

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Katie Stahre Date:9/20/23

Patient's Initials: R.H Age: 43 Sex: Male

Psychiatric Diagnosis(es): Depression

Pt is 43 years old and went to the hospital stating, "I want to hurt myself because me and my fiancé are arguing." He had a plan of jumping off a bridge or taking pills to cause an OD. He was then transported to Dover Behavioral. Pt has a hx of asthma, HTN, and a MI in 2017.

Pathophysiology of the main Psychiatric Diagnosis:

Decreased brain activity in the hippocampus due to the reduction of grey matter volume results in reduced functional activity leading to negative emotions and the inability of cognitive processing. Depression causes the loss of grey matter volume that contains most neurons and nerve cells which results in pts having cognitive impairments and emotional fluctuations.

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Lexapro (Antidepressant) Increases the serotonin concentration and enhances the actions of serotonin between nerve cells.	Used to treat depression and anxiety.	Sexual dysfunction Xerostomia Drowsiness Dizziness Insomnia Fatigue	Educate to not abruptly stop and take every day, avoid alcohol, use gum or hard candy to help with dry mouth, do not take MAOI (consult doctor with other medications), assess increased energy levels and suicide ideation.
N/A			

N/A			
N/A			
N/A			

Mental Status Exam:

Document subjective & objective data

1. Appearance/ personal information

Pt is a white male 43 years old. He has been with his fiancé for 12 years. He has two children, one step and one biological. States “I built houses in the past but now work in meat department at food lion.” Lives with his fiancé and son. Has hx of asthma, htn, and MI in 2017. States “I have been in and out of jail between the ages 17-27 due to violence.” Pt is well-groomed and looks of age. Hygiene fair, missing all top teeth. Facial expressions seem irritated and regretful. States “I do not belong here.” Has tattoos on both arms and legs.

2. Behavior

Pt seemed anxious moving positions a lot and putting his hands to his face and rubbing his eyes. Maintained eye contact well, would talk while staring at hands then look up and make eye contact.

3. Speech

Speech normal with regular rate and tone.

4. Mood

Pt seemed irritated and anxious. Stated “I called my fiancé this morning and she said she would think about working on things, I hope she does.” Also states “I do not do well in groups and hate sharing my feelings.”

5. Disorders of the Form of Thought

Thought process is coherent with some flight of ideas, jumping from one topic to another. Would talk about his children/fiancé then go on about how he doesn't belong here. No delusions or illusions.

6. Perceptual Disturbances

No hallucinations or illusions present/stated.

7. Cognition

Pt alert x4, memory is appropriate and can remember things from past, stated "When I was a kid my mom's boyfriend put a knife to my neck and beat him up." Attentive and rarely gets distracted, in denial of condition states "I do not belong here, this place is making me crazy." Wants to fix things with his fiancé and work on his impulsive behavior."

8. Ideas of harming Self or Others

Pt on admission to hospital stated, "I want to hurt myself", stated "I was going to jump off bridge, but my friend stopped me, I did 1.5g of coke to blow my heart out." Denies any suicide ideation as of today and says, "I wanted to get her attention."

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 time of care.
2. The Pt will establish safety plan and coping strategies when feeling suicide ideation by the end of my time of care.

Assessments:

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

Interventions (In priority order):

1. Implement suicide precautions prn during my time of care.

2. Establish rapport by always setting calm one on one environment with pt 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. Educate pt on factors that drugs and alcohol have on depression during my time of care.
6. Administer Lexapro PO daily during my time of care.

Problem #2: Ineffective coping

Patient Goals:

1. Pt will identify their disruptive behaviors and how it prevents them from coping during my time of care.
2. Pt will verbalize appropriate coping strategies and resources during my time of care.

Assessments:

- Assess stressors, assess nonverbal signs of stress, assess present coping skills, assess support system/resources, assess insight/perception on disorder, assess will to change.

Interventions (In priority order):

7. Use therapeutic communication by actively listening and reflecting on what the pt is saying during my time of care.
8. Educate pt on their disorder during my time of care.
9. Establish goals for their recovery with the pt during my time of care.
10. Provide stress relieving and relaxation exercises like music therapy during my time of care.
11. Educate pt on resources and outpatient services during my time of care.
12. Encourage rest as well as exercise 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 the pt on importance of forming coping techniques to prevent suicide ideation and enhance recovery. This is appropriate because the pt wants to work on his impulsive behavior that causes arguments with him and his fiancé. Using these coping techniques can enhance their relationship and prevent future arguments.

2. Educated the pt on the importance of participation. This is important because the pt is in denial about his condition and does not want to participate in activities. Educating him on the benefits can help him reach recovery and build his relationships with his kids and fiancé.

Growth & Development

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

My pt is in the middle adult category. Normal characteristics of this stage include their virtue care and importance of work and building a family. Generativity vs. stagnation which is important for my pt because he wants to grow with his family and fiancé rather than being in a stand still which is why building coping skills will allow him to reach this stage in development.

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

My pt is still trying to form coping skills in this stage. Failure to create them results in stagnation which can cause a deviation. During this stage most people are focusing on their families outside of the nuclear family setting and creating the skills in order to develop. My pt has reached a stagnation in its development which is the current deviation in his growth.

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.

Today in clinical I reached my goal of interacting with the patients right away and forming conversations. I think I could have done better by having conversations with a few different patients I was unsure of talking to because I was afraid of setting them off or making them uncomfortable.

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 speaking with one patient, another patient interrupted and was trying to get my attention. I calmly told them I was speaking to one of their peers and I would talk to them after I was done.