Dover Behavioral Health
Clinical Assignment
2023

Student Name: Kali Barnes Date: 9/27/23

Patient's Initials: T.D. Age: 18 Sex: F (but is a trans-male)

Psychiatric Diagnosis(es): Psychosis

Pathophysiology of the main Psychiatric Diagnosis: Psychosis is the state of being out of touch with reality. This is when a patient can be very paranoid and hallucinate and/or have delusions. Hallucinations can be any of the five senses, auditory and visual are the most common. Delusions are misinterpreting seen situations. This psychotic state can be caused by an increase in serotonin, dopamine, or norepinephrine, or a decrease in glutamate. Or a panic level anxiety attack that is influenced by GABA levels. These levels can be due to genetics, life experiences, and stress.

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Lexapro (Escitalopram) SSRI, Antidepressant	Reduces uptake of serotonin, produces antidepressant effect.	Nausea, dry mouth, drowsiness, insomnia, diaphoresis, anxiety, fatigue, anorexia.	Educate to not stop taking med or increase the dose, avoid alcohol, monitor suicidal ideation/mental status.
Seroquel (Quetiapine) Second gen. antipsychotic	Diminishes symptoms associated with schizophrenia and dipolar disorders.	Headache, drowsiness, dizziness, orthostatic hypotension, dry mouth, constipation, fever.	Educate on decrease in immune system function, monitor suicide ideation, educate on going slow from lying to standing, watch/educate s/sx of neuroleptic malignant syndrome, watch glucose levels.

Mental Status Exam:

Document subjective & objective data

1. Appearance: Hair is disheveled, wearing clean red long sleeve sweatshirt with paper scrub pants, socks, and blue slip-on sandals, hygiene is good, many facial expression are present such as smiling, appearance and age are congruent

2. Behavior: Body movements present but not reduced or excessive, some eye contact but would not hold eye contact (kept looking to the side)

3. Speech: Fast rate of speech, states “I normally talk fast”, normal level of speech, stuttered a few times due to fast speech

4. Mood: Affect was appropriate, mood was optimistic and content, stated “I am feeling optimistic today”

5. Disorders of the Form of Thought: Not present today, but in chart it stated patient was “disorganized”

6. Perceptual Disturbances: Not present today, patient stated “I saw figures, faces and eyes before and I heard whispering, one day I heard the screw that held a light switch in whispering to me,” chart stated “responded to internal stimuli, smiled at hallucinations, patient responded to hallucinations on walls”

7. Cognition: Alert x4, LOC: alert, Memory (short/long-term): intact, Insight: intact, Judgement: intact

8. Ideas of harming Self or Others: Suicide attempt in 2020, tried to OD on pills, has had suicidal ideation, doesn’t have a plan or means to carry out the plan now

Problem #1: Disturbed Sensory Perception: auditory/visual hallucinations r/t stress
Patient Goals:

1. T.D. will voluntarily report when he is hallucinating to others by discharge.
2. T.D. will be able to identify 3 s/sx of a psychotic episode occurring by discharge.
3. T.D. will take medications as prescribed by discharge.

Assessments:

- Assess mental status/stress level q1hr/prn, assess understanding of illness/reality orientation qshift/prn, assess knowledge of s/sx of psychotic relapse and ways to prevent the relapse prn, assess support system/coping skills qshift/prn, assess if hallucinations are present and if they are said to harm himself or anyone else prn.

Interventions (In priority order):

1. Establish trust with the T.D. all the time, prn.
2. Provide a safe environment to talk about feelings and hallucinations prn.
3. Educate on the need for a support system prn.
4. Educate on the importance of continuously taking medications prn.
5. Educate on ways to decrease stress levels prn.
6. Educate on s/sx of a psychotic relapse and ways to prevent it qshift, prn.

Problem #2: Ineffective Coping
Patient Goals:

1. T.D. will demonstrate at least 1 coping strategy when stress is increased.
2. T.D. will be able to identify 3 coping mechanisms by discharge.

Assessments:

- Assess mental status/stress level q1hr/prn, assess use of coping mechanisms prn, assess knowledge of coping mechanisms qshift/prn, assess favored diversional activities qshift/prn, assess if hallucinations are present prn

Interventions (In priority order):

7. Establish trust with T.D. all the time, prn.
8. Provide a safe environment all the time prn.
9. Educate on healthy coping mechanisms qshift/prn.
10. Educate on unhealthy coping mechanisms qshift/prn.
11. Teach new coping mechanisms qshift/prn.
12. Educate on the importance of a support group/peer support prn.
13. Help build/provide a support group by discharge.

Patient Teaching

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

1. I taught that humor can be a good coping mechanism. I think this was appropriate for this patient because he is learning new ways to cope, and this may be one he likes.

2. I taught what an unhealthy coping mechanism looks like, such as suppressing feelings. This was appropriate for this patient because he avoids addressing the stress and trauma and he stated, “the stress if what causes my hallucinations.” We then talked about healthy coping mechanisms such as talking about the problem or drawing, which he likes to do.

Growth & Development

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

He is in the adolescent stage. This is when they are finding their identity and if they don’t it leads to role confusion, this is where they build social relationships. I saw that he is still trying to figure himself out. He has changed his name and change his gender. He is also learning more about his illness. These discoveries and changes can help lead him to understand who he is and who he wants to be.

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

Some deviations I noticed is that he is with a mental illness and is in a mental institution, this can impact his identity in a negative way if he lets it. Not all people around this age are going through gender changes, and mental/physical changes.

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 better than yesterday. I talked to more patients which I was glad about. But, then I did make someone uncomfortable and instead of making it about me, and stressing that I did something wrong. I should have taken into consideration the open environment, the woman’s affect/mood/demeanor towards me, and her overall mental status. She may be in denial at the moment and talking about it in a room full of people didn’t help. If I could have done it differently, I would have not ignored her physical cues and/or I would have asked, would she like to talk in a more private area.

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

I faced my own anxiety and stress once again. I overcame it by talking it out with Dr. Baich.