Dover Behavioral Health
Clinical Assignment
2023

Student Name: Sydney Auen Date: 09/20/2023

Patient's Initials: MM Age: 30 Sex: M

Psychiatric Diagnosis(es): major depression, per patient "ADHD, PTSD, and anxiety"
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 a depletion of the neurotransmitters serotonin, norepinephrine or dopamine in the central nervous system

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Amphetamine -central nervous system stimulant -increase amounts of dopamine, norepinephrine, and serotonin in the synaptic cleft	ADHD	-loss of appetite -weight loss -dry mouth -stomach upset/pain -nausea/vomiting -dizziness -headache -diarrhea -fever -nervousness	-Avoid in patients with known heart problems -Instruct to report SE of skin problems, prolonged HA, sleep loss, ect.
Oxcarbazepine -anticonvulsant -blockade of voltage-sensitive sodium channels, resulting in stabilisation of hyperexcited neural membranes, inhibition of repetitive neuronal firing, and diminishment of propagation of synaptic impulses	Mood stabilizer	-sedation -dizziness -abnormal gait -headache -ataxia -fatigue -confusion -nausea -vomiting -abdominal pain -rash	-Monitor serum sodium concentrations -Observe for confusion and agitation in older people -Observe for changes in mental state -Observe for allergic reactions such as rashes, purpura

Fluvoxamine -SSRI -increase the activity of a chemical called serotonin in the brain	Depression	-headache -nausea -diarrhea -dry mouth -dizziness -increased sweating -feeling nervous -restless -fatigued -trouble sleeping	-arrange for lower or less frequent doses in elderly patients and patients with hepatic or renal impairment -BLACK BOX WARNING: Establish suicide precautions for severely depressed patients -administer drug in the morning
Buspirone -anxiolytic -suppress serotonergic activity while enhancing dopaminergic and noradrenergic cell firing	Anxiety	-dizziness -drowsiness -headache -nausea -nervousness -lightheadedness -restlessness -blurred vision -tiredness -trouble sleeping	-monitor for therapeutic effectiveness. Desired response may begin within 7–10 d; however, optimal results take 3–4 wk -reinforce the importance of continuing treatment to patient -Benzodiazepines or sedative-hypnotic drugs are withdrawn gradually before buspirone therapy is started -observe patient for rebound symptoms, which may occur over varying time periods during first phase of treatment

Mental Status Exam:
Document subjective & objective data

1. Appearance
-30 y/o male
-married, wife and 3 girls
-stay at home dad, living with wife and kids
2. Behavior
-clean jeans and clean shirt
-well groomed
-small infinity sign tattoo on right wrist
-well nourished, per patient "I haven't been liking the food here"
3. Speech
-good eye contact, looked at me throughout conversation while sitting next to me
-moved hands while talking, very animated in conversation
-no abnormal body or facial movements
4. Mood
-normal rate and volume
-no disturbances in speech
5. Disorders of the Form of Thought
-normalized form of thought
6. Perceptual Disturbances
-no hallucinations of illusions
-stated, "I don't hear any voices or see anything"
7. Cognition
-well aware of illness
-stated "I brought myself here because I know I need help. I stopped taking all of my medications and I think that is what led me here"
-alert and oriented x 4
-stated "I remember all of it, I was fighting with my wife when I made the noose and sat on the ball waiting for her to see me"
8. Ideas of harming Self or Others
-no current suicidal ideations
-suicide ideation and aborted attempt 5 days ago
-stated, "I didn't really want to die, I just wanted to make a point"
-stated "I was in the same house as my wife while I made the noose and wrapped it around my neck and she didn't even notice. I felt hopeless and unheard."

Problem #1: Risk for suicide
Patient Goals:

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

2. MM 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 by active listening and maintaining eye contact on admission.
3. Encourage use of preferred coping mechanisms during stressful periods.
4. Teach to identify triggers of suicidal ideations.
5. Encourage participation in group therapy sessions daily.
6. Administer fluvoxamine as ordered.

Problem #2: Ineffective coping

Patient Goals:

1. MM will demonstrate appropriate 3 coping mechanisms prior to discharge.

2. MM 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 (ie. Reflecting and active listening) 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. Taught the importance of loving self first: important because he has a wife and 3 kids to care for as well which are his motives to be better.

2. Taught the importance of receiving outpatient therapy and treatment: important because he stopped taking his medications and did not have a therapist.

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 transitioning into a middle adult and is able to move as a young adult this is transitioning to a middle adult.
-Psychosocial development is still occurring, this is normal
-This is when there is differentiation of self from nuclear family to family one has created. This has occurred as he lives with his wife and 3 daughters.

2. Discuss any deviations of growth and development and the developmental stage.
-no career is established
-non achievement of this stage leads to aloneness, withdrawal and social isolation which is present in this situation

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 the patients right when we walked into the building all the way until we left the unit. I was a lot more comfortable for today and I felt prepared to learn about everyone. I had deeper conversations with four people and small talk with almost every other patient on the unit.
-Something I could have done better is trying to do more in activity therapy so everyone else at my table would have wanted to do the activity as well.

2. Give an example of one of the challenges you faced today. What did you do to overcome it?
-One challenge today was asking a patient why she was here and she began crying. I proposed a walk and we walked the halls to get away from the group so she was able to get her emotions out without feeling too vulnerable.