

personality disorder and MDD)			
Seroquel	Dibenzodiazepine derivative; Second generation antipsychotic Antagonizes dopamine and serotonin, histamine, alpha 1 adrenergic receptor	HA, drowsiness, dizziness, orthostatic hypotension	Monitor for orthostatic hypotension Monitor VS before and after administration

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	“The scars are from my self-harm, I just can’t stop doing it.”	Wearing blue paper scrubs Hair appears to be clean, pulled up into a bun Superficial scars on left anterior forearm from cutting Little to no facial expressions No pupil dilation or constriction Obesity for height Appearance appropriate for age
Behavior	N/A	Reduced body movements Minimal eye contact, stares straight off when having a conversation
Speech	N/A	Slow speech Normal volume Occasional stuttering disturbances in speech

Mood	“I feel alone and not loved”	Flat affect Sad, hopeless, lonely mood
Disorders of the Form of Thought	N/A	Thought process coherent No delusions or obsessions
Perceptual Disturbances	N/A	Unable to assess
Cognition	Stated, “I have borderline personality disorder, bipolar, and PTSD; I was admitted for self-harm”	Alert and oriented Aware of degree of illness Remote, recent, immediate memory intact Slight attention deficit (would stare at TV and lose train of thought in conversation)
Ideas of harming self or others	“I do have thoughts of suicide and have a plan but I don’t want to tell you because I will have to sleep in the common room tonight” “I cut myself and can’t stop”	Suicidal Hx and current thoughts of suicide Hx of self harm by means of cutting Uses a razor blade for cutting

Problem #1: Impaired coping

Priority Patient Goal:

1. Pt will verbalize at least 2 means of coping mechanisms by the end of my care

Assessments:

- Assess knowledge of coping mechanisms, assess current use of coping mechanisms, assess for thoughts of self-harm/suicide

Top 2 Interventions with rationale:

1. Establish rapport- by doing so, the pt will feel comfortable talking and will also be receptive and listen to your teaching

2. Educate on effective coping mechanism- this education could help them adapt new skills to better face problems that they may face

Problem #2: Risk for self-harm or other-directed harm

Priority Patient Goal:

1. Pt will verbalize thoughts of self-harm or thoughts of wanting to harm others as they are experienced

Assessments:

- Assess for suicidal/homicidal ideations, assess for plan, assess for means to carry out plan, assess mental status, assess support system

Top 2 Interventions with rationale:

1. Establish rapport- by establishing rapport this will build a trusting relationship with the pt helping them to feel comfortable and discuss thoughts/feelings
2. Have pt wear paper scrubs, remove ligature risk, assign 1:1 sitter, Q15 min assessment- these precautions allow for close monitoring and hopefully prevent suicide attempts

Patient Teaching

List 2 teaching topics that you taught a client.

1. Educated on coping mechanism such as journaling, meditating, guided imagery
2. Educated on importance of eating all meals especially with meds and Hx of GERD

Growth & Development

1. Discuss norms of growth and development for your patient, including development stage. The developmental stage for my pt is generativity vs. stagnation. In this stage, the virtue is care as well as achieving life goals. During this period nerve impulses travel slower and physical changes to the body may occur. Role changes occur as children leave home. Midlife crisis can occur.

2. Discuss any deviations of growth and development.

Deviations for this stage include a lack of concern for others and becoming withdrawn- these of which come from non-achievement of this developmental task.

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.

I think my performance was good during this clinical day and improved from yesterday. My goal from yesterday coming into today was to talk to more individuals and build rapport with them. Right off the bat this morning I introduced myself to everyone and said a quick hello. At breakfast time I mingled and spoke to a few different individuals asking how their morning was going. I then sat with Dwight for the remainder of breakfast time getting to know him and furthering our rapport. By building trust with him he felt comfortable to share his story and allow me to get to know him. In the time following breakfast and before group I got to talk with Karen. I began with simple conversation with her just asking about her day and things she liked to build trust. She too felt comfortable enough to share her story and feelings. Lastly, I got to know a little bit about Casey's story in brief conversation with her as well. I feel like improvement can always be made on therapeutic communication skills although I felt pretty confident, and felt I had a good day.