

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Sydney Auen

Date: 9/19/23

Patient's Initials: KL

Age: 25

Sex: Female

Psychiatric Diagnosis(es): Major depression, recurrent, severe without psychotic features (per pt, "depression, bipolar, anxiety, PTSD, and ADHD)

Pathophysiology of the main Psychiatric Diagnosis:

- characterized by persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities
- caused from a depletion of the neurotransmitters serotonin, norepinephrine or dopamine in the central nervous system

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Clonidine -Antihypertensive/acting alpha agonist -stimulating the pre-synaptic alpha 2 adrenoceptors, thereby decreasing noradrenaline release from both central and peripheral sympathetic nerve terminals	ADHD	-drowsiness -fatigue -hypotension -lethargy -sedated state -headache -upper abdominal pain	- Monitor blood pressure and pulse rate frequently -Monitor glucose level -Serum toxicity screen if specific drug level is desired

<p>Amphetamine -central nervous system stimulant -increase amounts of dopamine, norepinephrine, and serotonin in the synaptic cleft</p>	<p>ADHD</p>	<p>-loss of appetite -weight loss -dry mouth -stomach upset/pain -nausea/vomiting -dizziness -headache -diarrhea -fever -nervousness</p>	<p>-Avoid in patients with known heart problems -Instruct to report SE of skin problems, prolonged HA, sleep loss, ect.</p>
<p>Clonazepam -benzodiazepine -increase the levels of a calming chemical in your brain called gamma-aminobutyric acid (GABA)</p>	<p>Depression</p>	<p>-drowsiness -dizziness -unsteadiness -problems with coordination -difficulty thinking or remembering -increased saliva -muscle or joint pain -frequent urination</p>	<p>-Use during pregnancy may cause adverse effects in the fetus and it is secreted in breast milk -Do not stop abruptly -Teach for short term use only</p>

Mental Status Exam:

Document subjective & objective data

1. Personal

-25 yo/Female

-single, recently divorced

-stay at home mom, was living with ex boyfriend prior to admission

2. Appearance

-pajama pants on with two different slides slides and fuzzy socks

-hair washed and brushed nicely

-laughing throughout the day

-per patient "I lost a lot of weight" "I try to eat at least 1 meal a day"

-Multiple tattoos on both arms, 2 of the tattoos has children's name

3. Behavior

-good eye contact, looked at me through conversation

-no abnormal body or facial movements

4. Speech

-normal rate

-normal volume

-no disturbances in speech

5. Mood

-appropriate mood and affect

-verbally expressed suicide attempt from being depressed, "I had a plan to jump off a bridge and I drive myself there and decided not to" and "I took my extra pills and OD on them"

6. Disorders of the Form of Thought

-normalized form of thought

7. Perceptual Disturbances

-no hallucinations or illusions

-she said she had thoughts, "not voices, just thoughts" or killing herself prior to admission

8. Cognition

-alert and oriented to time, place, and person

-normal memory besides stated, "I don't remember what happened after I took the pills and my sister called me. I woke up 13 hours later in the hospital"

9. Ideas of harming Self or Others

-no current thoughts of suicide

-suicide attempt 10 days ago by OD

-stated "I tried to kill myself twice within that week, the first time I had a plan to jump off a bridge and once I drove myself there I backed out and drove myself to Meadow Wood. Once I was released there less that 48 hours later I tried to OD on adderall and clonidine"

Problem #1: Risk for suicide

Patient Goals:

1. KL will remain safe from suicide or self-injury during my time of care.

2. KL will identify factors contributing to thoughts of suicide prior to discharge.

Assessments:

- Assess for suicide plan on admission, assess use of drugs or alcohol on admission, assess suicidal ideations daily, assess mood daily, assess nonverbal cues daily

Interventions:

1. Promote safety with suicide precautions on admission.
2. Establish rapport with patient on admission.
3. Encourage use of coping mechanisms during stressful periods.
4. Teach to identify triggers of suicidal ideations.
5. Encourage participation in group therapy sessions daily.
6. Administer clonazepam as ordered.

Problem #2: Ineffective coping

Patient Goals:

1. KL will demonstrate appropriate coping mechanisms prior to discharge.
2. KL will express confidence in handling their stressors and when to ask for help prior to discharge.

Assessments:

- Assess for individual stressors daily, assess current coping mechanisms on admission, assess support system on admission, assess perception of situation daily

Interventions (In priority order):

1. Use therapeutic communication when having conversations.
2. Refer to counseling or support groups on admission.
3. Encourage rest as well as exercise daily.
4. Teach different coping mechanisms on admission.
5. Teach to identify behaviors that occur with heightened anxiety or depression when they occur.
6. Encourage participation in social activities during my time of care.

Patient Teaching

List 2 teaching topics that you taught a client. Were they appropriate for this client, and why?

1. Teach the importance of a strong support system: appropriate because she only has her dad and her three younger children.

2. Teach to maintain a positive attitude and believe in self: important because she wants to believe she can continue this life on earth.

Growth & Development

1. Discuss norms of growth and development, including development stage.
 - Has normal language and mechanical development. Uses language at the stage of a young adult and is able to move as a young adult.
 - Psychosocial development is still occurring, this is normal
2. Discuss any deviations of growth and development and the developmental stage.
 - This is when there is differentiation of self from nuclear family to family one has created. There is a deviation here because she does not have anyone anymore besides her 3 kids (3 fathers are not present in life) and nuclear dad.
 - non achievement of this stage leads to aloneness, withdrawal and social isolation which is present in her situation
 - no career is established

Self-Evaluation: Answer each of the following questions.

1. What is your personal perception of your performance during your clinical day? What did you do well? What could you have done better? Give specific examples.

-My personal perception of my performance during my clinical day was very well. I was able to communicate with many of the patients and learn their stories.

-I think I jumped in to talking to them well. I was able to talk to many different patients and learn a lot about them.

-Tomorrow I want to work on asking more questions and getting a deeper understanding of their situation.

2. Give an example of one of the challenges you faced today. What did you do to overcome it?

-One challenge I faced today was keeping my personal life out of the conversation. Discussions flow better to me if it is 2 sided and I was trying to focus the conversation on just the patient. To overcome it I was able to ask questions to keep the conversation focused on them.