Dover Behavioral Health
Clinical Assignment
2023

Student Name: Sam Roberts Date:09/20/2023

Patient's Initials: MB Age: 57 Sex: M

Psychiatric Diagnosis(es): _Schizophrenia, suicidal ideation

Pathophysiology of the main Psychiatric Diagnosis:
Schizophrenia is known to result from abnormalities in certain neurotransmitters such as dopamine (excessive amounts), serotonin, and glutamate. The neurotransmitters allow nerve cells in the brain to send messages to each other. An imbalance of those chemicals can affect the way one may react to stimuli- which explains why someone with schizophrenia may get overwhelmed by sensory information. Even though the exact cause of this mental illness is exactly well known, it is known that it is caused from different pathways in the brain function. The ventricles in the temporal lobe of the brain are shown to be enlarged and temporal lobe tissue is diminished. Also, if there is a family history of schizophrenia that can put a person at a higher risk of having the illness.

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Amitriptyline, Antidepressant	Used to treat moods such as depression. Helps improve mood. Works by balancing serotonin in the brain	Drowsiness, dizziness, dry mouth, blurred vision, weight gain, insomnia, and GI disturbances.	Monitor for suicidal thoughts, teach about not discontinuing medication abruptly… needs to be tapered.
Quetiaopine (Seroquel), antipsychotic	Used to treat schizophrenia, bipolar, and depression. Balances levels of dopamine and serotonin in the brain.	GI disturbances, drowsiness, weight gain, blurred vision, dry mouth, and tiredness.	Avoid alcohol while taking, monitor for suicidal ideation, monitor for s/sx of dehydration

Mental Status Exam:

Document subjective & objective data

1. Appearance – 57-year-old single male, face dry and peeling, long grey beard unkept, wearing shirt that said "The best dad" on the front (He is not a dad), the shirt had dry skin from face on front, and baggy gray sweatpants with stains on the back. Homemade tattoos covering both arms, facial expression was serious, did not smile often

2. Behavior - Would make eye contact briefly, has tardive dyskinesia which made tongue movement consistent. Normal gait and calm demeanor. Would engage in conversation with others around him.

3. Speech - Normal speech pattern, because talkative the more he was included in conversation, especially when it was something he was into (music).

4. Mood – At first mood was withdrawn and flat, did mention in morning meeting "I feel tired, and just want my medications." As the day went on, he would engage in more conversations around him, stated "Who is my social worker? Yesterday when they asked if I wanted to talk to them, I said no. I do not need their help" Feels like he can take care of everything on his own. Was extremely interested in talking about his favorite music and scary movies that he enjoys. When in group activity he did not want to participate "This is stupid" he would say, and rather talk about what he listened to in the 80's.

5. Disorders of the Form of Thought - Coherent, would obsess a little over talking about he took 4 bottles of pills and overdosed, also that he is from Chicago and hates Delaware.

6. Perceptual Disturbances – No s/sx of hallucinations

7. Cognition – Alert and oriented x4, aware of where he was and why, but could not understand why he was still there and could not leave. Memory was good and had no issues recalling things from the past. Was not accepting of illness diagnosis stated, "I was diagnosed with schizophrenia in the past, but I know that I do not have that."

8. Ideas of harming Self or Others – Attempted suicide, took 4 bottles of Seroquel and amitriptyline. Has not mentioned having any more thoughts about suicide but should continue monitoring for ideations.

Problem #1: Risk for suicide
Patient Goals:

1. MB will have open communication about feelings/thoughts of suicide during my time of care
2. MB 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 needed during my time of care

Interventions (In priority order):

1. Provide a safe environment, removing strings on shoes, any kind of wires, or sharp objects during my time of care
2. Establish a therapeutic relationship, providing respect and honesty during my time of care
3. Provide active listening when MB wants to share how he is feeling during my time of care
4. Administer Seroquel PO as ordered
5. Administer Amitriptyline PO as ordered
6. Encourage healthy ways of coping with feelings, through journaling, being open to a different genre of music, and sharing more in group during my time of care

Problem #2: Ineffective coping

Patient Goals:

1. MB will verbalize appropriate coping strategies and resources to prevent ineffective coping during my time of care
2. MB will express stressors/triggers and ask for help when feeling down during my time of care

Assessments:

- Assess for stressors during my time of care, monitor for any s/sx of stress during my time of care, assess for MB support system during my time of care,

  _____

Interventions (In priority order):

7. Establish a therapeutic relationship, providing respect and honesty during my time of care
8. Provide a stress-free environment, avoid things that may trigger MB during my time of care
9. Encourage support groups or seeing a therapist q shift
10. Encourage healthy coping mechanisms, such as mediation, yoga, deep breathing during my time of care
11. Encourage participating in group activities and meetings during my time of care
12. Administer Amitriptyline as ordered

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

1. Educated MB, that once he is discharged to find a peer person, it was appropriate because he seems like he distances himself from others and enjoys being alone. I noticed that when someone would talk about something he was interested in he would join in on the conversation.

2. I'm not sure if this is really a teaching topic, but I did encourage MB to save his papers from group activity and go back to it later and see if he could think of something to fill into the blanks. I believe it was appropriate because, even though he said it was stupid I think maybe if he went back at a later time and looked at the paper it would become a positive thing for him, to add how he felt about the topic.

Growth & Development
1. Discuss norms of growth and development, including development stage.

Middle adult- 30-65years old
Achieve life goals, established self and welfare. Physical changes vary from person to person, depending on lifestyle, diet, exercise, rest, and overall health problems. May feel bored and dissatisfied with the way their life has developed. May have some uncertainty of what the future holds.
Achievement: sense of gratification from personal and professional achievements
May show responsibility for leaving the world a better place in which to live

Non-achievement: Lack of concern or welfare for others, preoccupied with self

Withdrawn, isolated, has no capacity to give self to others

2. Discuss any deviations of growth and development and the developmental stage.
For MB, I would say he has some deviations. He has become withdrawn from reality. He does not have a family, lives in a tractor trailer and enjoys being alone. He does have a job and is proud of having his own truck for delivering steaks. Likes to travel from state to state.

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.

The clinical day went well, I provided all the patients I talked to with active listening and a therapeutic rapport. I allowed them the opportunity to share what they wanted. I think one thing I could have done better would be encourage MB to participate a little more during the group activity, but I did allow for him to talk about the music he likes and things he remembered from the 80's. It's hard to push someone to do something they do not want to do.

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

One challenged I faced today would be moving onto another patient to talk to, I almost felt obligated to sit next to my patient from yesterday and listen to her again, she wanted to talk more about how she was feeling and stated "you left me" when I moved next to another patient. I think I overcame it well, I just reminded her that I would was getting to know everyone and would be back to talk to her soon.