

Dover Behavioral Health  
Clinical Assignment  
2023

Student Name: Emily Rudis Date: 9/26/23

Patient's Initials: LW Age: 23 Sex: F

Psychiatric Diagnosis(es): Major Depressive Disorder / Suicidal Ideation

Pathophysiology of the main Psychiatric Diagnosis:

Decreased levels of serotonin/dopamine/norepinephrine

Depressed mood + anhedonia for at least 2 weeks, change in weight, insomnia/hypersomnia, psychomotor agitation/retardation, fatigue, anergia, feeling of worthlessness/guilt, decreased concentration, indecisiveness, recurrent thoughts of death/suicide

**Medications**

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
<b>Seroquel</b> Atypical Antipsychotic  Balances levels of dopamine & serotonin in the brain	Used to tx sx of schizophrenia, bipolar disorder, depression	Metabolic syndrome, photosensitivity, orthostatic hypotension	Monitor blood glucose, A1C, weight, teach about SPF & changing positions slowly, takes 1-2 weeks to work
<b>Buspar</b> Atypical Anxiolytic  Balances levels of dopamine & serotonin in the brain	Used to tx anxiety	Dizziness, lightheadedness, nausea, blurred vision, palpitations	May take week or so to work, dependency unlikely, must take on regular basis, long term tx, adverse rxn = serotonin syndrome
<b>Lexapro</b> SSRI  Prevent the reuptake of serotonin from the synaptic space	Used to tx depression & anxiety (GAD)	Sexual dysfunction, CNS stimulation (insomnia, agitation, anxiety), GI disturbance, weight loss then weight gain	Avoid etoh, monitor suicidal ideation with onset of tx, take in am, avoid caffeine, taper dose, do not take with MAOI/St. John's wort, adverse rxn = withdrawal/serotonin syndrome
<b>Prazosin</b> AntiHTN	Used to tx high blood pressure & urinary retention	Dizziness, HA, drowsiness, anergia, weakness,	Be alert for changes in mood/signs of mental depression, monitor BP,

Relaxes blood vessels causing vasodilation so blood can flow more easily through the body		palpitations, nausea, orthostatic hypotension	assess peripheral edema, minimize orthostatic hypotension by changing position slowly
<b>Keflex</b> ABX  Inhibits the synthesis of peptidoglycan, disrupting the formation of the bacterial cell wall	Used to tx wide variety of bacterial infections	Abd pain, n/v/d, fatigue, vaginal irritation, seizures, ABX resistant infections, higher risk of bleeding	Ensure pt is not allergic to cephalosporins, monitor for persistent/adverse SE, teach to adhere to med regimen as rx by MD

**Mental Status Exam:**

\*Document subjective & objective data\*

1. Appearance dressed appropriately for environment (gray sweatshirt, jeans, sneakers with no laces), hair is neatly pulled back, eyeglasses, well groomed, smiling facial expression, normal height/weight for age
2. Behavior extroverted, hypervocal, smiling, energetic, pleasant, makes eye contact, interacts with other clients, inappropriate for age  
 “My mom had 8 kids, but she didn’t keep all of us.”  
 “My brother is 51 so I have a niece.”  
 “I think my mom was born in 1954. How old does that make my mom if she had me?”
3. Speech rapid, loud, tangential  
 “I never see the flashlight because I know to put that blanket on top of my whole body!”
4. Mood elevated, positive mood, happy, excited  
 “Oh wow! Students are here today!”
5. Disorders of the Form of Thought flight of ideas, circumstantiality, reflects on past trauma  
 “I have PTSD from my sister, she was abusive to me emotionally and physically.”  
 “I think my real Mom is bipolar.”  
 “Something unique about me is that I was born in the 20<sup>th</sup> century, but I was raised in the 21<sup>st</sup> century.”  
 “I bet I have been here more times than anyone in this room.”
6. Perceptual Disturbances no hallucinations or illusions
7. Cognition AOx4, completely conscious, long and short term memory intact, reduced attention span, able to think abstractly

8. Ideas of harming Self or Others previous suicide attempt (1 year ago with Tylenol), no current thoughts of or plans to harm self or others, no current means to carry out any plan (safe, closely monitored environment)

**Problem #1: Readiness for Enhanced Coping**

---

Patient Goals:

1. LW will verbalize triggers of stress and identify appropriate coping mechanisms for times of increased stress before discharge.
2. LW will report a decreased feeling of hopelessness during my time of care.

Assessments:

- Mood/affect/feelings q 8h, duration & quality of sleep q shift, response to medication q shift, concentration/speech q shift, nutrition q shift, weight weekly

Interventions (In priority order):

1. Maintain a safe environment at all times
2. Establish trust and develop rapport by being honest and nonjudgmental at all times
3. Administer Lexapro 10mg PO daily
4. Identify triggers for anxiety, stress, and depression q shift
5. Assist in developing healthy coping mechanisms (relaxation, verbalization of feelings, problem solving skills) prior to discharge
6. Provide educational resources/information about depression, therapy, community group involvement prior to discharge

**Problem #2: Risk for Suicide Behavior**

---

Patient Goals:

1. LW will establish a safety plan (identify triggers, coping strategies, support system, emergency contacts) for times of distress prior to discharge.
2. LW will verbalize self-worth and identify personal roles and responsibilities in life prior to discharge.

Assessments:

- Mood/affect q shift, judgment/decision making skills q shift, initiative/involvement in group activity q shift, response to medication q shift, motivation q shift

Interventions (In priority order):

7. Maintain close supervision at all times & document LW whereabouts q 15 minutes
8. Administer Buspar 10 mg q 12h
9. Administer Seroquel 50 mg daily
10. Work with LW to create a written no-suicide/no-self harm contract before end of shift
11. Provide opportunities for LW to express thoughts and feelings in a nonjudgmental environment TID
12. Consult therapist to establish psychotherapy sessions q shift

### Patient Teaching

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

1. I taught a client (not LW) the importance of verbalizing her feelings. This was appropriate because she was extremely frustrated with the care she had been receiving since arriving to DBH two days prior. She has depression and it's important to her recovery to express her feelings rather than holding them in.

2. I taught another client (also not LW) tools to use when feeling sad or stressed. Specifically, we spoke about mindfulness and meditation. I explained that there are phone apps and internet resources that can be used to learn more about these practices. This was appropriate because the client was feeling overwhelmed with anxiety about finding acceptance over her family situation. Dedicating a few minutes to deep breathing and mindfulness can help reduce that feeling of overwhelming anxiety.

### Growth & Development

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

Young Adult Stage: LW is a faithful Christian and believes it is important and comforting to pray to God. She has made friends at DBH.

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

Young Adult Stage: LW does not have healthy relationships with family members and currently does not have an established romantic relationship. She does not hold a job, nor is she part of an institution or creative effort she is passionate about. She is struggling separating herself from the nuclear family in which she grew up. She experiences withdraw, social isolation and aloneness

by spending most of her days in bed while feeling depressed. Her vocabulary and intellectual abilities are inappropriate for her age, making her seem younger than she actually is.

**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 think I did well on my first day at DBH. I was nervous this morning before getting onto the unit, but I was able to speak with several patients throughout the day. I believe that I did a really good job of using therapeutic communication skills. I actively listened to clients share information and I was non-judgmental when hearing their stories. I enjoyed the activities and had a meaningful experience. One thing I would like to do better for tomorrow is taking more initiative to speak to patients in times that would not disrupt the group activity (after breakfast, while in line for meds, between activities, etc.)

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

One challenge I faced today was being nervous to speak to the patients. It helped a lot that first thing this morning Dr. Baich came into the group room with us and began talking to the patients. I believe this helped open the lines of communication for everyone and showed that we really could talk about almost anything with the patients. It was really nice to see that they were more than willing to talk to us. That encouraged me to approach and speak with a patient in between the morning meeting and the peer activity. This made me more comfortable to continue doing so throughout the remainder of the day.