

Dover Behavioral Health

Clinical Assignment
2023

Student Name: Alexis Porohnavi Date: 11/14/2023

Patient's Initials: RD Age: 38Y/O Sex: F

Psychiatric Diagnosis(es): Bipolar 1 disorder, substance induced mood disorder, alcohol use disorder, cocaine use

Pathophysiology of the main Psychiatric Diagnosis: The pathophysiology of bipolar disorder suggests that both neurodevelopmental and neurodegenerative processes contribute to the disease. Bipolar 1 disorder is characterized by at least 1 episode of persistent or elevated, expansive, or irritable mood (mania) accompanied by changes in activity and energy, in which manic episodes alternate with depressive states. Genetics are a strong component, as well as a disruption in neural circuits including dopamine, norepinephrine, glutamate, serotonin, and GABA. Research also suggests that bipolar is associated with abnormalities of stress-related molecular pathways of the hypothalamic-pituitary-adrenal axis, decreased grey matter, and decreased size of the hippocampus and amygdala.

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Escitalopram/Lexapro: SSRI antidepressant, blocks the reuptake of serotonin in the synapse therefore increasing its availability	Tx of depressive and anxiety disorders	Insomnia, sexual dysfunction, GI disturbances(nausea), suicidal ideation, drowsiness, diaphoresis	Monitor closely for suicidal ideation, assess appearance, behavior, speech pattern, level of interest, mood; give in morning
Buspirone/Buspar: Atypical anxiolytic, binds to dopamine and serotonin receptors	Management of anxiety disorder	Dizziness, blurred vision, palpitations, excessive sweating, restlessness, fever	Ensure pt takes with food, instruct that it takes up to 4 weeks to reach full effect, instruct it does not cause dependence, monitor for suicidal ideations, do not give with MAOI

Mental Status Exam:

Document subjective & objective data

1. Appearance
Showered, clean, comfy, looks younger than actual age, height/weight appropriate

2. Behavior: No tremors or abnormal behavior or movements, maintained eye contact when spoken to

3. Speech: Normal, slightly rapid

4. Mood: appropriate affect, irritated and sad mood since she did not get discharged like she was suppose, but hopeful, anxious

5. Disorders of the Form of Thought: Logical thought and goal directed

6. Perceptual Disturbances: No hallucinations or delusions

7. Cognition: Oriented to time, place, person, and situation; alert; short & long-term memory intact; aware of situation and why there are there

8. Ideas of harming Self or Others: h/o self-harm through forearm cutting

Problem #1: R/f suicidal behavior

Patient Goals:

1. RD will remain free of self-harm during my care
2. RD will have no thoughts of self-harm during my care

Assessments:

- Assess RD's risk factors for depression/suicide, assess RD's h/o of psychiatric disorders, assess current feelings of depression/mood, assess suicidal intent/ideations,

Interventions (In priority order):

1. Initiate suicide precautions with a safe environment during my care
2. Administer Lexapro as prescribed
3. Provide suicide hotline qshift
4. Use active listening and offer self with silence throughout my care
5. Administer buspirone as prescribed
6. Encourage frequent visits from support persons qshift

Problem #2: Ineffective coping

Patient Goals:

1. RD will identify at least one healthy coping mechanism during my care
2. RD will continue to participate in activity/support groups during my care

Assessments:

- Assess RD's usual coping strategies, assess RD's support system, assess RD's perception of her disorder, assess RD's readiness to learn new coping strategies

Interventions (In priority order):

7. Use active listening, open-ended questions, and silence etc when speaking with RD
8. Encourage RD to express feelings and concerns qshift
9. Educate RD on different healthy coping mechanisms qshift
10. Encourage RD to participate in activity/support groups qshift
11. Provide positive reinforcement for active participation in support groups qshift
12. Educate RD on the effects of alcohol and other substances qshift

Patient Teaching

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

1. I taught a patient the importance of a support system which was appropriate because they are separated and do not have the support they need, so they agreed that their situation with alcohol happened due to their separation and loneliness.

2. I taught a patient on different, healthy coping mechanisms that are possible which was appropriate because the patient was admitted for substance use disorder.

Growth & Development

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

RD was WNL for growth and development as a 38 y/o. The appropriate stage of development is Generativity vs. Stagnation, and she seems to still sit at this stage since she is a working woman who seems to be occupied with her kids when at home, although she does not have a stable relationship like most do in this stage.

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

The only deviation from developmental stage is not being in a stable relationship and also not having a stable mindset to achieve specific life goals that she may have established for herself in her past. Her depression and substance use disorder has probably put a damper in some aspects of her life which is causing her to not fully live all the potentials as she should at this stage of development.

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 of my performance throughout the day was that I did the best I could given the situation. These patients have a totally different mindset than I do so it is hard to know what goes on in their head and is difficult to know the most appropriate way to approach them to speak about their situation and gain knowledge. I think I did well with the conversations I did have with some individuals, such as asking them about any past trauma that might have caused them to seek unhealthy ways to cope and using active listening and silence, but I do believe I could have been better at initiating more conversations.

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

Coming from experience with having a parent with depression and bipolar, I know how it use to be trying to talk to my mom about ways to get better and it only made the situation worse, so it was challenging and nerve-racking for me to try to appropriately talk to these patients without triggering them. I overcame this challenge by acknowledging that most of the people there are seeking help voluntarily and that speaking with me may bring them joy if they don't have much of a support system to speak out loud to at home.