

Dover Behavioral Health  
Clinical Assignment  
2023

Student Name:  Rita Thompson   Date: 9/26/2023

Patient's Initials:  C.T  Age:  20  Sex:  F

Psychiatric Diagnosis(es):  MDD; PPD

Pathophysiology of the main Psychiatric Diagnosis:

MDD can be caused by a depletion of the neurotransmitters serotonin, norepinephrine or dopamine in the central nervous system.

**Medications**

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Lexapro (Escitalopram) SSRI Restores serotonin in the brain	Helps treat depression and anxiety	Nausea, dry mouth, insomnia, drowsiness, dizziness, sweating	Watch for suicide, may cause an increase in suicidal ideations
Vistaril (hydroxyzine) Sedative Reduces activity in the CNS	Treats anxiety and tension	Fast or pounding heart beat, headache with chest pain, severe dizziness, and seizures	Monitor for any heart issues, teach them not to do anything where they have to be alert
Lisdexamfetamine (ordered at home but hasn't taken since giving birth 7/2023)  Stimulant Restores the balance of	Treats ADHD	n/v, constipation, abdominal pain, dizziness, trouble sleeping, weight loss	Monitor for suicidal thoughts, hallucinations, SOB, and seizures

neurotransmitters in the brain			

**Mental Status Exam:**

\*Document subjective & objective data\*

1. Appearance – 20 yo black non-Hispanic female, wearing a clean white t shirt and jeans; nonskid socks, no bra and crocs, no noticeable skin lacerations or bruises, she squints eyes a lot to see, currently unemployed and living with boyfriend and 2 month old baby
  
2. Behavior- dressed appropriately, good hygiene but hair sort of disheveled (afro but it hadn't been combed at all), no apparent hygiene issues, proportioned appropriately with height and weight, looks her age
  
3. Speech – speech was normal, she talks fast and passionately when talking, she talks appropriately and her story matches her chart info, She told me about how she was admitted voluntarily and how she was ready to go home, she spoke positively about her baby, she didn't talk in a slow depressed manner, maintained eye contact when talking besides having nystagmus
  
4. Mood – flat and emotionless when not talking to anyone, she is also anxious about going home, spoke intensely about the need to go home and go to her job interview tomorrow to be able to provide for her family and baby
  
5. Disorders of the Form of Thought- None/ intact
  
6. Perceptual Disturbances- None

7. Cognition- oriented to time and place and reason for being at the facility, she can recall recent events, she has great insight on her reason for being there and the need to get out and how she can better her life, she is aware of her illness and ready to talk about it
  
8. Ideas of harming Self or Others -past idea of harming self, she had a plan to use Tylenol, she told me she had 8 pills in her hand but decided not to go through with it, when home she could carry out the plan

**Problem #1:** \_\_\_\_\_ Risk for suicide\_\_\_\_\_

Patient Goals:

1. \_\_\_\_\_C.T will engage in group sessions (CBT) to develop new coping skills and get advice from others dealing with the same issue\_\_\_\_\_
2. \_\_\_\_C.T will not have any thoughts of harming self\_\_\_\_\_

Assessments:

- Assess for alcohol or substance use, assess for signs of hopelessness, assess for psychiatric illnesses, assess for family history of suicide, assess for signs of severe depression, assess for suicidal behaviors\_\_\_\_\_

Interventions (In priority order):

1. \_\_\_\_Perform screening for suicidal ideations during my time of care\_\_\_\_\_
2. \_Assess for early signs of anxiety and help her identify causes\_\_\_\_\_
3. \_\_Assess for means to carry out a suicide plan\_\_\_\_\_
4. \_\_\_\_Administer Lexapro as ordered during my time of care\_\_\_\_\_

5. \_\_\_ Provide a safe environment during my time of care\_\_\_\_\_
6. \_\_\_ Build a therapeutic relationship with the pt to establish trust\_\_\_\_\_

**Problem #2:** Risk for Impaired parenting\_\_\_\_\_

Patient Goals:

1. \_C.T will verbalize risks that increase risk of impaired parenting\_\_\_\_\_
2. \_C.T will participate in classes to promote effective parenting\_\_\_\_\_

Assessments:

- Assess family support system, assess relationship between C.T and baby, assess for any challenges in parenting\_\_\_\_\_

Interventions (In priority order):

7. \_\_\_ Encourage relaxation techniques when overwhelmed during my time of care\_\_\_\_\_
8. \_\_\_ Provide a Postpartum assessment q shift\_\_\_\_\_
9. \_\_\_ Ensure a safe environment for mother and baby at all times\_\_\_\_\_
10. \_\_\_ Teach problem solving and coping mechanisms during my time of care\_\_\_\_\_
11. \_\_\_ Provide emotional support for C.T during my time of care\_\_\_\_\_

12. \_\_Provide info for parenting classes during my time of care\_\_\_\_\_

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### Patient Teaching

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

1. I talked with C.T about things to do when she was feeling overwhelmed like going for a walk. This was appropriate for her because she was unemployed and home in the house all the time with her baby and no car.

2. I talked with C.T about ways to communicate with her potential employer. She was upset and I talked with her about instead of giving up she could maybe get someone else to call and reschedule so she doesn't miss the opportunity instead of giving up on it.

### Growth & Development

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

She is in the young adult stage. This includes the intimacy vs isolation stage. In cognitive development it is the optimal time for education. Informal and formal memory peaks, the ability for creative thought increases. There is also a risk for substance abuse, periodontal disease due to poor hygiene, unplanned pregnancies and STIs. This stage is the optimal time for child bearing.

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

I didn't notice and deviations of growth and development in C.T but her chart suggested that she was in special ed classed in high school. But her language and capability when talking seemed on track to me.

**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 feel like when I was able to get someone to talk to that I did it well. I asked good questions and she felt comfortable opening up to me about her life. I only feel like I could've talked to more people if time allowed.

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

The only challenge I faced today was nervousness to get out there and talk to people. To overcome it I just did it.