Dover Behavioral Health
Clinical Assignment
2024

Student Name: Ryan Clagett Date: October 30, 2024

Patient's Initials: JW Age: 32 years old Sex: Male

Psychiatric Diagnosis(es): Major depressive disorder (MDD), severe w/o psychosis; AUD, severe, not in withdrawal

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	The prefrontal cortex and limbic system are crucial in mood regulation and emotional processing. Changes occur in the receptor-neurotransmitter relationships in the limbic system. The amygdala is involved in emotional processing and shows altered activity w/ MDD. The hippocampus has structural changes, including potential atrophy. Changes in the hypothalamic-pituitary-adrenal regulation system may be an adaptive deregulation of the stress response.
Neurotransmitters:	Serotonin, norepinephrine, dopamine, brain-derived neurotrophic factor, glutamate, GABA
Course/ characteristics of illness:	MDD is dx when an individual experiences at least one major depressive episode lasting at least two weeks. An individual must have at least five symptoms of many, w/ one being depressed mood or anhedonia, causing social or occupational impairment. MDD typically follows an episodic course: 1. Untreated depressive episodes usually last 6-12 months 2. W/ tx, episodes may be shorter 3. Some people experience only a single episode, while many have recurrent episodes. Some have isolated episodes separated by years of normal mood; others experience clusters; some have increased frequency w/ age. Recovery rates from individual episodes range from 96-100%; median episode length is 6-7 months; "full remission" means no current symptoms; "partial remission" means fewer than five symptoms or no symptoms for less than 2 months. Prognosis is poorer w/ comorbid psychiatric/personality disorders, multiple hospitalizations, and advanced age of onset of MDD.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Trazodone	Antidepressant; Serotonin reuptake inhibitor/antagonist; Serotonin modulator It inhibits serotonin reuptake, causes adrenoreceptor subsensitivity, acts as a serotonin receptor antagonist, and induces significant changes in 5-HT presynaptic adrenoreceptors. It also significantly blocks histamine and alpha1-adrenergic receptors.	Activation of mania or hypomania Bleeding risk Cardiac arrhythmias Orthostatic hypotension Priapism Serotonin syndrome Suicidal thinking and behavior Withdrawal syndrome N/V Weight gain Xerostomia H/A Nervousness Drowsiness, fatigue	It may require timing adjustments based on food. Monitor patient for CNS side effects (drowsiness), hypotension/orthostatic hypotension. Monitor baseline liver function, patients w/ depression, clinical worsening, psychosis, or unusual changes in behavior (anxiety, agitation, panic attacks), particularly in the initial 1-2 months of therapy, serotonin syndrome. Educate on use, risk of falls, avoiding operating machinery, and abrupt d/c w/ long-term antidepressant therapy.
Aripiprazole (Abilify)	Antimanic agent; 2nd-generation (atypical) antipsychotic [adjunctive tx for tx-resistant MDD] It possesses a moderate affinity for the serotonin reuptake transporter. A quinolinone antipsychotic that exhibits high affinity for D_2, D_3, 5-HT_{1A}, and 6-HT_{2A} receptors.	Activating (akathisia, restlessness) and sedating (drowsiness) effects Angioedema Dyslipidemia (metabolic syndrome) EPS Hematologic abnormalities (leukopenia, neutropenia) Hyperglycemia Impulse control disorders Mortality in older adults NMS	Rotate injection sites if given IM. Monitor patient for sedated state, application site rash for transdermal, and body temperature dysregulation (hyperthermia, hypothermia). Educate on use, risk of falls, avoiding operating machinery and abrupt d/c, and no alcohol use. Watch for signs of NMS (fever, cramps, stiffness, dizziness, extreme h/a, tachycardia). Watch for signs of tardive dyskinesia (tongue sticking

		Sexual dysfunction Temperature dysregulation Weight gain	out, puffing cheeks, mouth puckering, chewing), like trouble controlling body movements.

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	"These are the only clothes I got." "I like this shirt a lot." "I don't mind staying in this shirt."	Unkempt beard, dirt on clothes, missing teeth on top and bottom of mouth, dagger tattoo on L posterior forearm, another tattoo around R wrist and arm
Behavior	"I'll trade you these socks for a cigarette and a lighter." "How are you doing today?" [to other patients when approached]	Hung out w/ other patients, was easygoing w/ other patients, actively participated during AT, remained quiet during morning and afternoon sessions unless called on, maintained eye contact during conversations, slight hand fidgeting when standing in line or sitting down, sometimes made inappropriate requests jokingly, laughing and smiling when other patients made jokes
Speech	"They used bright flashlights on me while sleeping." "I hate those bright lights."	Limited vocabulary and grammar, spoke few words per sentence, sometimes elaborated on topics, normal volume and speed, no speech disturbances or problems
Mood	"I can't wait to go to rehab." "She's funny." [referring to what another patient said]	Eager, motivated for tx in the rehabilitation program after discharge from DBH, smiled when smiled at by other patients

Disorders of the Form of Thought	N/A	Coherent, no abnormal thought process or content
Perceptual Disturbances	"I'm not crazy. I see what's really there."	Denied any hallucinations, illusions, and delusions
Cognition	"You don't got me again?" [referring to VS] "I have to get better at rehab."	Inside joke about not being highlighted for VS to be taken, A&Ox4; had insight into illness, behaviors, problems, and their causes, competitive during AT day 1
Ideas of harming self or others	"I don't want to kill myself." "I want to get better at rehab."	Hx of suicide attempt and ideation, voluntary admission to prevent self from walking out into traffic while intoxicated w/ alcohol, no presence of a plan or means to carry out a plan

Problem #1: Risk for Suicide Behavior

Priority Patient Goal:

1. JW will not harm himself during my time of care.

Assessments:

- Assess JW's suicidal tendency using a standardized screening tool (SAD PERSONS) q shift and PRN to determine the level of depressive symptoms adequately JW is currently experiencing to prevent suicidal behavior.
- Assess mental status exam q shift and PRN to establish a baseline mental status for the development of an appropriate JW-centered plan.

Top 2 Interventions with rationale:

1. 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.

2. Develop a safety plan and suicide contract in collaboration w/ JW upon admission and reinforce q shift and PRN to encourage JW to call for help when experiencing a crisis and decrease the motivation to attempt suicide.

Problem #2: Ineffective Coping

Priority Patient Goal:

1. JW will teach back one coping strategy (exercising) 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 JW is being heard, validated, and trusted to give the nurse important information.
2. Educate on effective coping strategies (taking long walks, exercising, journaling, meditation, deep breathing, progressive muscle relaxation) PRN to provide JW w/ a means to take control of his life when his stressors are causing him to be unable to live fully.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Anger management, including walking away when angry
2. Exercising when stressors or cravings for alcohol begin to take effect

Growth & Development

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

Since JW is 32 years old, he falls into the formal operational (Piaget), middle adulthood w/ generativity v. stagnation (Erikson), and moral development (Kohlberg) at the conventional level at Stage 4: Law and Order Orientation.

2. Discuss any deviations in growth and development.

JW displayed stagnation since he admitted to drinking a fifth of whiskey per day, along w/ some beers. He was dx w/ severe AUD and MDD. He does not undertake activities and causes that benefit others. Since his sister kicked him out, he does not have a robust familial support system or the ability to enjoy mature love since he is single and homeless. JW most likely has developed feelings of stagnation since he is going to rehabilitation for drinking. He started drinking at age 12. JW should be in post-conventional morality in middle adulthood, but I observed Stage 4, meaning that he obeys the rules to maintain social order in the unit.

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 better than yesterday. I continued to be appropriate, professional, and respectful toward the patients on the observed unit. I was able to interact and talk w/ more patients than yesterday. I helped the patient who required extra help reading and writing by helping to formulate her responses during the morning and afternoon group sessions. Taking VS went well again, as the patients knew who I was and cooperated accordingly. I want to continue working on my ability to establish rapport w/ patients. I will use this experience at DBH and future experiences to continue to build upon my ability to interact and communicate w/ patients to provide my future patients, as a practicing nurse, w/ the patient-centered care, rapport, and respect they deserve.