

Dover Behavioral Health  
Clinical Assignment  
2025

Student Name: Madison Barber Date: 09/10/2025

Patient's Initials: L? Age: 24 Sex: F

Psychiatric Diagnosis(es): Major Depressive Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	<p><b>Frontal Lobe</b>- Reduced white matter and decreased overall activity, which impairs cognitive and emotional abilities</p> <p><b>Amygdala and Hippocampus</b>- Amygdala is enlarged and hippocampus has reduced volume, which creates an alteration in emotional regulation</p> <p><b>Thalamus</b>- Structure changes create an unregulated emotional process</p> <p><b>Cerebellum</b>-Reduced cerebellar volume which creates delays in emotional and cognitive processes</p>
Neurotransmitters:	<p><b>Serotonin</b>-Decreased</p> <p><b>Norepinephrine</b>-Slightly decreased, more defined as "dysregulated"</p> <p><b>Dopamine</b>-Decreased</p>
Course/ characteristics of illness:	<ul style="list-style-type: none"> <li>-Persistent depressive mood</li> <li>-Changes in appetite or weight</li> <li>-Disturbances in sleep</li> <li>-Fatigue/Energy loss</li> <li>-Loss of interest</li> <li>-Thoughts of suicide</li> </ul>

**Medications**

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
<p><b>Trazadone</b></p> <p>An antidepressant used for major depressive disorder</p>	<p>SARI-Serotonin antagonist and reuptake inhibitor</p> <p>Increases neurotransmitters such as serotonin to increase mood</p>	<ul style="list-style-type: none"> <li>-Drowsiness</li> <li>-Dizziness</li> <li>-Headache</li> <li>-N/V</li> <li>-Dry mouth</li> <li>-Blurred vision</li> <li>-Weakness</li> </ul>	<ul style="list-style-type: none"> <li>-Monitor VS when starting med and during dose adjustments</li> <li>-Assess mental status</li> <li>-Assess/educate on serotonin syndrome</li> </ul>

<p><b>Propranolol</b></p> <p>A beta blocker that can help ease symptoms that come along with major depressive disorder</p>	<p>Beta Blocker</p> <p>Blocks beta 1 and beta 2 receptors to prevent the effects of epinephrine and norepinephrine</p>	<p>-Bradycardia</p> <p>-Dizziness</p> <p>-Fatigue</p> <p>-N/V</p> <p>-Dry eyes</p> <p>-Sore throat</p>	<p>-Monitor vital signs before administration</p> <p>-Assess mental status</p> <p>-Check/educate on orthostatic hypotension</p> <p>-Educate on coping mechanisms</p>

**Mental Status Exam:**

	Subjective Data	Objective Data
Appearance	N/A	<p>Dark brown, well kept, wet hair</p> <p>Grey short sleeve shirt, grey pants, grey fur boots, with a red and blue oversized flannel</p> <p>Wore glasses that were taken on and off</p> <p>Had no apparent smell</p>
Behavior	<p>“My medications make me feel better”</p> <p>“What are you going to put on your bucket list”</p> <p>“I write poetry and use my journal to help cope”</p>	<p>Excessive talking</p> <p>Interacted with other patients well, laughed and joined in on conversations</p>
Speech	<p>“I would like to share my greatest accomplishment”</p>	<p>Clear, well spoken, willing to talk during group activities</p>

Mood	“I do not think I can be my normal happy and bubbly self today”	Went through periods of quiet and reserved to laughing and being involved in conversations
Disorders of the Form of Thought	“My old medicine made me ramble” “My PTSD makes me talk a lot”	Excessive talking with sometimes going on a tangent, would go on tangents when talking about situations that were upsetting, such as how her sister treated her
Perceptual Disturbances	N/A	Did not verbalize or show signs of hearing or visual disturbances
Cognition	“I have three sisters, one of them I cut out of my life” “I grew up in the Dover area” “When I get home I will continue my journal writing”	Able to recall memories, has future goals set, and writes down current events or feelings in a journal
Ideas of harming self or others	“3 years ago on the 15 <sup>th</sup> of September I tried to kill myself” “My greatest accomplishment is growing from the point I almost killed myself”	Frequently spoke about the time that she had suicidal ideations, Did not talk about any new thoughts of suicide

**Problem #1** Inadequate Coping Mechanisms

Priority Patient Goal:

1. Patient will verbalize two ways to positively cope with negative thoughts by the end of my care

Assessments:

- Assess thoughts and feelings every four hours, assess past knowledge of coping mechanisms once, assess stressors once, Assess support system and resources once

2 Interventions with rationale:

1. Educate on positive coping mechanisms when a negative mindset is created

2. Assess for stressors that are triggers for a negative mindset

**Problem #2: Risk for Injury**

Priority Patient Goal:

1. No harm to patient or staff will happen during the time of my care

Assessments: Assess equipment in all rooms upon entering, assess thoughts and feelings every four hours

Top 2 Interventions with rationale:

- 1.) Remove all harmful equipment before patient enters the room
- 2.) Promote and educate on importance of joining group activities and staying active and involved

Patient Teaching

List 2 teaching topics that you taught a client.

1. Positive ways to cope while at home
2. The importance of self care

Growth & Development

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

Young adult- starting a career of interest, finding companionship, leaving parents to start life, having a core friendgroup, peak physical fitness

2. Discuss any deviations of growth and development.

-Was placed in foster care at birth where her and her 2 other siblings were adopted

-Is not in contact with birth mother

-Has learning disabilities where she had to go to a small, help centered high school

-Had traumatic situations with sister who is now cut out of her life, such as stealing and physical abuse

**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 personal performance today is that I did better than the clinical day prior. Today, it felt more comfortable talking with patients and getting to know them more personally. I felt like I was able to maintain a good balance of asking them questions to learn about their diagnosis and also just questions about their life. I would ask about their coping mechanisms or what their home life was like, but then I would ask if they grew up in the area or what high school they went to. I felt like this helped me to get to know them on all levels. One thing I could have done better today is provide more empathy. My patient had a lot of traumatic things happen to her, and sometimes I felt stuck on not knowing what to say. I feel this way in the hospital sometimes too when talking to patients, so I think I will get more comfortable with it as time goes on and I have more time to practice responses. Overall, I think today was another success where I got to realize that mental health nursing is not scary, and everyone just needs a person to talk so they feel heard.