**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