

Dover Behavioral Health  
Clinical Assignment  
2024

Student Name: Lily Cook Date: 9/24/24

Patient's Initials: M.R. Age: 24 Sex: F

Psychiatric Diagnosis(es): Schizophrenia, Bipolar, Anxiety, Depression \_\_\_\_\_

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Ventricles in the brain may be enlarged. Decreased grey matter may be present.
Neurotransmitters:	An increase in dopamine and serotonin.
Course/ characteristics of illness:	A type of psychosis characterized by abnormal thoughts and thought processes. Has positive, negative, and cognitive symptoms.

**Medications**

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Haloperidol	1 <sup>st</sup> generation antipsychotic	EPS: acute dystonia, pseudoparkinsons, TD, akathisia	-Monitor for EPS, suicidal ideation. Check BP and HR
-Vraylar (Cariprazine) -trazodone	-2 <sup>nd</sup> generation antipsychotic; Partial antagonist of central dopamine and serotonin receptors -SSRI, blocks reuptake of serotonin at neuronal presynaptic membranes	-Metabolic syndrome: dyslipidemia, hyperglycemia, insulin resistance, wt gain -dizziness, dry mouth, drowsiness, HA, blurred vision, n/v	- monitor for EPS and neuroleptic malignant syndrome. Obtain CBC  -monitor for suicidal ideation

**Mental Status Exam:**

	Subjective Data	Objective Data
Appearance	N/A	Dressed in Batman leggings and a shirt. No body odor present. Tattoos present. Appropriate for developmental age.
Behavior	N/A	Reduced body movements. Eye contact was very minimal.
Speech	N/A	Speech was slow and soft
Mood	States "One of my biggest problems is myself"	Affect was flat and withdrawn. Mood was depressed.
Disorders of the Form of Thought	N/A	Denies any delusions. No signs of thought blocking or flight of ideas present.
Perceptual Disturbances	States "I am learning to cope with the voices but I still hear them"	Auditory hallucinations present. Denies visual hallucinations.
Cognition	"I only remember being at MeadowWood prior to here"	Oriented to person. Memory is poor on recent and past events. Judgement is appropriate for developmental age.
Ideas of harming self or others	N/A	Denies any thoughts of harming self or others

**Problem #1:** \_\_\_\_\_ Disturbed Sensory Perception \_\_\_\_\_

Priority Patient Goal:

1. \_\_Pt will verbalize the importance of telling staff about command hallucinations PRN. \_\_

Assessments:

- \_\_Assess for auditory hallucinations q 4 hr. Assess for command hallucinations PRN.
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Top 2 Interventions with rationale:

1. \_\_Play music in the room q 4 hr. This will provide a distraction so that the pt can focus on something else. \_\_\_\_\_
2. \_\_Pt will take their haloperidol as prescribed during my time of care. This ensures medication compliance and will reduce the number of relapses. \_\_\_\_\_

**Problem #2:** \_\_Risk for Suicide Behavior \_\_\_\_\_

Priority Patient Goal:

1. \_\_Pt will not harm themselves during my time of care. \_\_\_\_\_

Assessments:

- \_\_Assess for a plan for suicide q 8 hr. Assess for suicidal ideation q 4 hr. Assess for access to items that can cause self-harm q 8hr \_\_\_\_\_

Top 2 Interventions with rationale:

1. \_\_Check the environment for any dangerous items q 4 hr. Scanning the environment will ensure that patients do not have objects that they can use to harm themselves or others with. \_\_\_\_\_
2. \_\_Create a No Suicide Contract with the patient q 12 hr. This contract will give them a contact to reach out to when they are having suicidal ideations and allows the patient to seek help when they are in times of need. \_\_\_\_\_

Patient Teaching

List 2 teaching topics that you taught a client.

1. Medication compliance is crucial in preventing relapses.
2. Distraction techniques, such as music or TV, may help decrease the feeling of being overwhelmed when hearing the voices.

Growth & Development

1. Discuss norms of growth and development for your patient, including development stage. My patient is in the developmental stage of young adult. Some norms of this developmental stage include capacity for mutual love and respect between two people, intimacy between two

people beyond sexual contact, starting a family, choosing a marital partner, and a career established.

2. Discuss any deviations of growth and development.

**Some deviations of growth and development for my patient include social isolation from others. No career is currently established yet during her stage of life. The patient has two children, but no marital partner has been established yet. This patient tends to get withdrawn from her family when she is using substances and not taking medications appropriately.**

**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.

My personal perception of how I did was good. I think that I associated with the patients well and tried to walk around to see and know many different patients. I think that I did well with establishing rapport with some of the patients and used active listening a lot. One of the patients stated that “she is very attentive” after the group therapy session. This made me feel like I did a good job at listening to what the patients had to say and having them know that I was interested in what they had to say. One thing that I could have done better is keeping conversations going longer, I felt that it was hard to keep talking when the patients felt uncomfortable or did not know what to say. For example, one of the patients stated, “I don’t feel comfortable talking about that type of stuff”. I could work on communication techniques and find more things to say when those situations occur so that I am better prepared for the future.