

Dover Behavioral Health  
Clinical Assignment  
2023

Student Name: Sheila Velasquez Date: 10/11/2023

Patient's Initials: JF Age: 54 Sex: M

Psychiatric Diagnosis(es): Bipolar 1, depressed, suicidal attempt

Pathophysiology of the main Psychiatric Diagnosis:

Bipolar: Depression: decrease dopamine, norepinephrine, glutamate  
Manic: increase dopamine, norepinephrine, glutamate

**Medications**

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Kepra (antiepileptic) controlling brain chemicals which send signals to nerves so that seizures do not happen	Tx for seizures, reduces the frequency	Dizziness, drowsiness, tiredness, weakness	Do not increase your dose or use this drug more often. Do not stop taking this medication without consulting your doctor, taper down med
Gabapentin (anticonvulsants)- treats seizures by decreasing abnormal excitement in the brain.	Treats epilepsy, nerve pain	Mood changes, blurred vision, dry mouth, vomiting	if you are taking antacids take them at least 2 hrs. before taken gabapentin, Avoid ETOH, monitor for suicidal thinking

--	--	--	--

**Mental Status Exam:**

\*Document subjective & objective data\*

1. Appearance

Poorly groomed (had sweatpants and sweater on), looked disheveled, messy hair, pupils were normal, facial expression: looked happy, Height and weight normal for age, Nutritional status: not well, didn't eat all of his breakfast, stated "I've been losing a lot of weight", stated "the food doesn't look appetizing", relationship between appearance and age looks normal, stated "I've been have poor sleep"

2. Behavior

Reduced body movement (kind of shuffles when walking), has poor lack of eye contact, In the first group he was cooperative and participating in the group activity stated, "I want to have a positive attitude today", In the second group activity didn't really want to be there and walked away halfway the group activity and came back and stated, "I thought it was over", would sometimes talk with peers and get distracted during group activity

3. Speech

Speech was soft, tone was low, and rate of speech was slow. His attention span was poor. Would talk for a while then leave and then would come back.

4. Mood

Affect: had a bunt affect, would get agitated sometimes,  
Mood: calm (was paying attention and participating in group therapy but would get distracted sometimes), Stated "I don't feel like being here" in the second group therapy and left

5. Disorders of the Form of Thought

Thought process: coherent, organized, communication flowed appropriately, would sometimes change topics and then come back to it, was willing to talk about the reason he was admitted here, stated "I didn't let my wife know that I was coming here", stated that "I want to get better so I can see my kids", In admission stated "I'm only here because I have not tried enough to kill myself"

6. Perceptual Disturbances

No hallucinations or illusions were presented but did have past hx of auditory and visual hallucination

7. Cognition

Alert and oriented x4

LOC: Was alert and no presence of confusion

Memory: remembers the past well and started to talk about it, talked about the times he tried to commit suicide

Attention span: was short

Judgement was not really good, didn't have any coping mechanisms in mind that he could use

8. Ideas of harming Self or Others

Past hx of SI with plan to OD, cut, burn, and hx of attempts of killing himself (4 attempts), stated "3 weeks ago, I threw myself in traffic and ended up with a lot of scars and bruises"

## **Problem #1: Risk for Suicide**

---

### Patient Goals:

1. N.M will report thought of suicidal thoughts to nurse provider 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 area, 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: Ineffective Coping**

---

### Patient Goals:

1. J.F will verbalize at least one coping skill that has helped him by the end of discharge
2. J.F will identify factors that are affecting him from coping adequately (sleep disturbances, lack of appetite, not complaint within my time of care.

### Assessments:

- Assess nutritional status q 4 hr., assess appearance during my time of care, assess behaviors q 4 hr, assess the presence of depression in my care, assess if using drugs/ETOH as coping mechanisms in my time of care

Interventions (In priority order):

1. Provide trust and rapport in my care (Stating that their personal information that is shared with me is confidential)
2. Provide therapeutic communication (active listening, silence) in my time of care (It can ensure that you are paying attention.)
3. Provide different type of coping mechanisms and relaxation techniques in my time of care
4. Offer positive responses without false reassurances in my care (patient can be dealing with stress or depression)
5. Encourage participation in group therapy during my care (will allow them to express their emotion more clearly)
6. Encourage rest as well as exercise in my care (helps relieve stress)

#### Patient Teaching

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

1. Encouraged small frequent meals during my time of care. Yes, this was appropriate to the client because he didn't really eat all of his breakfast.
2. Taught the importance of joining group activity during my care. Also, with having couple support group. This was appropriate for the client because he doesn't join all of the group activity and one of his stressors that he is dealing with is with his wife.

#### Growth & Development

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

J.F 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 J.F is that he was cooperating, was paying attention but then there would be times where he got distracted and he wasn't interrupting others while they were speaking.

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

J.F dealt with some deviations in growth in development because when he was a child he was physically, sexually, and mentally abuse in a foster home, stated that he hasn't been coping well. Yesterday he got agitated with another patient but then left to avoid the situation from getting worse.

**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 during this clinical is that I got a good experience, I'm glad that I was able to observe this location, I got to learn about the reason the patients got admitted here and the things that they have dealt with. I know that this is going to impact my care in the hospital. Compared from yesterday to today I felt more comfortable with communicating with the patients. The conversations just flowed much better, and I feel like the patients felt more comfortable with telling their personal life. The thing that I could have done better is to try to communicate to the patients that didn't really talk, at least try to promote that trust for them to communicate and express their feelings.

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

One of the challenges that I faced today is that when I communicated with J.F he would get distracted and change topics here and there. What I did is that I tried to refocus him and brought them back to the topic that we were talking about.