

Dover Behavioral Health  
Clinical Assignment  
2024

Student Name: Destiny K. Date: 10/16/2024 \_\_\_\_\_

Patient's Initials: T.M. Age: 33 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 -> these neurotransmitters are all low in this disorder.
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
Fluoxetine (Prozac)-> used to treat depression	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	N/A	Well dressed, clothing matching and clean with no stains, clothing is appropriate for age and setting.
Behavior	“I am doing pretty good today”	Maintained eye contact while communicating with everyone, but seemed anxious as evidenced by excessive leg shaking and passing up and down the hallway multiple times, seen being more social with other people on the floor.
Speech	“I have lived in Delaware my whole life, what about you?” after talking with him about where he lives at	The speech was clear, with a normal tone, and at a normal rate and responses were appropriate for the topic at hand.
Mood	Laughing and smiling saying “We have tried this movie for the third time now, the first time it didn’t work and the second the subtitles were in Spanish”	Today he is more determined to practice more calming techniques and is willing to have a conversation with us students but only when we say something to him first. Facial expressions match the words that he was saying and the topic/situations he was in
Disorders of the Form of Thought	Can not assess what one thing pointed me to him being coherent	Coherent and present in time was able to relate to the topics that were being talked about, was able to appropriately interact and hold conversations with peers today, and was able to follow directions given by the nurse or the person leading the group.
Perceptual Disturbances	He said nothing that pointed me in the direction that he was experiencing any perceptual disturbances.	No signs pointed to him experiencing any perceptual disturbances.
Cognition	“I want to practice box breathing more to deal with my stress better”	Alert and oriented to time, place, and person, was able to comprehend the group topic of

		imagining how they would change their thinking about themselves if they could. Aware of illness and stressors
Ideas of harming self or others	Did not say anything in the few small conversations that made me believe he was going to harm himself at this very moment	States no plans or thoughts of harming self to me or others, rather he was more determined to find healthy ways to deal with stressful situations.

**Problem #1: \_Risk for self-direct violence\_**

Priority Patient Goal:

1. \_Pt. will not express thoughts of harm to self during my time of care. \_

Assessments:

- \_Assess for plans or suicide or self-harm, assess for stressors that increase the risk for self-harm, assess environment when having SI, evaluate activities done to redirect emotions\_

Top 2 Interventions with Rationale:

1. \_\_Provide a safe environment during increased depressive episodes, This is done so they will not be able to use anything to harm themselves in any way, shape, or form.\_\_
2. \_Allow pt. to freely talk about their feelings throughout my whole care day. Allows him to talk about what is bothering him and allow him to get it out instead of holding the feelings in and allowing it to build up. \_

**Problem #2: \_Ineffective coping \_**

Priority Patient Goal:

1. \_Pt. will be able to state three strategies to deal with stressful situations at least two days before discharge. \_

Assessments:

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

Top 2 Interventions with Rationale:

1. \_Encourage pt. to participate in group activities and therapy. Allows them to relate and learn about ways to deal with stress from others dealing with the same thing. It also allows them to distract themselves from what is overwhelming them. \_
2. \_Encourage deep breathing and relaxation techniques at least once per care day to quiet the mind and to reflect on the situation to realize that it may not be as extreme as they originally thought it to be. \_

### Patient Teaching

List 2 teaching topics that you taught a client.

1. Educate on the topic that it is okay to take baby steps to get better because it is going to take time and they need to be patient with themselves.
2. That they have to/ need/want to help themselves get better before they can help others get better because if not no one in the situation is going to benefit from anything.

### Growth & Development (Generativity & stagnation)

1. Discuss norms of growth and development for your patient, including the development stage. Was able to think of a hypothetical concept when it came time to do so. Was more motivated to better self to be a better person for his family. Even realizing that he needed help points to the fact that he may have realized that doing what he is thinking of doing is going to do more harm to those who love him than whatever his mind is telling him. Physical changes show that he is advancing in life physically fine aeb his stable vitals (non-seemed to be too high, they were all within normal range).

2. Discuss any deviations in growth and development.

The only deviation that I would say is the lack of resilience that is being used because throughout life everyone goes through situations that we will be able to overcome and use the strategies we used then to deal with other issues. To me it seems like there is some lack of it which causes them to go to the worst-case scenario they believe will solve the problem.

### **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 think that this clinical day went better than the one yesterday. I was a little bit more social with multiple people and talking about how their night/evening was the previous night. I feel like I did better at interacting with more people and not talking to just one or two people or staying in the same spot the whole time. For instance, at one point I went into the second activity room to talk

with the people who didn't hang out in the main activity room. One thing that I could have done better is to have a conversation continue and not allow it to die off. I need to not get so much in my head about saying the wrong thing and offending someone because that causes me not to be able to get even more information out. I need to realize that these people want to share their stories all I have to do is ask and they may not see it as being nosy like I do.