Dover Behavioral Health
Clinical Assignment
2025

Student Name: Alexa Dolan Date: 09/09/25

Patient's Initials: KD Age: 41 Sex: F

Psychiatric Diagnosis(es): Chronic Depression / polysubstance use

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	C - hippocampus, prefrontal cortex, amygdyla, thalamus, striatum P - basal ganglia, prefrontal cortex & medulla
Neurotransmitters:	C - seritonin, dopamine, norepinephrine, GABA P - Dopamine, seretonin, GABA, Glutamate
Course/ characteristics of illness:	C - depressive s/s lasting 2+year - longer duration of less severe (double depression) P - using 2 or more drug substance @ the same time w/in short period of time.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Suboxone	Schedule III control reduces W/D & cravings s/s. Binds to opiod receptors & blocks affects of other.	N/V, headache, constipation, P!, ↑ sweating, insomnia.	monitor W/D s/s, resp. depression, monitor LFT, orthostatics - sublingual
Fluoxetine	SSRI ↑ seretonin, helps regulate mood	N/V/D, dizzy, tremors, insomnia Anx, dry mouth, ↑ sweating	monitor for suicidal ideation, seretononin syndrome, seizure - Avoid alcohol & other CNS

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Mental Status Exam:

	Subjective Data	Objective Data
Appearance	N/A	wet hair in messy bun, wear 2 short sleeve shirts & blanket around body, wore black sweatpants & black birkenstocks & diamond earrings.
Behavior	"I want to leave. you can't handle a joke & you now hurt my feelings".	in & out of group, periods of venting & agitation, periods of hope & praise when engaging in mindfulness, quiet, head was down & did not want to socialize during art tx
Speech	"I am able to read & answer next question"	clear, well spoken, spoke during group tx. & able to hold conversation.
Mood	"I don't want to get into all that!" "I am sad you are leaving but happy you go home".	mild, gracious, anxious, slightly pessimistic, showed slight agitation towards peers.
Disorders of the Form of Thought	"For normal people it is easy to be calm, for substance users it is impossible"	- distress about getting clean & coping with past - fears she gave daughter the life she grew up with
Perceptual Disturbances	N/A	- did not verbalize any hallucinations or auditory differences when in contact w/ pt.
Cognition	"I have my bachelors in teaching" "I hated teaching but love helping others"	Able to read, write, & communicate with others. Able to talk about past & present memories & situations w/ no assistance
Ideas of harming self or others	"I tried to cut myself to commit in the past"	- cuts up & down both arms - drug/substance use - does not feel like she belongs anywhere.

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Problem #1:

RISK FOR INJURY

Priority Patient Goal:

1. Pt will not verbalize thoughts of self harm during my time of care.

Assessments:

- Will Assess SAFE-T Evaluation q shift.

Top 2 Interventions with rationale:

1. Establish saftey plan > contract to seek help before self harm.
2. Encourage & explain positive Affirmations > builds self-esteem.

Problem #2:

INEFFECTIVE COPING

Priority Patient Goal:

1. Pt will demonstrate one mindfullness breathing technique during my time of care.

Assessments:

- Will evaluate current knowledge on coping mechanisms that is practiced during time of stress. q shift.

Top 2 Interventions with rationale:

1. Introduce meditated breathing > breathwork can encurage calm
2. Explain use of resurces & peer group > Able to use outside of hpt setting.

Patient Teaching

List 2 teaching topics that you taught a client.

1. The use of positive self talk & importance of positive affirmatio
2. Setting small, attainable goals rather than an overwhelming large goal.

Growth & Development

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

middle age: generativity vs. stagnation

-raising children, Advancing carrers, partaking in Activitys & organization, stable relationships.

2. Discuss any deviations of growth and development.

- has been unemployed and has no desires to use degree earned.
- unstable relationship w/ both mom & dad; feelings of failling daughter & never married
- use of substances led to dissatisfaction & suicidal ideation, feels like there is no place where she fits in.

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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 really enjoyed this clinical because it made me look at a patient as a patient & not a medical diagnosis. This part of the nursing profession relates to direct veiw of patient struggle & growth. I ressonate with that specifically because it makes you appriciate the work that you do & the impact on others. I feel like my preformance grew throughout the day - I was very shy & quiet & afraid to speak, as the day went on I was able to talk & connect w/ patients about their intrests & situations as well as gain their trust & get some insight into their perception on life. I feel like a made an effort to talk to most people on the unit ~~wh~~ether it was a simple hello or a full blown conversation & I would like to go out of my confort zone & ask more questions tommorow.

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