Dover Behavioral Health
Clinical Assignment – 2023

Student Name: Kali Barnes   Date: 9/26/2023

Patient's Initials: _____KL_____   Age: _____25_____   Sex: _____F_____

Psychiatric Diagnosis(es): Suicide Attempt

Pathophysiology of the main Psychiatric Diagnosis: Suicide attempts can be cause by many things such as depression, a life altering event, and many other mental illnesses. With depression being a big reason for suicide attempts it is important to know what causes depression. Depression is caused by low dopamine, serotonin, and norepinephrine levels. Low levels can be caused by a family member having depression, if there are stressful events in life, negative experiences in early childhood, a feeling of loneliness, and even some medications can cause depression.

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Paxil (Paroxetine) SSRI, Antidepressant	Blocks uptake of serotonin. Relieves depression, reduces OCD behaviors, decrease anxiety.	Nausea, drowsiness, headache, dry mouth, insomnia, constipation, tremor, dizziness, diarrhea, loss of appetite.	Educate to avoid alcohol and St. John's wort. DO Not discontinue med abruptly. Look out for suicidal ideation due to lift in mood first few weeks/assess mental status frequently.
Adderall (Dextroamphetamine-amphetamine) Amphetamine (Schedule II), CNS stimulant	Promotes release of dopamine and norepinephrine. Increases motor activity, mental alertness, decreases drowsiness, fatigue, and suppresses appetite.	Increases motor activity, talkativeness, nervousness, mild euphoria, insomnia, headache, chills, dry mouth, tachycardia, palpitations, worsens depression.	Assess drug seeking behavior, monitor for overstimulation, monitor VS and weight loss, may become tolerant to drug's anorexic mood-elevating effects within a few weeks, educate to avoid alcohol and caffeine.
Klonopin (Clonazepam) Benzodiazepine, Anticonvulsant, Antianxiety	Enhances activity of GABA, produces anxiolytic, anticonvulsant effects.	Ataxia, behavior disturbances (aggression, irritability, agitation), nervousness.	Educate to not abruptly discontinue med with long term therapy, avoid alcohol, monitor suicide ideation, assess for sedation and respiratory depression.

Mental Status Exam:
Document subjective & objective data

1. <u>Appearance</u>: Well groomed, good hygiene, dressed in hoodie and sweatpants, age and appearance are congruent, flat affect

2. <u>Behavior</u>: Fidgeting, some eye contact

3. <u>Speech</u>: Slow speech, normal level

4. <u>Mood</u>: Tired, "Can't sleep with a flashlight in my face every 15 minutes," anxious

5. <u>Disorders of the Form of Thought</u>: N/A

6. <u>Perceptual Disturbances</u>: N/A

7. <u>Cognition</u>: Oriented to time/place/person, LOC: alert, but slow response/lethargic, abstraction: was able to understand "the grass is greener on the other side" when said my the peer support person, insight: intact "I am on a voluntary hold now, at first it was involuntary, but I am trying to get things together for my kids," judgment: intact

8. <u>Ideas of harming Self or Others</u>: Suicide attempt hx, used "bunch of pills," "they said I did it on purpose, which I did"

Problem #1: Ineffective coping

Patient Goals:

1. K.L. will identify 3 healthy coping mechanisms by the end of care.
2. K.L. will identify 3 unhealth coping mechanism by the end of my care.

Assessments:

➢ Assess mental status q1hr/prn, assess use of coping mechanisms prn, assess knowledge of coping mechanisms qshift/prn, assess favored diversional activities qshift/prn, assess for signs of relapse qshift

Interventions (In priority order):

1. Educate on healthy coping mechanisms qshift/prn.
2. Educate on unhealthy coping mechanisms qshift/prn.
3. Teach new coping mechanisms qshift/prn.
4. Provide a safe space to practice coping mechanisms prn.
5. Educate on the importance of a support group/peer support prn.
6. Help build/provide a support group by discharge.
7. Educate on s/sx of relapse and ways to combat it prn.

Problem #2: Risk for suicide

Patient Goals:

1. K.L. will not attempt suicide during my care.
2. K.L. will express feelings during my care.

Assessments:

➢ Assess suicidal ideation qshift, assess hx of depression prn, assess support groups prn, assess triggers prn, assess mental status q1hr/prn, assess goals qshift

Interventions (In priority order):

8. Provide close observation all the time.
9. Provide a safe milieu all the time/prn.
10. Encourage expression of feeling when appropriate, prn.
11. Convey an attitude of acceptance all the time.
12. Provide resources prn, such as suicide hotline, support groups, therapist.
13. Provide help in identifying areas of her life that they can/cannot control.
14. Provide help to set realistic goals prn.

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

1.   I taught the importance of having a realistic goal. This was appropriate for this patient because they are working on getting better and by setting a daily-goal along with a long-term goal they will have something to keep them motivated in staying clean/healthy no matter what.

2.   I taught the need for a support group. This was appropriate for this patient because they are going through a change in lifestyle, and they need someone to hold them accountable to reach their goals.

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

She is in the young adulthood stage. She is going through the intimacy vs. social isolation period. This is the stage that a spouse is found, and relationships are formed. This stage we find love and have kids. K.L. has had relationships and three children. She is also working on becoming a functioning member of society.

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

Some deviations I noticed is that she is jumping around from relationships a lot, she was stuck in an abusive relationship rather than loving, stated "all my kids have different dads," she is not currently caring for her children, she is in an inpatient mental health facility isolated from the community.

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 honestly thought I did well. I unfortunately gave some false reassurance, but that is expected due to the fact that I am still learning. I did well in asking questions such as "Can I ask how you got to DBH?" "How did you sleep last night?" "How are you feeling today?" and doing active listening once I got comfortable in the space. I could have done a better job at controlling my anxiety at the end by being more flexible with the patient charts.

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

A challenge I faced today was my own anxiety. I overcame it by taking deep breaths and remembering this is a learning experience. I also told myself that the patients want to have someone to talk to and that I am not bothering them.