

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Hannah Rossi

Date: 10/11/2023

Patient's Initials: E. D

Age: 35 years old

Sex: Female

Psychiatric Diagnosis(es): Anxiety

Pathophysiology of the main Psychiatric Diagnosis:

Increase in GABA neurotransmitter in the brain. GABA regulates the neuron cells ability to send and receive signals. When there is an increase, this means that signals are being sent fast, resulting in "rushing thoughts", tachycardia, increased BP, etc.

The amygdala also plays a part in anxiety, overstimulation of the amygdala can cause anxiety

Medications (for patient A.G)

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
-Lurasidone (Latuda) -Second generation (atypical) antipsychotic -rebalances dopamine and serotonin to improve thinking, mood, and behavior.	Since it acts on dopamine and serotonin, this will decrease the side effects of manic episodes r/t Bipolar 1 disorder and will help to alleviate severe anxiety	<ul style="list-style-type: none"> • Weight gain around center of body (abdomen) • Dyslipidemia • Insulin resistance • Photosensitivity May cause EPS side effects	<ul style="list-style-type: none"> • Monitor for Neuroleptic malignant syndrome (HTN, tachycardia, confusion, agitation, fever) • Educate A.G: -this med can cause temperature sensitivity -Encourage exercise to combat wt gain and insulin resistance -Do not d/c abruptly -healthy diet -may take a while to see results -may see EPS symptoms
-Hydroxyzine (Vistaril) -Histamine H1 antagonist (antianxiety) - Competes with histamine for receptor sites in GI tract, blood vessels, respiratory tract,	Because this medication relaxes the body, this would be needed to use for the anxiety disorder and will help A.G to remain calm	Drowsiness, dry mouth, Dizziness, ataxia, asthenia, slurred speech, headache, agitation, increased anxiety	Monitor CBC, BMP, and LFT periodically for long term use Assess anxiety levels Educate about: <ul style="list-style-type: none"> • Drowsiness usually diminishes with

reducing anxiety			<ul style="list-style-type: none"> continued therapy. Avoid tasks that require alertness, motor skills until response to med is established may take time to see improvement
<p>-Lorazepam (Ativan)</p> <p>-Benzodiazepine</p> <p>-Enhances action of gamma-aminobutyric acid (GABA) in CNS, producing anxiolytic effect or sedative (depending on dose)</p>	<p>This medication is used to help control agitation and high levels of anxiety.</p>	<p>Sedation, respiratory depression, weakness, dizziness, ataxia, orthostatic hypotension, n/v</p>	<p>-Monitor for s/sx of dependency</p> <p>-Monitor response to therapy</p> <p>Educate about:</p> <ul style="list-style-type: none"> not meant for long term usage Do not take other herbals while on this medication Do not drink alcohol while on a benzodiazepine (respiratory depression) Fall risk education Do not operate machinery while response is not established

Mental Status Exam:

Document subjective & objective data

1. Appearance

Wearing a t-shirt and pink leggings. Hair disheveled up in a bun. Pupils 3mm left and right. Obese body type. No piercings. Appropriate hygiene level. Age-appropriate appearance. Tattoo on Right inner forearm.

2. Behavior

Sitting and eating breakfast at cafeteria table. Crushing eggshells in hand during breakfast and mixing breakfast foods together aggressively. Normal balance and gait. Excessive touching of peers during breakfast and group therapy (hugging, playful hitting, stroking). Maintains eye contact while talking.

3. Speech

Rapid speech noted. Hypervocal during conversations. speech not garbled. Normal volume, no stuttering or mumbling noted. Walking through hallways singing “Do you know the muffin man” and rhyming songs.

4. Mood

Animated and appropriate affect when talking with peers/staff/ and during group therapy. Mood was excited. Stated “I am getting discharged today”. Mood and affect congruent. Full range of emotions

5. Disorders of the Form of Thought

Thoughts/sentences are organized and coherent. Flight of ideas/jumping from topic to topic. Easily redirectable.

6. Perceptual Disturbances

Normal perceptions and sensations stated by client. Reports no tactile, visual, auditory, gustatory, olfactory hallucinations or delusions

7. Cognition

AAOx4. Short term memory and long-term memory intact. Able to pay attention to others speaking. Has good insight and judgement. Stated I have been in and out of here since I was 11 years old because of my anxiety. I am here because I just couldn't deal, but I know I have to find a way to deal". Also stated "When I get out of here, I am going to get a job at perdue, I just have to figure out transportation.". Identifies short term and long-term goals. Stated " I want to come back and work at DBH as a tech, but you have to be out of here for 2 years and I need to get my GED, but my long term goal is to be a software engineer who works with computers".

8. Ideas of harming Self or Others

Reports no suicidal or homicidal ideation. Reported no hx of suicidal or homicidal ideations or attempts

Problem #1: Anxiety

Patient Goals:

1. E.D will verbalize signs and symptoms of increasing anxiety during my time of care.
2. E.D will verbalize a decrease in anxiety after using relaxation techniques during my time of care

Assessments:

Assess anxiety levels q4hr+PRN; Assess VS r/t anxiety (HR, RR, BP) q4hr+PRN;
Assess coping skills PRN; Assess triggers to anxiety PRN; Monitor for increasing signs of anxiety PRN

Interventions (In priority order):

1. Establish trust and rapport by offering 1:1 time and attention, being genuine and honest at beginning of my shift and PRN
2. Decrease stimuli and promote a calming environment PRN
3. Stay with E.D during periods of anxiety PRN
4. Implement relaxation techniques (deep breathing, mindfulness, music, etc.) during periods of anxiety PRN

5. Utilize therapeutic communication such as active listening and restating when client is expressing feelings of anxiety at all times
6. Offer to administer PRN anxiolytics when displaying s/sx of moderate anxiety

Problem #2: Ineffective coping

Patient Goals:

1. E.D will identify 1 unhealthy coping skill and 1 healthy coping skill during my time of care
2. E.D will identify 1 support person to reach out when having difficulty coping during my time of care

Assessments:

- Assess current coping skills PRN, assess support system q12hr, assess mood/affect q12hr+PRN, assess knowledge of resources available for coping skills once D/C q12hr

Interventions (In priority order):

1. Establish trust and rapport by providing consistency in boundaries and being genuine and honest at beginning of my shift and PRN
2. Educate on healthy (listening to music) and unhealthy (using substances) coping mechanism q12hr
3. Provide therapeutic/structured milieu at all times by allowing peer accountability and setting boundaries on inappropriate behaviors.
4. Educate E.D on importance of dealing with anxiety at mild stages to prevent feeling out of control/worsening anxiety q12hr+ PRN
5. Educate on importance of outpatient therapy once discharged q12hr
6. Help E.D create a list of support people to go to in state of anxiety once D/C q12hr

Patient Teaching

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

1. Signs and symptoms of increasing anxiety (increasing heart rate, trouble focusing, losing touch with reality, etc.) and how important it is to control anxiety when it is mild so it

doesn't become moderate, severe, or panic level. This was very appropriate for this client because she suffers with severe anxiety.

2. I taught about coping skills and relaxation techniques the E.D could use when she is having periods of anxiety. Deep breathing and mindfulness, listening to music, removing self from overstimulating environment, etc. These were all this that will help my client control her anxiety and keep it manageable without medication.

Growth & Development

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

E.D is 35 years old, which means that she is in generativity vs stagnation. This is what E.D is facing now. When she gets out, she wants to find a job, so she can be productive and stay out of DBH. I also noted that she was in formal operational stage because she was able to abstractly problem solve. For example, she said that she wants to get a job, but needs to find transportation, that she could take the bus.

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

E.D did seem slightly delayed in critical thinking. Conversations mainly consisted of singing childlike songs and joking about childish topics (ex: farting)

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 today I felt very comfortable talking to all of the clients and not having this awkward tension. Conversations smoothed easier and I felt more in control of my words. I feel like I could have redirected conversations better when a client is agitated. For example, a client was getting agitate during group and he walked out of group. I could have gone up to him and tried to figure out what was going on and see if I could help redirect the agitation.

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

Today I faced the challenge of having a lot of disruptive behavior on the unit. Clients were being inappropriate, disruptive, and disrespectful during group therapy and I feel I did a good job redirecting conversations to a more positive and appropriate note and was able to redirect back to the group therapy discussion of coexisting.

