Dover Behavioral Health
Clinical Assignment
2024

Student Name: Heather Schurman   Date:10/9/24

Patient's Initials: ___DR_____   Age: _53_____   Sex: _M_____

Psychiatric Diagnosis(es): Major Depressive Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Abnormal function of the hypothalamic pituitary adrenal axis and glutamate mediated toxicity Brain shrinks - hippocampus, thalamus, frontal cortex, and prefrontal cortexNo allowed clipboard formats could have been pasted.
Neurotransmitters:	Serotonin – decreased, regulator of sleep, appetite and libido Norepinephrine – decreased may account for anergia, anhedonia, decreased concentration and diminished libido Dopamine – decreased reward and incentive behavior process, emotional expression and learning process
Course/ characteristics of illness:	Depressed mood, loss of interest, sx last for at least 2 weeks, anhedonia, insomnia, hypersomnia, fatigue, psychomotor retardation, worthlessness or guilt, suicidal ideation

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Bupropion – smoking cessation & depression	Atypical antidepressant Inhibits the reuptake of dopamine and norepinephrine in the brain	Diarrhea, tremor, nervousness, N/V, palpitations, headaches, dry mouth, GI distress, tachycardia, HTN, restlessness, insomnia	Can help with smoking cessation Avoid alcohol
Venlafaxine – for depression	SNRI, blocks the reuptake of serotonin and norepinephrine	Insomnia, N/V, anorexia, hypertension, headache, dizziness, blurred vision weight loss,	Serotonin syndrome – no st johns wort No NSAIDs or anticoagulants – increased risk for bleeding

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	N/A	Hygiene seemed appropriate, wearing the same thing as the day before, would smile and laugh, has burns over body from a childhood fire, looks appropriate for age
Behavior	"Man I am tired did not sleep much last night due to the fight"	Seemed tired, kept eye contact, watched around the room checking on people making sure they were okay
Speech	"I can not wait to get out of here and get my Starbucks and my chic-fil-a"	Rate was normal Volume was soft No other disturbances with speech
Mood	"Just gotta stay positive or else you are not going to get better and get out of this place"	Mood was a bit sad but also positive Affect was appropriate
Disorders of the Form of Thought	N/A	N/A
Perceptual Disturbances	N/A	N/A
Cognition	"My daughter is 15 living in Dubai with her momma, she acts like she's 30, me and her momma do not get along but I do not go against the mom because she is in her care." "I know why I did this and will	Oriented to time, person and place LOC is alert Memory is recent Has insight of what caused him to become attempt suicide

	not do it again it was a mistake”	
Ideas of harming self or others	“I did all of this and it was a mistake I am not going to do it again,”	There is not presence of SI or HI

Problem #1: Risk for Injury

Priority Patient Goal:

> 1. D.R. will not harm himself during my time of care

Assessments:

> ➢ Assess for SI, a plan, means for a plan, reasons for living, mood and affect, coping strategies as needed

Top 2 Interventions with rationale:

1. Will distract with chess whenever frustrated as needed – distracting from whenever frustrated or sad will help him forget about those feelings for a minute and hopefully reset his feelings

2. Will talk about reasons for living as needed – will help him know that even though he is upset and does want to end things that there is still things worth living for and to just keep trying

Problem #2: Readiness for Enhanced Coping

Priority Patient Goal:

> 1. D.R. will set up therapy for when he gets discharged within 20 days of discharge

Assessments:

> ➢ Still willing to commit to therapy, mood, any SI, coping strategies as needed

Top 2 Interventions with rationale:

1. Going to want to ask and find out why he would not want to commit to therapy as needed – if something changed and therapy is no longer something he wants we would need to figure out why and make a change in his treatment

2. Make sure he is taking a medication for depression as needed – medication can be very helpful for someone who is going through depression and attempted suicide so it is

always good to offer medication and go through everything about the med and answer

any questions

Patient Teaching

List 2 teaching topics that you taught a client.

1.   Taught about the importance of finding a therapist to keep in touch with. How there are even the apps now where you can find one and they are at your access whenever you need.

2.   Making sure you build upon your support system. All of this occurred to him because he has lost 2 great friends within a short period.

 Growth & Development

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

        Middle adulthood – take on activities that benefit others, take pride in accomplishment, enjoy watching children mature into adulthood, enjoy mature love with partner

2. Discuss any deviations of growth and development.

        For the most part he is doing well in this stage. The only thing is with his children he only talks with one the other ones he does not have a relationship with. Also does not have a partner to mature in love together.

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 today went a lot better. It felt a lot easier to talk to the patients especially since we had yesterday to get to know them a little bit. Sat down and talked with each of them with more ease. Especially at breakfast I found someone and went asked if it was okay and sat down. We had a good conversation about their life and how things were going. No issues with saying anything too personal. The only thing is I wish I would have talked with K. more especially because I saw how much he lit up with talking to people and especially teaching them AS.