Dover Behavioral Health
Clinical Assignment
2024

Student Name: Ryan Clagett Date: October 29, 2024

Patient's Initials: GS Age: 46 years old Sex: Male

Psychiatric Diagnosis(es): Opioid use disorder; unspecified depressive disorder; hx of bipolar disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	The brain's mesolimbic "reward pathway" involves dopaminergic neurons that begin in the ventral tegmental area and propel forward into the forebrain, particularly into the nucleus accumbens. The amygdala contributes to negative affect and craving. The brainstem, particularly the medulla and pons, is rich in opioid receptors.
Neurotransmitters:	Dopamine, GABA, glutamate, endogenous opioids, serotonin, norepinephrine
Course/ characteristics of illness:	Physical dependence may develop rapidly due to changes in opioid receptors, including desensitization, internalization, and signaling abnormalities. Addiction involves a three-stage cycle that worsens over time: 1) Binge/intoxication 2) Withdrawal/negative effect 3) Preoccupation/anticipation According to the DSM-5, opioid use disorder is dx when an individual exhibits at least two of 11 criteria within a 12-month period, falling into the categories of physical dependence, loss of control, and consequence. (Mild is 2-3 symptoms; moderate is 4-5; and severe is 6 or more) Opioid use disorder is characterized as chronic w/ potential for relapse and recovery; cycles of intoxication, withdrawal, and craving; increased risk of overdose; and potential for long-term health, social, and legal consequences.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Olanzapine	Antimanic agent; 2nd-gen (atypical) antipsychotic It is thought to be mediated through the combined antagonism of dopamine and serotonin receptor sites.	Metabolic syndrome (dyslipidemia, hyperglycemia, insulin resistance, weight gain) EPS Rarely, NMS Sedation Sexual dysfunction	Monitor for orthostatic hypotension, CNS side effects (fatigue, insomnia, abnormal gait, personality disorder, Parkinson's symptoms, tremors), limb pain, respiratory side effects (cough, runny nose, nasal congestion) Educate on signs of heatstroke, risk of falls, avoiding operating machinery, risk of accidental injury
Oxcarbazepine	Antiseizure agent; off-label for bipolar disorder It blocks voltage-sensitive Na channels, stabilizes hyperexcited neuronal membranes, inhibits repetitive firing, decreases the propagation of synaptic impulses, and prevents the spread of seizures.	Rarely, agranulocytosis, aplastic anemia, pancytopenia, thrombocytopenia Hyponatremia Neuropsychiatric effects (lack of concentration, speech disturbance, dizziness, fatigue) Suicidal ideation N/V	Monitor seizure frequency, serum Na, mental alertness, and symptoms of CNS depression, effectiveness, mood or cognitive changes, visual changes, and skin reaction; initiate seizure precautions Be alert for emergence of depression, including suicidal ideation Dosage should be tapered when d/c to reduce the risk of increased seizures.

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	"I don't care much for how I look."	Clean clothes, disheveled appearance (hair), slight body odor, facial expressions appropriate for the situation, a tattoo that read "The Kid" on L lateral neck, appropriate relationship between appearance and age, missing some teeth on top and bottom of mouth
Behavior	"I'm running morning group today!" *Sings rap music w/ inappropriate language*	Restless, paced the unit halls, poured 20 sugar packets into cereal during breakfast, interrupted the peace during morning and afternoon sessions, no abnormal movements or tremors, maintained eye contact when conversing
Speech	"I got some moonshine in this cup! Let me pour you all some moonshine!"	Fluent, inappropriate at times (singing rap songs w/ curse words), pressured speech, loud and rapid speech at times
Mood	"I want to be a drug counselor, but I need one year of being sober to do it." "I have been sober for 10 days."	Eager, excited to attend inpatient rehab, animated affect
Disorders of the Form of Thought	N/A	Coherent, no abnormal thought process or content
Perceptual Disturbances	"I don't see anything that's not there."	N/A
Cognition	"I started doing drugs after my father died when I was in ninth grade." "I used to go to Dover Behavior. I had $10 in my pocket when I was dropped off. I bought some fentanyl with it and overdosed. I was dead. The	A&Ox4, repeats songs while pacing halls and has insight into illness, behaviors, problems, and their causes; proclaimed to be a religious man who prays to God

	EMTs saved me, and now I'm back here." "I'm a man of God. I believe in the Lord. I believe that he doesn't give you more than you can handle. He has a plan for me, for you, for all of us." "I should have continued high school and went to college."	
Ideas of harming self or others	"I don't have thoughts of suicide anymore."	Hx of suicidal ideation and creating notes, no mention of a plan; in the chart, planned to inject himself w/ fentanyl to overdose

Problem #1: Risk for Injury
Priority Patient Goal:

1. GS will not harm himself or others during my time of care.

Assessments:

- Assess GS's state of mania and agitation q shift and PRN to determine the current risk of injury level and prompt appropriate behavior before progressing to more restrictive measures.
- Assess GS's suicidal tendency using a standardized screening tool (SAD PERSONS) q shift and PRN to determine the level of depressive symptoms adequately GS is currently experiencing to prevent suicidal behavior.

Top 2 Interventions with rationale:

1. Verbally prompt appropriate behavior before offering PRN meds or restraining PRN to allow GS the opportunity to correct himself before escalating to more extreme measures.

2. Initiate suicide precautions (1:1 sitter, q15min checks, paper scrubs, safe meal trays, remove all harmful objects) STAT for a score >8 to ensure adequate protection against suicide or attempts thereof.

Problem #2: Ineffective Coping
Priority Patient Goal:

1. GS will teach back one coping strategy (taking long walks) by the end of my care.

Assessments:

- Assess the level of anxiety and depression symptoms q shift and PRN to adequately have a baseline behavior present to determine if steps need to be taken to prevent future suicidal actions or risk for injury.
- Assess coping strategies q shift and PRN to determine the appropriateness and adequacy of current coping mechanisms and develop a patient-centered plan to implement appropriate coping mechanisms.

Top 2 Interventions with rationale:

1. Establish therapeutic rapport, provide a safe, nonjudgmental environment, and allow for expressing feelings and concerns at all times to ensure that GS is being heard and validated and trusting to give the nurse w/ important information.
2. Educate on effective coping strategies (taking long walks, journaling, meditation, deep breathing, progressive muscle relaxation) PRN to provide GS w/ a means to take control of his life when his stressors are causing him to be unable to live his life fully.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Following through w/ the inpatient rehabilitation program to attain the goal of becoming a drug counselor.
2. Coping strategies, such as taking long walks and talking to other people therapeutically.

Growth & Development

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

Since GS is 46 years old, he falls into the formal operational (Piaget), middle adulthood w/ generativity v. stagnation (though I observed stagnation), and moral development (Kohlberg) at the conventional level at Stage 3: Social Conformity Orientation.

2. Discuss any deviations in growth and development.

GS displayed stagnation since he has overdosed and relapsed multiple times w/ the dx of opioid use disorder. He does not undertake activities and causes that benefit others. Since he is separated from his wife and children, he cannot fully enjoy watching his children mature into adults or enjoy mature love w/ his wife. GS most likely has developed feelings of stagnation since he verbalized how he “should have continued with high school and went to college. In middle adulthood, GS should be moving toward post-conventional morality; however, I observed

Stage 3, meaning that he obeys the rules for acceptance and approval among the staff and other patients.

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.

My perception of my performance during the clinical day is that I performed appropriately, professionally, and respectfully toward the patients in the observed unit. I did not stand around and do nothing most of the time. I sat down during breakfast and made a meaningful connection w/ GS as he explained his life and circumstances that led him to be admitted to DBH. I made it a goal for this day to be involved w/ the patients during their morning and afternoon group sessions. I felt that taking VS went well as I was able to approach each patient w/o much hesitation and ask for their cooperation. However, I feel that I could have interacted and talked more w/ the patients instead of being among them. Establishing rapport w/ a patient is an important practice to develop, and this clinical experience will facilitate my ability to establish rapport and implement a safe environment for patients at DBH and future patients when I'm a practicing nurse.