

Dover Behavioral Health  
Clinical Assignment  
2024

Student Name: Rachel Dietz Date: 9/24/24

Patient's Initials: D. T Age: 30 Sex: M

Psychiatric Diagnosis(es): Depression

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	<ul style="list-style-type: none"> <li>• abnormalities in the brain's gray and white matter</li> <li>• the prefrontal cortex exhibits a dysfunctional metabolic state, this is characterized by decreased blood flow, neural activity, and neuronal metabolism</li> </ul>
Neurotransmitters:	<ul style="list-style-type: none"> <li>• Serotonin ↓</li> <li>• Norepinephrine ↓</li> <li>• Dopamine ↓</li> </ul>
Course/ characteristics of illness:	<ul style="list-style-type: none"> <li>• Depressed Mood</li> <li>• Anhedonia</li> <li>• Change in weight</li> <li>• Insomnia or hypersomnia</li> <li>• Psychomotor agitation or retardation</li> <li>• Fatigue or energy loss</li> <li>• Feelings of worthlessness or guilt</li> <li>• Diminished concentration or indecisiveness</li> <li>• Recurrent thoughts of death or suicidal thoughts</li> </ul>

**Medications**

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Mirtazapine - used to treat depression	SSRI <ul style="list-style-type: none"> <li>• Selectively blocks the reuptake of serotonin</li> </ul>	Dizziness, drowsiness, lightheadedness, increased appetite, weight gain, dry mouth, or constipation	<ul style="list-style-type: none"> <li>• Antidepressants might contribute to suicidal behavior.</li> <li>• Look out for Serotonin Withdrawal Symptoms: Nausea, headache, dizziness, visual disturbances, tremors</li> </ul>
Clonazepam- Used to treat anxiety	Benzodiazepines <ul style="list-style-type: none"> <li>• Potentiate the effects</li> </ul>	sedation, ataxia, decreased cognitive functioning	<ul style="list-style-type: none"> <li>• Avoid grapefruit juice</li> <li>• Taper dosing over several weeks</li> </ul>

	of GABA, providing a calming effect		<ul style="list-style-type: none"> <li>• highly addictive, PRN medication</li> <li>• safe environment can be a sedative</li> </ul>
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**Mental Status Exam:**

	Subjective Data	Objective Data
Appearance	-Appears freshly showered with hair properly groomed. - occasional small smile when speaking directly -tattoos present around front of neck	-clean clothes
Behavior	- rolls eyes occasionally -makes direct eye contact	-Paces down hallway -slammed fist on wall
Speech	-Normal speech, normal volume -uses appropriate words for development	n/a
Mood	“I hate feeling down and not knowing why” -affect flat -mood labile	
Disorders of the Form of Thought	-Coherent thinking process -can hold a conversation , listens when others are speaking and waits to speak	n/a
Perceptual Disturbances	n/a	n/a

Cognition	AO x 4 Full LOC Memory immediate	n/a
Ideas of harming self or others	“I have attempted too many times to harm myself” -had plan in place for suicide attempt	n/a

**Problem #1: Ineffective Coping**

Priority Patient Goal:

1. Patient will be able to identify one trigger to their depression or anxiety during my time of care.

Assessments:

- multiple suicide attempts this year, multiple hospitalizations, relapses frequently, and in compliant with medication regimen. “I just need help finding my way out of this mess.”

Top 2 Interventions with rationale:

1. Encourage verbalizing thoughts and feelings- this is a great way to bring inner thoughts to light and provide logical thinking to their fears or intense thoughts.
2. Encourage to use outlet of physical activity- this will allow any pent up aggression or energy to be delivered through walking.

**Problem #2: Social isolation**

Priority Patient Goal:

1. Patient will attend group activities during my time of care.

Assessments:

- Denies participating in group therapy and activities. Wishes to stay in room during the day, sits alone in separate room, leaves room when people occupy it.

Top 2 Interventions with rationale:

1. I will spend time with patient on a Q2hr- this will build trust and rapport with depressed patients. This will provide time for silence and promote speaking on behalf of feelings. This can also coach them to eventually socialize with others.
2. Encourage participation in group activity- allows patients to realize that their symptoms are not exclusive to them, and others share similar feelings.

### Patient Teaching

List 2 teaching topics that you taught a client.

1. I taught a patient how to practice mindfulness, and how it helps relief anxiety or stress.
2. I taught a patient about how to use physical activity like walking in times where it might feel over whelming. She then wanted to go for a walk when she noticed she was starting to get agitated about other patients.

### Growth & Development

1. Discuss norms of growth and development for your patient, including development stage.
  - Small amounts of grey hair in facial hair and head.
  - Does not live with family
  - Graduated high school
2. Discuss any deviations of growth and development.
  - Not looking forward to future, has had 5 suicide attempts
  - Is unemployed
  - Inability to form lasting relationships
  - Minimal health friendships

### 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 felt like today was very informative. I got to see many different aspects of mental health nursing. Especially how important it is to be concrete on your therapeutic communication. I think I did a good job with helping a patient identify outlets for stressful moments and when they feel over welled. Specifically, I demonstrated how to practice mindfulness. The patient then practiced after I did, and afterwards smiled and states “wow my head doesn’t feel so heavy”. It made me feel like I was helping. Something I would like to try differently tomorrow is being careful with what I say to the patients. There was a moment where I used the wrong word and the patient immediately got defensive. I was able to rectify the situation but that couldn’t have went even worse if I wasn’t able to retort what I said.

