

Dover Behavioral Health
Clinical Assignment
2024

Student Name: Nicholas Vitella Date: 10/16/2024

Patient's Initials: J.K. Age: 43 Sex: M

Psychiatric Diagnosis(es): Major Depressive Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Reduced activity in prefrontal cortex, decreased size and functioning of the hippocampus, altered function of the amygdala
Neurotransmitters:	Low levels of serotonin, reduced norepinephrine, decreased dopamine activity,
Course/ characteristics of illness:	Prolonged periods of depression/sadness, changes in appetite, sleep patterns, loss of interest, feelings of hopelessness/helplessness and thoughts of death or suicide

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Sertraline	SSRI Increases serotonin by inhibiting its reuptake to improve mood and reduce symptoms of depression and anxiety	Nausea Insomnia Dizziness Dry mouth Fatigue Diarrhea	Monitor for any changes in mood, behavior, or signs of suicidal ideation, educate on side effects, do not stop abruptly, and serotonin syndrome

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	“I haven't had time yet to shower”	unkempt appearance by wrinkled clothes
Behavior	“I just work all the time, I will never be able to take time off for a vacation”	Sitting away from others during free time and standing outside of the room during group
Speech	“yeah that's how it is...”	Speech is soft and subtle
Mood	“I want to go travel to a lot of places, but I guess I'll never go”	express feelings of hopelessness
Disorders of the Form of Thought	“women and kids are expensive, you can have two dream cars in your garage instead” ”	poverty of ideas and preoccupied with negative thoughts
Perceptual Disturbances	n/a	n/a
Cognition	“I want to focus on coping strategies so I can get better”	adequate focus on tasks and conversation
Ideas of harming self or others	on suicide note “cut wrists and bleed out on beach”	at risk for self harm from previous actions and behaviors

Problem #1: Risk for suicide

Priority Patient Goal:

1. J.K. will remain free from self-harm during my care

Assessments:

- Assess for suicidal ideation, including intent, plan, and means. Monitor for J.K. affect and behavior for signs of increasing depression or withdrawal

Top 2 Interventions with rationale:

1. Q15 minute checks to monitor J.K. safety to prevent self-harm
2. Establish therapeutic relationship by engaging with one on one conversations Q1 hr PRN, by building trust and rapport with J.K. will help with encouraging a sense of support and reduce feelings that can contribute to self-harm

Problem #2: Hopelessness

Priority Patient Goal:

1. J.K will verbalize at least one positive coping strategy to manage feelings of hopelessness by the end of my care

Assessments:

- Assess for signs of hopelessness, depression, and withdrawal through observations of behavior and through conversations

Top 2 Interventions with rationale:

1. Use CBT to challenge negative thought patterns Q2hr/PRN, to help J.K. redirect negative thoughts and focus on more positive thinking
2. Encourage J.K. to set small, achievable goals and maintain a schedule Daily, this can help promote feelings of control and achievement

Patient Teaching

List 2 teaching topics that you taught a client.

1. Educated on distraction techniques (hobbies and creative/social activities)
2. Educated on treatment therapies (CBT)

Growth & Development

1. Discuss norms of growth and development for your patient, including development stage. J.K. is in middle adulthood where the primary task is generativity vs. stagnation to be productive and contribute to society or lack of growth and contribution.

2. Discuss any deviations of growth and development.

J.K. is experiencing a lack of purpose and engagement in life.

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 feel today went better than previous because I was more comfortable to engage with the patients and further the conversation. During breakfast I initiated questions with multiple patients I was sitting with and helped further along the conversation while still providing silence. When I first got onto the unit I saw the deaf patient waiting in line for medication and he seemed to be inpatient. So I pulled him aside to converse with him while the line got shorter. What I felt I should have done better was to ask patients more directly about their mental health and their life history dealing with mental health.