric intensive care unit for further investigation and treatment due to an incomplete diagnosis of suicide attempt. GCS: 15, body temperature: 36.7°C, saturation value:



96%, blood pressure arterial: 113/57 mmHg, pulse: 93/min. It was observed that the patient was agitated, resistant to treatment, attempted to escape from the clinic and repeatedly expressed that she wanted to die. In the psychosocial evaluation, AA stated that her parents divorced when she was a young child and this situation affected her badly. After the divorce, AA lived with her grandmother. She stated that she hated her mother, did not want to see her, and was subjected to violence from her mother when she stayed at her mother's house, so she did not see her mother frequently. Her mother is diagnosed with bipolar disorder and uses medication for this disorder. Her father does not have any chronic illness and she states that she sees her father frequently. She stated that she had a different mindset from other people and that she was excluded by her friends because of this and that people did not understand her. She says that she does not want to go to school because she is ostracized by her friends and even wants to continue her schooling through open education. The patient said that she was fed up with life and depressed, so she attempted suicide.

AA was diagnosed with obsessive compulsive disorder 5 years ago, Lustral tablets were started by her physician, and Prozac 3x1 tablets were started on the grounds that the medication did not treat her sufficiently. She stated that the medication was still ineffective and that her psychiatrist gave her the wrong medication. AA stated that she was obsessed with order, that when things were messy, she lost her appetite and sleep, lost her focus and had a bad day. She stated that this obsession with order was not related to cleanliness and meticulousness, and that when she tidies up, she also tidies up her thoughts in her head, gets rid of negative thoughts and relaxes in this way. She said that she holds her breath when she feels bad and that it feels like meditation. She stated that she enjoys philosophy, literature and biology.

Since the patient still had suicidal thoughts on the  $2^{nd}$  day of hospitalization, psychiatry consultation was requested. According to the results of the evaluation, the patient was given psychoeducation, suicidal measures were explained and Rileptide 1x1 mg and Rivotril 2x1 mg were added to the treatment. On the  $3^{rd}$  day of hospitalization, NAC infusion treatment was stopped because the control blood tests were in the normal range and the patient's self-harm thoughts were observed to decrease.

### **Case-Oriented Nursing Care**

It is important to provide effective nursing care to the patient hospitalized in the pediatric intensive care unit to manage the physical, psychological and social problems. The quality of this care is of vital importance because AA repeatedly states that she "wants to die". In line with the information received, priority diagnoses are included in the nursing care that should be provided to AA (NANDA, 2020).

**Nursing diagnosis 1:** "Suicide risk" due to thinking that death is the only solution

**Objective:** To prevent the risk of suicide by creating a safe environment and relieving the person from despair.

### Nursing interventions:

- Evaluate their thoughts about suicide by asking them openly.
- A relationship of trust is established with the individual.

- A suicide contract is made and the individual is followed up at frequent intervals
- A safe environment is created by removing piercing and cutting tools that may harm the safety of the adolescent from the environment.
- An interview is planned with the adolescent and self-expression is supported.
- Self-esteem of the adolescent is strengthened by using effective communication techniques.
- The adolescent is directed to favorite activities.

**Evaluation:** It was observed that suicidal thoughts decreased. She expressed that she did not want to die.

**Nursing diagnosis 2:** 'Ineffective coping' due to her inability to solve the problems she experienced

**Objective:** To enable adolescents to cope effectively with the problems they face.

### Nursing interventions:

- Therapeutic communication is established with the adolescent and trust is gained.
- The adolescent is supported to express her feelings.
- The adolescent's motivation is assessed, the adolescent is enabled to fulfill her responsibilities and participate in activities effectively.
- Coping methods used by the individual are determined.
- It is ensured that the adolescent finds the appropriate method among effective coping methods.
- An event that causes moderate distress is addressed and restructured with alternative coping methods.
- Psychosocial support is provided.
- Problem solving skills are acquired.

**Evaluation:** The adolescent identified appropriate coping methods for herself. She chose meditation as the coping method that suited her.

**Nursing diagnosis 3:** 'Risk of impaired liver function' due to excessive paracetamol intake

**Objective:** To anticipate possible deterioration in liver function.

### Nursing interventions:

- Blood tests of the adolescent are performed regularly.
- It is ensured that she drinks plenty of water to remove toxic substances in her body.
- Abnormal values in laboratory tests are detected.
- Recommended treatments are applied.
- The individual is carefully monitored for signs of impaired liver function.

**Evaluation:** Blood tests were monitored regularly. No impairment in liver function was observed.

Nursing diagnosis 4: 'Bleeding Risk' due to excessive anticoagulant intake

**Objective:** To monitor for signs of bleeding and shock and take precautions accordingly.

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### Nursing interventions:

- The adolescent is monitored and hourly vital follow-up is performed.
- Invasive interventions are minimized.
- Blood tests are performed and hemogram is monitored.
- Environmental conditions are improved to prevent trauma-related bleeding.
- The adolescent is monitored for signs of internal bleeding and shock.

**Evaluation:** The adolescent was monitored for bleeding and shock symptoms. The patient was monitored and hourly vitals were monitored. Daily hemogram monitoring and fluid intake and output were monitored. Necessary safety precautions were taken to prevent bleeding due to trauma.

# Nursing diagnosis 5. Parents' Divorce and Living with Grandmother 'Change in Family Processes'

**Objective:** To strengthen the adolescent's bond with her family and to ensure the continuity of this bond.

### Nursing interventions:

- A safe environment is created to enable the adolescent to express her feelings about the parents' divorce.
- Emphasizing that the divorce process is a normal process, the adolescent focuses on what can be done to restructure this process.
- Adolescents who have divorced parents are encouraged to participate in support groups.
- Psychoeducation is provided to strengthen family relationships and ensure healthy communication with each other.

**Evaluation:** A relationship of trust was established with the adolescent. A meeting was held with the adolescent's family and they were supported to establish healthy communication.

# Nursing Diagnosis 6. 'Social Isolation' Due to Problems with Peers and Mother

**Objective:** To reintegrate the adolescent back into society, to strengthen her communication with her environment and to solve the problem with her mother.

### Nursing interventions:

- Trust-based communication is realized with the adolescent and a sense of trust is established.
- They are asked to express their feelings and thoughts about the problems they experience with their peers and mother.
- Problems experienced by the adolescent with her environment are determined.
- Social and communication skills of the adolescent are developed.
- The adolescent is encouraged to communicate with peers.
- The adolescent is directed to group activities.
- The adolescent's mother is interviewed and problems are identified.
- The adolescent's mother is trained to express her anger verbally, not through actions. If necessary, the adolescent is referred to mental health services.

**Evaluation:** A sense of trust was created with the adolescent and short-term social skills were gained. She was enabled to express her feelings and thoughts about the problems she experienced with her mother and peers. The adolescent was encouraged to communicate with her peers.

### DISCUSSION

Suicide is the tenth leading cause of death in adulthood and the fourth leading cause of death in adolescence (Miniksar et al. 2020, WHO 2023). When the risk factors affecting suicide attempt are examined; many factors such as gender, familial factors (divorce, domestic violence, etc.), peer bullying, accompanying psychiatric illness, mother or father having psychiatric illness, ineffective coping, deterioration in social relations, environmental factors lead adolescents to suicide (Yeniay et al. 2022).

When the risk factors of the case were examined, AA attempted suicide because she was a girl, her parents were divorced, her mother and herself had a psychiatric diagnosis, she was subjected to violence from her mother, she was excluded by her peers and she coped with these problems ineffectively. Studies have shown that suicide attempts in girls are 3-9 times higher than in boys (Kurt et al. 2020). Especially the fact that girls are more emotional and experience mental conflicts more intensely leads them to suicide attempts (Yöntem et al. 2021). Another risk factor in suicide cases is the presence of psychiatric diagnosis and the use of psychiatric drugs (Kurt et al. 2020). According to a study, 43.3% of adolescents who came to the hospital with a diagnosis of drug intoxication were found to have at least one psychiatric diagnosis (Miniksar et al. 2020). It was observed that AA had a diagnosis of OCD and used psychiatric medication, and used some of her medication in suicide attempt.

When the methods used in suicide attempts were examined, it was determined that hanging, firearms, drug intake, jumping from a height and piercing cutting tools were used (Yeniay et al. 2022). Looking at the studies, it is seen that the most common method used by adolescents is drug overdose (Miniksar et al. 2020, Dinleyici et al. 2018). It can be said that the easy accessibility of drugs is one of the reasons for this, and that AA's taking the drugs that she already had made it easier for her to prefer this method.

In our country, studies to prevent suicide attempts are not of sufficient number and quality, and there are many myths about suicide (Efe et al. 2023). Myths such as it is wrong to talk about suicide or that people who say they will commit suicide will not actually commit suicide prevent intervention before suicide attempt. Interventions are mostly carried out after the suicide attempt (Çetinkaya et al. 2016). For this reason, the American Academy of Pediatrics and the National Institute of Mental Health recommend suicide risk screening for adolescents over the age of 12. With suicide risk assessment that can be performed by primary health care organizations, suicide attempts can be detected and prevented at an early stage (Greydanus et al. 2024). In addition, providing adolescents with supportive trainings such as coping with stress, problem solving, assertiveness skills and effective communication techniques may prevent adolescents from experiencing helplessness.

### **CONCLUSION**

Suicides during adolescence are increasing in the world and in our country. The most common method used in adolescent suicides is drug overdose. Pre-determination of risk factors is very important in the prevention of suicide. It is the duty of the nurse to identify the risk factors in adolescents and prepare appropriate intervention programs. The trust of the adolescent should be gained by providing therapeutic communication with the adolescent, methods of coping with stress should be taught in order to cope with problems, family relationships should be strengthened, suicide risk symptoms should be taken. Intervention programs to prevent suicide attempts should be increased. Primary health care institutions and schools have a great role in this regard.

### ETHICAL DECLARATIONS

### **Informed Consent**

The patient signed and free and informed consent form.

### **Referee Evaluation Process**

Externally peer-reviewed.

### **Conflict of Interest Statement**

The authors have no conflicts of interest to declare.

### **Financial Disclosure**

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### **Author Contributions**

All of the authors declare that they have all participated in the design, execution, and analysis of the paper and that they have approved the final version.

### **REFERENCES**

Çetinkaya, H., & Gözen, D. (2016). Suicide in adolescents, risk factors and nursing approach. *J Pediatr Res*, 3(3), 133-138.

Dinleyici M, Kıral E, Yazar AS, & Şahin S (2018). Evaluation of suiciderelated risk factors in adolescents presenting with drug intoxication. *Osmangazi Med J*, 41:166-172.

Efe, Y. S., Özbey, H., & Erdem, E. (2023). Suicide in adolescents and nursing approach. *YOBU Fac Health Sci J*, 4(2), 186-194.

Greydanus, D. E., Nazeer, A., Qayyum, Z., Patel, D. R., Rausch, R., Hoang, L. N., ... & Javed, A. (2024). Pediatric suicide: review of a preventable tragedy. *Disease-a-month*. Early online release <u>https://doi.org/10.1016/j.disamonth.2024.101725</u>.

Kurt, F., Akbaba, B., Yakut, H. İ., & Mısırlıoğlu, E. D. (2020). Evaluation of demographic and clinical characteristics of drug intake and suicide attempt in adolescent age group. *Pediatr Emergen Int Care J*, 7: 101-107.

Miniksar, Ö. H., & Miniksar D. Y. (2020). Retrospective evaluation of drug intoxications in adolescents followed up in the intensive care unit. *J Health Sci Med*, *3*(3), 203-208.

Onar, G., Odabaş, İ. S., & Canbolat, Z. (2021). Psychological profile, problems and preventive health services of adolescence. *Turk Health Liter J*, 2(1), 52-66.

WHO. (2023). *Suicide*. Retrieved April 4, 2024, from <u>https://www.who.</u> int/news-room/fact-sheets/detail/suicide

Yeniay, D., & Çetinkaya N. K. (2022). Failed suicide attempt by hanging by a 13-year-old boy. *Çukurova Med J*, 47(1), 468-470.

Yöntem, A., Yıldızdaş, D., Horoz, Ö., Ekinci, F., Mısırlıoğlu, M., Bilen, S., & Yılmaz, H. L. (2021). Evaluation of poisoning cases followed in our pediatric intensive care unit. *Pediatr Emergen Intensive Care J*, 8: 88-92.