

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Katie Stahre Date: 9/19-9/20

Patient's Initials: D.R Age: 64 Sex: Female

Psychiatric Diagnosis(es): Major Depressive Disorder recurrent, anxiety disorder

Pathophysiology of the main Psychiatric Diagnosis:

Suicide Ideation with a plan to overdose on pills. Chief complaint: "I am feeling very depressed and having thoughts to hurt myself." Feelings of hopelessness, helplessness, worthlessness, and signs of anhedonia. Hx of hypertension, chronic pain, stroke, and brain surgery in 2020. Limited movement on left side. Wears a brace on left leg and sling on left arm. Recently married in June to a man she met online. States he verbally/physically abused her and is what triggered her suicide ideation.

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Gabapentin 300mg/day (Anticonvulsant) Reduces the excitability of nerve cells in the brain, changing the way the body senses pain.	Used to treat her sciatic nerve pain.	Fatigue, dizziness, headache, n/v, fever, difficulty speaking, recurring infections, memory loss	Educate to not consume alcohol, do not abruptly stop taking gabapentin, avoid driving, educate on adverse effects that include infections that need to be reported to PCP.
Oxycodone 7.5-325mg/day (Analgesic opioid) Acts on CNS of the brain by suppressing pain signaling.	Used to treat severe chronic pain.	Hypotension, constipation, drowsy, syncope, dizziness, n/v, general weakness	Avoid alcohol, breathing problems, kidney/liver disease, substance abuse, do not drink/eat grapefruit, avoid operating a vehicle.
Valium (Benzodiazepine) 2mg/day	Used to treat anxiety, muscle spasms, and	Sedation, muscle weakness, drowsy, dizziness, ataxia,	Monitor RR and BP/HR, monitor for substance abuse, educate to not consume

Facilitates activity of GABA neurotransmitter that reduces anxiety,	sometimes sedation.	slurred speech, CNS depression	alcohol and avoid driving.
Mirtazapine 45mg/day (Antidepressant) Increases serotonin and norepinephrine neurotransmitters in the brain.	Used to treat Depression	Xerostomia, constipation, drowsy, dizziness, general weakness, weight gain, increased appetite.	Educate to suck on hard candy or gum for dry mouth, take doses regularly, avoid alcohol, make sure to review all drugs with PCP especially other anti-depressants.

Mental Status Exam:

Document subjective & objective data

1. Appearance /personal info

64-year-old Female, recently married in June but has current PFA against her husband, Religious (Christianity) States “I read my bible several times a day and pray multiple times a day for myself and people in here.” African American, used to work as a medical biller but has been on disability since 2020. Lived with her husband but plans are to live with her daughter following discharge. Well groomed, looks of age, hair well kept in braids. Pupils dilated, flat expression with moments of simple smile, wears brace on left leg and sling on left arm.

2. Behavior

Stayed in neutral position with legs crossed, maintained good eye contact. Anxious but cooperative with questions and willingness to answer.

3. Speech

Soft and slow. Stuttering in speech when talking about the past. (tearful)

4. Mood

Mood a little labile. Would state with tears in eyes “I was going to harm myself with everything I’ve been through” but then states, “God kept me here for a reason and I am meant to figure it out.” Mood would be sad at times then happy with the fact she is here and moving on.

5. Disorders of the Form of Thought

Thought process organized and coherent. Recalled information from the past, stated “I had a stroke in 2020 which caused me to lose feeling in my left side.”

6. Perceptual Disturbances

No stated hallucinations or illusions. Was keeping on track of conversation with no disturbances or distractions.

7. Cognition

Oriented to person, place, and time. Alert and able to recall memories from the past. "Stated I got married in June and then my husband began verbally/physically abusing me." Attention appropriate would laugh at another patient and then come right back to topic without redirection. Has insight on their condition stated, "I knew I was becoming depressed and wanted to hurt myself, so I decided to get help."

8. Ideas of harming Self or Others

History of suicide ideation stated, "I was thinking about hurting myself in the past but then I realized God has me here for a reason especially after my stroke." Previous suicide plan was to overdose on pills.

Problem #1: Risk for Suicide

Patient Goals:

1. Pt will identify stressors/ factors that cause them to think of suicide by the end of my care.
2. Pt will establish safety plan and coping strategies when feeling suicide ideation by the end of my care.

Assessments:

- Assess alcohol/substance abuse, hx of suicide/ideations, assess support system, assess for a plan/resource to follow through with it, assess coping skills, assess feelings of hopelessness/despair, assess physical illness.

Interventions (In priority order):

1. Implement Suicide precautions prn during my time of care.
2. Establish rapport at all times during my time of care.
3. Educate the pt and family on risk factors, warning signs, and resources of suicide during my time of care.
4. Assist pt with learning coping skills to prevent suicide ideation during my time of care.
5. Administer Mirtazapine PO 45mg/day during my time of care.

6. Administer Valium 2mg/day prn during my time of care.

Problem #2: Impaired physical mobility

Patient Goals:

1. Pt performs basic ADL independently or within limits by the end of my time of care.
2. Pt uses safety measures to minimize injury by the end of my time of care.

Assessments:

- Assess level of mobility, assess ADL and how they perform them, assess barriers to mobility, assess for type of assistance pt needs, assess safety measures.

Interventions (In priority order):

7. Implement safety precautions and care to help the pt perform ADL during my time of care.
8. Educate the pt on safety measures to take with their disability to reduce risk of injury during my time of care.
9. Plan for a home modification/ resource needed for pts disability during my time of care.
10. Encourage training exercises to promote mobility during my time of care.
11. Administer Gabapentin 300mg/day during my time of care.
12. Administer oxycodone 7.5-325mg prn 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. Educated pt on ways to cope with depression when they are feeling sad/down. Ex: Reading bible, listening to sermon, spending time with daughter.
2. Educated pt on the resources they had when they feel triggered and have suicide ideation.

Growth & Development

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

Developmental stage: End of middle adult approaching Late Adult.

Virtue is care and wisdom which is exactly what the pt portrays. She cares about her family and all the patients in the facility. Shows wisdom through spirituality and the means of her existence. Physical mobility can tend to be impaired, in her case she is getting older and has suffered a stroke causing her mobility to decline. Values the meaning of her life and the reason she is here.

She would talk about her purpose in life and how she cares about the youth which is a big characteristic of the late adult.

2. Discuss any deviations of growth and development and the developmental stage. Physical mobility is more limited due to her stroke in 2020. She has recently got out of an abusive marriage that started in June. Most people by this age have been married long-term however this can differ in many different areas and isn't considered so much as a deviation but different path in life.

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 today was overall good. I thought I engaged with several different pts instead of just focusing on one, so I was able to hear a bunch of pts stories and things they struggle with. I was able to build rapport with all the pts I spoke with and get some key information that could help me build a mental status exam and formulate patient problems. I think I could have done better by interacting with the pts faster which is a goal of mine tomorrow!

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

One of the challenges I faced today was when I was talking to a pt about his support system I saw another pt get upset and shake their head as if they were upset because they didn't have a support system. After seeing this I finished up my conversation with the first patient and decided to talk to the other patient in order for her to feel she matters as well and that she does have support even if it is not their family.