

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Emily Rudis Date: 9/27/23

Patient's Initials: CT Age: 24 Sex: Transgender Woman

Psychiatric Diagnosis(es): Schizoaffective Disorder, Bipolar, Depression

Pathophysiology of the main Psychiatric Diagnosis:

Genetics are likely a factor, especially if present in a first degree relative. Brain chemistry and structure may be abnormal. Also, stress, and drug use, specifically LSD may cause schizoaffective disorder.

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Aripiprazole 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
Vraylar 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
Lexapro 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
Wellbutrin (Bupropion) Atypical Antidepressant Inhibits the reuptake of	Used to tx depression, seasonal affective disorder, and	HA, dry mouth, GI distress, constipation, n/v, anorexia, weight	Teach patient to take in the morning, causes less sexual dysfunction, causes weight loss (do not give to anorexic

dopamine and norepinephrine	smoking	loss, tachycardia, HYN, restless, insomnia	patients), monitor suicidal ideation with onset of tx, avoid caffeine, taper dose, do not take with MAOI/St. John's wort
Hydroxyzine Antihistamine Acts as a potent H1 receptor inverse agonist	Used to tx anxiety, nausea, vomiting, allergies, skin rash, hives, and itching	Chest pain/tightness, difficulty swallowing, fainting, tachycardia, hives, itching, skin rash, irregular HR, puffiness/swelling of eyelids, trouble breathing	High doses may cause drowsiness, monitor for chest pain/tightness and trouble breathing/swallowing

Mental Status Exam:

Document subjective & objective data

1. Appearance unkempt hair, dressed in clothes from the previous day, casual feminine clothing, poor hygiene, blank facial expression, overweight, abrasion in center of forehead, scars and abrasions on bilateral forearms/wrists
 "My parents brought me a sweater, I'm really hoping I can get it from storage today."
 "I came in here because I have schizoaffective disorder and I heard voices telling me to hurt myself so I cut my arms."
 "I have this cut on my forehead because I hit my head on the wall."
2. Behavior excessive body movements (fidgeting, bouncing knees, tapping feet), abnormal eye movement, maintains eye contact when spoken to, repeatedly counting fingers
 "I feel like I'm on the verge of another episode. I feel really anxious."
 "I like to count my fingers to help with triggers."
3. Speech slow soft speech, circumstantiality
4. Mood blunted affect, smiles when talking about interests/hobbies, nervous
 "I really like Born This Way by Lady Gaga."
5. Disorders of the Form of Thought thought blocking
6. Perceptual Disturbances persecutory delusions, auditory hallucinations, turns head to side and looks away
 "Yes, I'm hearing voices. They keep telling me I'm stupid.... No, they don't tell me to harm myself or anyone else. They tell me not to trust you."

7. Cognition AOx4, completely conscious, trouble remembering the names pets, able to think abstractly, insight/judgment poor with psychosis
“We have 6 cats at home, I have trouble remembering all their names right now.”
8. Ideas of harming Self or Others previous attempt at suicide at 18 via overdose, no current ideas or plans to harm self or others, no means to carry out a plan

Problem #1: Disturbed Thought Process

Patient Goals:

1. CT will maintain reality orientation as evidenced by remaining AOx4 and verbalizing reality vs hallucination during my time of care.
2. CT will identify triggers of hallucinations prior to discharge.

Assessments:

- Mood/affect/feelings q shift, judgment/decision making skills q shift, response to medication q shift, duration & quality of sleep q shift, concentration/speech q shift, cues of hallucination q 4h

Interventions (In priority order):

1. Administer Aripiprazole 10 mg PO daily
2. Administer Vraylar 1.5 mg PO daily
3. Reorient to time/place/person/situation PRN
4. Encourage CT to verbalize true feelings and remain non-judgmental q8h
5. Maintain consistent daily schedule of activity balanced with rest periods q shift
6. Maintain a pleasant, quiet environment at all times

Problem #2: Risk for Suicide Behavior

Patient Goals:

1. CT will establish a safety plan (identify triggers, coping strategies, support system, emergency contacts) for times of distress prior to discharge.
2. CT 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 CT whereabouts q 15 minutes
8. Administer Lexapro 10 mg PO daily in the am
9. Administer Wellbutrin 150 mg PO daily in the am
10. Work with CT to create a written no-suicide/no-self harm contract before end of shift
11. Provide opportunities for CT 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. Refocusing attention on something else when hearing voices/hallucinations. This was appropriate for CT because she was hearing voices and appeared scared and anxious. After I talked to her about focusing on something else she was smiling and telling me about her favorite character from a tv show. Her overall demeanor became happier and more relaxed.
2. I taught CT that using recreational drugs and alcohol are not only detrimental to her illness but can also counteract the effectiveness of her prescribed medications. This was appropriate for the CT because I later learned from her chart that she uses recreational drugs weekly and occasionally consumes alcohol.

Growth & Development

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

Young Adult Stage: CT expresses a positive relationship with her parents and siblings. She has made friends at DBH.

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

Young Adult Stage: CT 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. Withdrawals to bedroom and experiences social isolation and feelings of loneliness.

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.

Today, on my second day at DBH, I believe I did a great job. It was my goal to spend some quality one on one time with one specific patient and I was able to accomplish that first thing in the morning. This allowed me to have time throughout the remainder of the day to engage with

multiple other clients and hear their stories as well. I also got to experience the medication administration process by chatting with a client while they waited in line for their meds. 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 believe I can do better is just choosing my vocabulary wisely when speaking to clients. I didn't say anything bad but there are terms I use in my everyday life, when speaking to others, that I did not feel comfortable saying to patients at DBH. For example, "that's crazy."

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 a patient actively experiencing auditory hallucinations. This occurred while I was speaking to them, and it was a little scary experiencing it firsthand for the first time ever. What really scared me was when she told me the voices told her not to trust me. Other than being scared, I was also really worried for the patient since they were verbally expressing that they did not feel well. During this time, I reassured the patient that I could be trusted and that I was only here to help them, not hurt them.