**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RN Action Plan: Mood**

|  |
| --- |
| **Target Problem Area:** |
| **Why Problem May Occur:** |
| **Target Goal(s):** |

**STRATEGIES**

**Coping**

|  |
| --- |
| **DO:** |
| * Try something nice for yourself (read, garden, listen to music, etc.). Write down/record how it makes you feel. |
| * Control your pain (taking over the counter pain medicine, exercise, etc.) |
| * Tell your healthcare provider if you have been feeling down, depressed, or hopeless |
| * Express your feelings |
| * (Other): |
| * (Other): |

**Prevention**

|  |
| --- |
| **DO:** |
| * Prayer/mediation |
| * Social activities (like going to church or volunteering) |
| * Exercise (like walking or yoga) |
| * Activities (like adult coloring or puzzle books) |
| * Talk or write about your feelings |
| * Ask your healthcare provider about medications to cope with feelings of sadness or pain |
| * Maintain daily routines |
| * (Other): |
| * (Other): |

**PRACTICE**

Based on what we have talked about, you are willing to try:

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If an idea does not work the first time, try it again (and again).

We may make some changes over the next few sessions, based on how they work.

Registered Nurse Date