

Dover Behavioral Health
Clinical Assignment
2024

Student Name: Jaylee Backus Date: 9/18/24

Patient's Initials: C.V Age: 57 Sex: F

Psychiatric Diagnosis(es): Major Depressive Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Prefrontal cortex is not working correctly altering behavior and personality.
Neurotransmitters:	Dopamine (decreased), norepinephrine (Decreased), serotonin, decreased), acetylcholine (increased)
Course/ characteristics of illness:	A mood disorder that is characterized by frequent feelings of sadness and despair that affects daily functioning. Severity can vary.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Aripiprazole (Abilify)- short term treatment for agitation and mood disorders	Antipsychotic; balances levels of dopamine and serotonin therefore improving mood.	Lightheadedness, dizziness, constipation, n/v, drowsiness	Monitor for suicidal ideations, monitor for side effects
Lexapro-depression	Antidepressant: increases serotonin to improve mood	Insomnia, dry mouth, constipation, drowsiness, n/v	Monitor for suicidal ideations, monitor for side effects. Notify provider if mood does not improve or worsens
Buprenorphine-naloxone (Suboxone) -	Agents for opioid withdrawal	Drowsiness, anxiety, constipation	Avoid alcohol when taking medication, contact provider prior to taking other medications

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	Verbalized wanting to take a shower	Vertical wounds on both wrists, 4-5 inch wound on right side of neck, all three closed with stitches and dressed with gauze and tape. Wearing paper scrubs and socks, hair shaved, unclean
Behavior	<p>“this is what happens when someone is at the end of their rope”</p> <p>When discussing the four A’s of stress stated “have you ever realized that women always apologize for having to say no but men never do”</p>	Willing to show wounds, called myself and other students over to see her wounds. Somewhat attention seeking at times. Would call out in group and make a statement not completely related to the topic.
Speech	N/A	Clear and organized, appropriate for age and situation
Mood	“don’t listen to her, none of us need help, figure it out yourselves”	Mood was initially hard to read, dark humor, mood was up and down throughout conversations.
Disorders of the Form of Thought	N/A	N/A
Perceptual Disturbances	N/A	N/A
Cognition	Told another peer she loved them when they stated that they felt unloved. Also held another peer accountable “this is not the place to discuss your finances, go do that in private” when in a	Alert and oriented, socially aware of surroundings, was supportive to peers but also holding others accountable when necessary

	group setting in the day room.	
Ideas of harming self or others	when someone told her she was happy that she was still here with us stated “well it depends on what side you look at it from”	No direct statements or comments about wanting to hurt herself or others but hinted not being happy to be here following suicide attempt

Problem #1:

Risk for suicide

Priority Patient Goal:

1. Pt. will not have any suicidal ideations during my time of care.

Assessments:

- Ask directly of any suicidal ideations, and a plan to carry them out

Top 2 Interventions with rationale:

1. Remove any harmful objects from surroundings, initiate 1:1 suicide precautions

Problem #2:

Ineffective coping

Priority Patient Goal:

1. Pt. will verbalize stressors in outside life and how to avoid or solve those stressors as they arise.
2. Come up with a patient safety plan or suicide contract for pt. to follow if suicidal ideations do arise: who to call, reminders of their most important thing to live for, ways to cope with stressors during that situation, etc.

Assessments:

- Feelings toward situation, nonverbal cues of distress, sadness, overwhelmed, etc.

Top 2 Interventions with rationale:

1. Encourage pt to talk about suicidal ideations and what how she feels surrounding her current situation. Offer resources to make barriers more accessible to limit stressors.
2. Provide external resources for medication, therapy, support groups and coping mechanisms to practice independently on a day to day basis.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Healthy coping mechanisms to use instead of drugs or alcohol.

2. Ways to avoid suicidal ideations or methods to refrain from acting on suicidal ideations and seek help instead.

Growth & Development

1. Discuss norms of growth and development for your patient, including development stage.

Middle adult- normal physical development, socially involved with peers, can seem withdrawn at times but participative during group sessions.

2. Discuss any deviations of growth and development.

Difficulty overcoming hardships in life, not working to fulfill a sense of meaning. Consumed by alcohol and cocaine and not focusing on healthy outlets and activities.

Self-Evaluation: Answer the following question.

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.

Throughout the clinical day, I got to hear the stories of many people. These stories were very impactful in understanding what they have gone through leading to the choices that they ultimately made. I think I listened well when people were talking to me and sharing their stories. Like yesterday, it was kind of awkward initially to go in a room of unfamiliar people and talk to them about their trauma and aspects of their life that most people are not so willing to share, but once rapport was established, it became easier for people to open up and share. I believe that I could do a better job of approaching people even though I am uncomfortable at times. For example, some of the patients were withdrawn, I could have taken more time to make more connections with some of the quiet patients. Sometimes I still struggle with the balance of letting people have their space but encouraging them to discuss their feelings. I try my best to offer myself to listen but not pushing them to talk about things they do not want to share just yet.