

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Sam Roberts Date: 09/19/2023

Patient's Initials: AM Age: 20 Sex: F

Psychiatric Diagnosis(es): Depression, suicidal ideation

Pathophysiology of the main Psychiatric Diagnosis:

the risk of suicide, is usually indicated by suicidal ideation or intent, especially as evident in the presence of a well-elaborated suicidal plan or the carry out of that plan.

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Lithium, Mood stabilizer	Used to help treat bipolar disorder, stabilizers depression and mania	Fine hand tremors, weight gain, polyuria, and nausea. Could have potential for toxicity	Monitor blood levels, encourage consistent water and sodium intake. Monitor for s/sx of toxicity(ataxia, larger amounts of dilute urine, seizures, coarse hand tremors, hypotension, and cardiac dysrhythmias
Sertraline, Antidepressant, SSRI	Increases serotonin levels in the brain	Insomnia, sexual dysfunction, and GI disturbances	Monitor for suicidal thoughts, teach about no discontinuing medication abruptly- needs to be tapered.
OLANzapine, Atypical second gen antipsychotic		Risk of metabolic syndrome- increased weight, increased blood glucose, increased triglyceride levels, and insulin resistance	Monitory for EPS (dystonic reaction, akathisia, parkinsonism, and tardive dyskinesia) Monitor for seizures, teach about avoiding alcohol while on medication, monitor HR and BP if needed.

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Mental Status Exam:

Document subjective & objective data

1. Appearance - Messy hair covering eyes at times, fairly well groomed
2. Behavior – normal eye contact
3. Speech - Slow at times
4. Mood – “ I’m very sad and depressed” “I feel like no one cares about me” when asked how she felt today she mentioned, sad, depressed, not good enough.
5. Disorders of the Form of Thought- Coherent, no hallucinations or delluisions
6. Perceptual Disturbances -
7. Cognition Alert and orientated x4, was very aware of illness “ Ive been this way for as long as I can remember” “ Im angry all the time and need to learn how to control it”, “ I just black out sometimes and don’t remember what happened”, Memory is WNL
8. Ideas of harming Self or Others - tried to commit suicide night before by tying a sheet around her neck, still feels as though she would “Be better off gone.”

Problem #1: Risk for suicide

Patient Goals:

1. AM will have open communication about feelings/thoughts of suicide during my time of care
2. AM will interact/participate in group therapy to help with coping in a healthy way during my time of care

Assessments:

- Assess for suicidal ideation q shift, monitor for s/sx of any suicide behaviors q4hours, assess for any triggers that may increase suicidal thoughts q shift, assess for any safety precautions that may be needed during my time of care, assess for problems with decision making q shift,

Interventions (In priority order):

1. Ensure AM is with a 1:1 always during my time of care
2. Provide a safe environment during my time of care
3. Establish a therapeutic relationship during my time of care
4. Provide active listening when AM wants to share how she is feeling during my time of care
5. Administer Lithium 300mg PO as ordered
6. Encourage healthy ways of coping with feelings during my time of care

Problem #2: Chronic low self-esteem

Patient Goals:

1. AM will verbalize something positive about herself during my time of care

2. AM will recognize at least one coping mechanism during a time of low self-esteem during my time of care

Assessments:

- Assess for negative behaviors towards q shift, asses for triggers towards low self-esteem q shift,
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Interventions (In priority order):

7. Provide education on how to manage self esteem issues q shift
8. Establish therapeutic communication during my time of care
9. Provide a non judgmental environment during my time of care
10. Encourage AM to state 2 positive things about herself during my time of care
11. Provide a environment that makes AM feel safe about sharing self esteem issues q shift
12. Educate on activities and coping mechanism AM can use when feeling down about self q shift

Patient Teaching

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

1. To remember that you are good enough, yea this was appropriate because she does not feel good enough about herself.

2. Talking to someone and not being afraid that she will be judged on things she has decided to do with her life, yes it was appropriate because she has shame and has stated “ I know it is selfish”

Growth & Development

1. Discuss norms of growth and development, including development stage.

Late Adolescent: 20years old

Emotional and physical separation from parents is beginning, forming stable relationships with others, anger is becoming more concealed, suicidal ideation is more prevalent so its important to assess for thoughts of suicide, more consistency of emotions, an increase in self-esteem. Normally a 20-year-old is starting college, and relationships and has dreams for what they envision in 5 years.

2. Discuss any deviations of growth and development and the developmental stage.

For AM, I feel like she has a lot of deviations, at a young age she experienced the loss of a close friend, found her mother after an overdose, father committed suicide, has been involved with drug and alcohol abuse, involved in a gang, has a history of mental health issues and history of mental health in the family (schizophrenia), she admitted to having Asperger's and being diagnosed with having the mental age of a 14 year old.

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.

I thought the clinical day went well today, I think that I did well establishing a rapport and having therapeutic communication. I provided my patient with active listening and allowed for her to share everything that is going through and has gone through. I believe she felt good sharing with me, she even mentioned that "she liked talking to me." I think one thing I could have done better was maybe spent less 1:1 time with her and got to know some of the others as well, but I believed that she needed me to just be there for her and listen to her talk.

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

I think one challenge I faced today was, just trying to stay emotionally stable. While she was sharing some of her story had to keep myself from getting emotional for her. It has not been an easy road for her, and it just makes me sad that she has to go through it alone, and with two little kids. I overcame it by reminding myself that she was there getting the help that she needs, and that as long as she wants the help, she will continue to take the medication and continue to make her life better, not only for herself but for her children as well.