Dover Behavioral Health
Clinical Assignment
2024

Student Name: Destiny K. Date 10/15/2024

Patient's Initials: W.Z. Age: 59 Sex: Male

Psychiatric Diagnosis(es): _Major Depressive Disorder_

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	There is a disruption/ problem with the hypothalamic-pituitary-adrenal axis.
Neurotransmitters:	Norepinephrine, serotonin, and Dopamine
Course/ characteristics of illness:	This disorder is characterized by a depressive mood that is present for at least 2 weeks. To be diagnosed they must experience a depressed mood and anhedonia. Some more symptoms include sleep disturbances, psychomotor agitation/retardation, recurrent thoughts of death or suicidal thoughts. This will be present with no history of manic behavior or any substance use. The symptoms must be present more days than not.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Lexapro (Escitalopram) -> treat depression and/or anxiety	Antidepressant, SSRI ->Selective serotonin reuptake inhibitors ➔ Inhibition in the neuronal reuptake of serotonin increases the amount of serotonin at nerve synapsis	Insomnia, extrapyramidal effects, sexual dysfunction, GI disturbances, agitation	Monitor for serotonin syndrome, ensure no MAOIs are being taken along with this med., monitor for increased suicidal thoughts, educate on the need to taper the dose and not stop abruptly

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	“I had to see if I could feel anything since having my stroke 3 months ago”	Well dressed, clothes clean with no stains, dressed appropriately for his age, scratches on left arm
Behavior		Maintained eye contact with whoever he was talking to or had his eyes locked on whoever was speaking, waited for everyone else to pass by, walked in the back of the line, would say things to get another member going or have them rabble on more
Speech	“I used to stir the pot when I was younger too”, “There was this time I was instigating a fight and when I saw the principal come over, I got in between the two and broke them up”	It was soft at first but that could be due to the loud environment, it was normal, the rate was normal, and it made clear what he was saying without jumbling topics or ideas together.
Mood	Laughed while telling the story about scaring kids on Halloween years ago	Was excited and ready to talk about himself and the things he did in his past, facial expressions matched the stories being told, overall they were appropriate for the situation.
Disorders of the Form of Thought	A couple of people were talking about the cold weather and it snowing his input was “During this time in New Jersey where I’m from it could be snowing now” That led us to talk about his childhood.	Coherent
Perceptual Disturbances		No signs pointed to him having any perceptual disturbances.

Cognition	“I know I’m crazy and that’s why I’m here and that is okay”	Orient to time, place, and person, alert, could remember from childhood events that happened, aware of why he is there and his problems
Ideas of harming self or others	“I do not feel suicidal,” he said out loud while filling out his morning paper.	No signs of potential harm at the moment, cuts/scratches on the left arm to try and see if he can feel pain on that side of his body

Problem #1: Self-mutilation_
Priority Patient Goal:

1. _pt. will not cause or attempt to harm themself in some way during his stay in Dover Behavioral. _

Assessments:

- _Assess support systems, evaluated pt. risk for self-harm daily, assess for events that might trigger this action _

Top 2 Interventions with Rationale:

1. _Spend time with the client and allow him to talk about any feelings or concerns, just listen_
2. _Encourage pt. to participate in group activities or games during those allotted periods. _

Problem #2: _Ineffective coping _
Priority Patient Goal:

1. _pt. will state strategies to cope with anything that is happening in his life, including health conditions that are affecting him by the time of discharge. _

Assessments:

- _Assess current coping mechanics, assess support system, evaluate the pts. Perception of events that are happening. _

Top 2 Interventions with Rationale:

1. _Provide additional strategies to use to cope with stressors that are happening in life. _
2. _Encourage participation and allow for choices to allow the pt. to have some control over some aspects in there life. _

Patient Teaching
List 2 teaching topics that you taught a client.
1. That slowly but surely he would get feeling back on the left side but it will take time after he said he could finally feel his glucose check brick on his pinky today.

2. That they are not “crazy” as they put it, they just need a little extra help to maintain a normal function and that is okay.

Growth & Development (Generativity & stagnation)
1. Discuss norms of growth and development for your patient, including the development stage. Hair seemed to change color from normal, the amount of hair present was small but unable to determine if it was by choice or hair loss happening. Was in the Navy but now retired, overall, I could tell he was satisfied by what he did in the Navy and proud to have been a part of it. He just wanted to have a positive attitude about life and think about all things happy because too many people are negative in the world already.

2. Discuss any deviations in growth and development.
One way that I think this patient deviates from normal growth and development is that it seems that he has trouble dealing with life stressors and problems. This points me in the direction that he may have mild trouble in building resilience.

Self-Evaluation: Answer the following question.

1. What is your perception of your performance during your clinical day? What did you do well? What could you have done better? Give specific examples.

I feel like overall my clinical day was good but I know that I could have talked with more people. I feel like I was a little standoffish but that is because I struggle with initiating a conversation with people that I do not know. For example, before the first group, I kind of stood off to the side not saying anything to anyone. One thing that I thought I did well in is once I had a conversation going I was fully immersed in that conversation and only paid attention to what they were saying. I also feel like I maintained pretty good eye contact while talking to everyone.