

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Sheila Velasquez Date: 10/10/23

Patient's Initials: N.M Age: 34 Sex: M

Psychiatric Diagnosis(es): Suicidal thoughts

Pathophysiology of the main Psychiatric Diagnosis:

- Depression- decrease in serotonin and dopamine
- Bipolar 1- Bipolar: Depression: decrease dopamine, norepinephrine, glutamate Manic: increase dopamine, norepinephrine, glutamate
- Hx of schizoaffective disorder- increase in dopamine, serotonin

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Remeron (mirtazapine) Antidepressants- going to increase release of serotonin and norepinephrine	It improves mood/ treats depression	Dizziness Drowsiness Lightheadedness Increased appetite Weight gain Dry mouth Constipation	To relieve dry mouth, eat hard candy or ice chips, drink water Notify to provider if there is swelling of the hands/feet, shaking (tremor), confusion.
Thorazine (Chlorpromazine)- conventional antipsychotics blocks dopamine receptors and believed to relieve the positive symptoms of schizophrenia	treat the symptoms of schizophrenia and other psychotic disorders	dizziness feeling unsteady blank facial expression difficulty falling asleep or staying asleep increased appetite, weight gain dry mouth	Notify provider that you are taking anticoagulants (blood thinners); avoid unnecessary or prolonged exposure to sunlight and to wear protective clothing

<p>Qelbree (Viloxazine) SNRI Inhibits norepinephrine reuptake by binding to the norepinephrine transporter</p>	<p>Reduces ADHD symptoms</p>	<p>sleepiness, not feeling hungry, feeling tired, n/v, insomnia, headache, sleepiness, tiredness, decreased appetite, dry mouth, and constipation</p>	<p>Monitor suicidal thoughts within first month of tx , can increase BP and HR, may cause manic episodes with bipolar</p>

Mental Status Exam:

Document subjective & objective data

1. Appearance

Well-groomed and dressed (had sweatpants, shirt, and sweater on, level of hygiene is good, Pupils were 3cm bilaterally, showed annoyed facial expression when he didn't like something, His height and weight is good compared to his age. Nutritional status: "I ate all my breakfast", "Outside of here it's difficult for me to get food and some side effects of the medicine increases my appetite"

2. Behavior

Went to sit in the corner, had a book with him at all times, lacked eye level contact and was fidgeting with book and getting distracted, during group activity, was very cooperative and had a positive goal that he wants to achieve. During the second group therapy he got frustrated that people were interrupting and distracting and stated, "people are here to get better, and you are just distracting them" and left. Started to get agitated and left the room to prevent the agitation from increasing.

3. Speech

His rate of speech was slow, his volume was also soft, asked to repeat what he said a couple of times.

4. Mood

Affect: There would be times where he would withdraw and wanted to be left only. Blunted affect

Mood: there would be times where he was sad, didn't want to do activity group therapy, stated "this is my second time coming here and I feel like this time it hasn't been working for me", He was also concerned about taking medication stated "I'm not really good at taking my medications, especially since I'm homeless and I don't have a place to put my medication and sometimes they get lost"

5. Disorders of the Form of Thought

Thought process: coherent, organized, communication flowed appropriately, stayed on topic, talk about the goals he has for discharged stated "this is just a setback, but I know I'm going to get through it and when I leave, I want to focus on getting a degree on mechanic and move to Florida"

Thought content: none

6. Perceptual Disturbances

No hallucinations or illusions were presented

7. Cognition

Alert and oriented x4

LOC: Was alert and no presence of confusion

Memory: would talk about his past, present, and future. Stated "I was in jail a couple months ago because I was defending my girlfriend and physically assaulted the person who raped her", also stated that the coping mechanisms that they were showing him weren't working for him. And then for the future stated "I want to move to Florida and get a job there, build my credit score, buy a car, and build my own mechanic company"

8. Ideas of harming Self or Others

Hx of suicidal thoughts, stated "I tried to kill myself by overdosing myself", stated "I use marijuana", stated "I have physically abuse someone", Stated that when he gets a manic episode "I don't feel like myself and want to hurt anyone around me"

Problem #1: Risk for suicide

Patient Goals:

1. N.M will show no evidence of suicidal thoughts, will talk about one coping mechanism that helps during my time of care.
2. N.M will refrain from self-harm or harm other in my time of care

Assessments:

- Assess hx of past suicide attempt in my time of care, assess thoughts of suicidal ideation in my care, assess any presence of items that can cause self-harm in my time of care, assess suicide plan in my time of care

Interventions (In priority order):

1. Provide trust and rapport in my care (Listening to patient and stating that their personal information that is shared with me is confidential)
2. Provide a safe environment in my care (paper scrubs, no access to sharp items)
3. Implement suicide precautions upon admission in my time of care (no cords, stay within arm length, covering glass objects)
4. Provide behaviors of acceptance (therapeutic communication) to show that you are actively listening and show that you care.
5. Provide education about different coping mechanisms (mindfulness) in my time of care (this can reduce anxiety and calm the patient down)
6. Provide resources like the suicide hotline when having thoughts of suicide in my time of care

Problem #2: Readiness for enhanced self-management

Patient Goals:

1. N.M will verbalize understanding of self-care management techniques and demonstrate the ability to implement them effectively, as evidenced by following medication regimen in my time of care.
2. N.M will verbalize at least one resource that can help with getting access to food, housing, and access to medications in my time of care.

Assessments:

- Assess N.M level of independence, assess behavior or actions that can alter judgment in my time of care, assess personal factors that may influence self-care throughout my care, assess the adequacy of social support in my time of care.

Interventions (In priority order):

7. Encourage N.M to consult social worker in my time of care
8. Identify different methods on maintaining medication compliance by time of discharge
9. Identify places where N.M can go after discharge in my time of care
10. Teach about meals on wheels by the time of discharge
11. Provide resources on jobs that are seeking help in my time of care
12. Encourage family and significant others to display care, hope, and love for the patient.

Patient Teaching

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

1. Taught the importance of medication compliance in my time of care. This was appropriate for N.M because N.M was not adherent with medication and miss some days due to being homeless.
2. Taught the importance of joining support group during my care. This was appropriate for the client because he doesn't join all of the support group.

Growth & Development

1. Discuss norms of growth and development, including development stage.
N.M is a middle adult and falls in the formal operational stage. In this stage the person should logically think, abstract ideas, and use deductive reasoning.
The norms that I saw with N.M is that he was very cooperating, was paying attention, wasn't interrupting others while they were speaking. When he got agitated, he left the room to prevent the problem from escalating.

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

N.M dealt with some deviations in growth in development because he went to jail for defending his girlfriend because she was sexually assaulted. He physically assaulted someone. He

mentioned that he was in a relationship that ended and affected him a lot that he was using drugs to cope.

Formal operational can be affected if someone is bipolar and having depressive mood because they don't have the energy to take action and won't be able to think properly.

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.

My personal perception on my performance today is that it went better than I expected. Walking in I was kind of nervous. I thought it was going to be difficult to start a conversation but once I started to talk to the people the conversation started to flow. After today it also made me realize that you don't really know what the patient has experienced in the past and what type of stressors or complications they are dealing with. The thing I did well is that I provided therapeutic communication, maintained good body alignment, good active listening skills, and proper eye contact. The thing I could have done better is talk more about different coping mechanism that they can do like mindfulness or taking a walk in the hallway when they feel agitated.

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

One example of the challenge that I faced today is that there was a lot of distractions going on while I was communicating with N.M. There was times in which N.M would get distracted too and to overcome it I did my best to refocus the patient.