

Dover Behavioral Health
Clinical Assignment
2024

Student Name: Isabelle Azar Date: 9/25/24

Patient's Initials: K.G Age: 32 Sex: M

Psychiatric Diagnosis(es): Bipolar Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	<ul style="list-style-type: none"> • Ventricular enlargement has been observed. • Decreased gray matter.
Neurotransmitters:	Increased Dopamine and Serotonin
Course/ characteristics of illness:	<p>Schizophrenia is categorized as psychosis which includes altered cognition and altered perception. There is a severe deterioration of social and occupational functioning. The cause of schizophrenia is not entirely known but there are biological influences including an increase of dopamine and increase of serotonin, important neurotransmitters in the brain. There has also been a genetic connection with the C4 gene which leads to prolonged synaptic pruning leading to some of the symptoms of schizophrenia. Patients who have a first family member with schizophrenia have a 10% chance of developing this illness. The DSM 5 criteria for schizophrenia is that they must have delusions, hallucinations, or disorganized speech, and catatonic behavior, or negative symptoms. They must have two of the following symptoms and these symptoms must last for at least six months.</p>

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
<p>Haldol- this medicine is used for the treatment of acute and chronic psychotic disorders including schizophrenia, bipolar, Tourette disorder, agitation, and the prevention of nausea through blocking of dopamine in the chemoreceptor trigger zone of the medulla.</p>	<p>First generation antipsychotic. First generation antipsychotic medications block dopamine, acetylcholine, histamine, and norepinephrine receptors in the brain and periphery. Inhibition of psychotic finding is believed to be a result of dopamine blockade in the brain.</p>	<ul style="list-style-type: none"> • First generation antipsychotics usually produce EPS effects such as Dystonia, Pseudoparkinsonism, Tardive Dyskinesia, and Akinesia. • Other side effects include anticholinergic effects such as dry mouth, blurred vision, constipation, tachycardia. • Orthostatic hypotension may also appear 	<ul style="list-style-type: none"> • Observe for extrapyramidal adverse effects such as akathisia for the first two months after the initial treatment. • Manage with anti-parkinsonian agents such as beta blockers or lorazepam. • Observed for pseudo parkinsonism for the first month after the initial of therapy treat with anti-parkinsonian agents such as benztropine. • Begin to monitor for acute dystonia anywhere between one to five days after administration treat with IV administration of diphenhydramine. • Be on the lookout for neuroleptic malignant syndrome which is manifested by sudden high fever, diaphoresis, tachycardia, and neck rigidity. Stop antipsychotic medication if this is noted while monitoring vital signs, applying cooling blankets, and administering antipyretics.
<p>Depakote- this medicine is used to help treat and prevent relapse of manic and</p>	<p>Mood stabilizing antiepileptic medication. This medication slows the entrance of sodium and calcium back into the</p>	<ul style="list-style-type: none"> • GI effects such as nausea vomiting and indigestion. • Hepatotoxicity 	<ul style="list-style-type: none"> • Educate the client to take medication with food. • Assess baseline liver functions and monitor

<p>depressive episodes. They are useful in clients who have mixed mania and rapid cycling bipolar disorders.</p>	<p>neuron, thus extending the time it takes for the nerve to return to its active state. This also potentiates the inhibitory effects of GABA. This medicine also inhibits glutamate which suppresses central nervous system excitation.</p>	<p>evidenced by anorexia, nausea, vomiting, fatigue, and jaundice.</p> <ul style="list-style-type: none"> • Pancreatitis evidenced by nausea, vomiting, abdominal pain. • Thrombocytopenia evidenced by bruising. • Weight gain 	<p>liver functions regularly every two months during the first six months of treatment.</p> <ul style="list-style-type: none"> • Monitor amylase levels. • Monitor platelet count and observe for bruising. • Educate the client to avoid taking this medicine during pregnancy. • Monitor therapeutic blood level, for valproic acid it is 50 to 120 mcg/mL.
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Mental Status Exam:

	Subjective Data	Objective Data
Appearance	States "Hygiene is very important to me"	Wearing a sweatshirt and a paper scrub uniform bottom. No body odor. Normal 3mm pupil dilation. Looks like approximate age.
Behavior	States "I used to get very restless in the past and not be able to stand still"	No akinesia or pacing or fidgeting noted. No repetitive gestures or abnormal movements. Maintains good eye contact.
Speech	N/A	Rapid rate, loud volume, and scattered articulation problems (stuttering).
Mood	States "I felt very depressed in the past because I experienced psychosis" "I felt very	Normal affect, labile mood. Inappropriate and bizarre laughter at random intervals noted.

	overwhelmed” “I laugh sometimes because I think of a funny thought”	
Disorders of the Form of Thought	States “Woman are evil because they do not know how to raise kids I don’t trust them; I have a phobia of women”	Incoherent and disorganized thought processes noted along with flight of ideas noted sparsely.
Perceptual Disturbances	States “I did hear voices at 22 (yo) like baby sounds or kids playing but that brought me peace.	Laughs randomly at random intervals. Blamed it on “funny thoughts” but denies hearing voices. Does not talk to himself.
Cognition	Reports “psychosis that started at age of 22”. States “I had delusions before I started medicine, and it blocked them”	Oriented x4, LOC WNL, memory WNL, normal attention span, unable to identify abstractive thoughts unless explained. Has a slight degree of insight into his illness such as psychosis and auditory hallucinations but is not able to identify their cause other than it started at 22. He is unaware of how his medication is helping him, and he is unaware of the purpose of group therapy. Impaired judgement and some paranoid delusions noted.
Ideas of harming self or others	States “I’ve tried to kill myself in the past one time before I took medicine”	Did not verbalize current suicidal ideations. Denies having a current suicidal plan.

Problem #1: Risk Of Injury

Priority Patient Goal:

1. Patient will not harm themselves or others during my TOC
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Assessments:

- Assess suicide risk and risk of self-harm while monitoring for any suicidal ideation verbal expressions Q4.

- Assess previous triggering events or suicidal ideation at the start of my Shift.
 - Assess current coping mechanisms at the start of my shift
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Top 2 Interventions with rationale:

1. Report any verbal expression of suicidal thoughts or an increase in depressed mood to the primary RN PRN (Rationale: It is important to report suicidal behavior so that the primary RN is aware and may make necessary changes to the plan of care for the patient and also make the doctor aware for any medication changes)
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2. Build rapport and actively listen to the patient and their emotions while displaying empathy and utilizing therapeutic communication throughout my TOC (Rationale: It is important to actively listen to patients as verbal expression without judgement helps alleviate anxiety for patients)
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Problem #2: Disturbed sensory perception

Priority Patient Goal:

1. Client will identify distortions to reality by the end of my TOC
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Assessments:

- Assess for auditory hallucinations Q1.
 - Assess nature and type of auditory hallucinations PRN.
 - Assess pt ability to differentiate hallucinations from reality Q1
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Top 2 Interventions with rationale:

1. Ensure the client that I do not hear the voices while acknowledging the patients experience but not reinforcing the hallucination PRN (Rationale: Ensuring the patient I do not hear the voices while acknowledging their emotions helps the client differentiate between reality and hallucinations. It also validates the client's emotions while assuring them that I am still listening to them.)
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2. Use distraction techniques like drawing or music to draw attention away from delusions PRN. (Rationale: It is inappropriate to argue about delusions to the client as it might further escalate their anxiety levels. Using distraction techniques can help take the client's mind off disturbing topics and onto more calming ones.)
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Patient Teaching

List 2 teaching topics that you taught a client.

1. Explain the effects of Depakote and Haldol along with their side effects.
2. Educate about the importance of reporting command hallucinations.

Growth & Development

1. Discuss norms of growth and development for your patient, including development stage. Normal growth and development at this stage he would be reaching the Erikson stage of intimacy vs isolation. This is where a person is more prone to reaching out to others and creating new relationships and support systems. If this is unsuccessful this can cause a depressive mood and feelings of Isolation. He is also in the formal operation stage according to Piaget. He is also in the young adult phase which is all about committing yourself to a cause or work and trying to find your true passion in life.
2. Discuss any deviations of growth and development.
He seemed very sociable and friendly at first glance. He is not very talkative in group therapy and does not go into depth about his problems to others. We talked about the importance of having a good support system and friends. He stated that he has acquaintances but no real friends. He is paranoid of having friends as they "want to take his money." He is in formal operation stage, but he is not able to think logically. Approximately 25% of his thoughts were very illogic as he once stated he is "paranoid of women as they don't know how to raise kids the right way" and this directly affects him and his life as he "cares about the kids and they are the future." He is a young adult and should be out committing to a cause and working towards goals, but he is facing a severe mental illness that requires him to refocus his attention on battling this disease.

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 definitely felt more comfortable coming into today's clinical. I had already established rapport with quite a few people there and it felt much easier to talk to people. I was able to approach B.A right away and ask her how her night was, and she was open to talking to me. She told me exactly what brought her here and she admitted to me that she had been drinking and drove her car in an attempt to commit suicide which is a very personal thing to admit but she knew that I was there to be somebody she could talk to and she openly talked to me about that. I did talk to K.G also and he had remembered me since yesterday and was excited to talk to me again. He actually opened up about what mental illness he was battling, and he was telling me that he did have psychosis, and he did hear voices. This was exciting for me that he opened up because yesterday he was not able to right away which is understandable especially about something so private, but he was able to open up today. It felt much easier to talk to people there and I felt like that was a one thing I did well communicating to people and having them open up to me. Something I could have done better was the incident with KC and she was upset that I had switched seats with somebody. I did not mean to upset her but in hindsight I should have asked her more privately and been more aware that some of the patients in this hospital are a little more sensitive over smaller things. I thought I was doing the right thing by asking but I should have asked her privately and have been more in tune with her preferences. I did listen to what she had to say after and acknowledged her feelings without getting personally upset so I think that was also another thing I did well.