

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Gabby Date: _____

Patient's Initials: T Age: 27 Sex: M

Psychiatric Diagnosis(es): Opioid withdraw

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Amygdala is extended because of the brains reward and stress pathways are messed up from opioid use, locus coeruleus becomes heightened from withdrawal because of stress
Neurotransmitters:	Dopamine decrease, norepinephrine increase, GABA decrease
Course/ characteristics of illness:	1-12hrs after use is when withdraw can occur, peaks at 3-5days, lasts 1-4 weeks. Can experience Irritability, agitation, insomnia, yawning, runny nose, hot and cold sweats, severe muscle aches, and abdominal cramping.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
methadone	Long-acting opioid that reduces opioid, craving and withdrawal and blunts or blocks the effects of opioids.	Lightheadedness, difficulty breathing, chest pain, tachycardic, confusion, n/v, constipation, sweating, low blood pressure	You have to go to methadone clinic for this med, tapered down not sudden stop, be careful driving teaching
Suboxone	Partial opioid agonist that reduces withdrawal and suppresses cravings without causing the same high associated with stronger opioids	Headache, nausea, vomiting, constipation, sweating, drowsiness, insomnia, anxiety	Do not abruptly stop taking this medication, close monitor for side effects and interactions, prevent misuse

Mental Status Exam:

	Subjective Data	Objective Data
Appearance		
Behavior		
Speech		
Mood		
Disorders of the Form of Thought		
Perceptual Disturbances		
Cognition		
Ideas of harming self or others		

Problem #1: ___ineffective health maintenance

Priority Patient Goal:

1. __Client will teach back withdrawal symptoms, treatment strategies, and self-care techniques. _____

Assessments:

- __COWS scale q6hrs to see their withdrawal symptoms, mental health assessment q2hrs to see if he is ok and maybe get some teaching in, vital signs q4hrs because going through withdrawal can be very dangerous
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Top 2 Interventions with rationale:

1. _teach about withdrawal symptoms q4hrs because this promotes them to watch for themselves and how to overcome these stages of withdrawal and what to expect

 2. _Use COWS assessment tool q6hrs because this ensures the client is getting treatment effectively_____
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Problem #2:

Priority Patient Goal:

1. _____

Assessments:

- _____

Top 2 Interventions with rationale:

1. _____
2. _____

Patient Teaching

List 2 teaching topics that you taught a client.

1. Outside resources for when you get discharged because you do not want to relapse and come back- but you also cannot leave and then expect it all to be fine, you need a support system in place

2. Coping techniques when you start thinking about your next high- like running, lifting, going for walk, art activities to get your mind going

Growth & Development

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

Stage 6 of Erickson intimacy vs isolation- he had a family/partner. Formal operational from Piaget- contraindications in the world can be dealt with a resolved and he is going to find a therapist when he is discharged

2. Discuss any deviations of growth and development.

May have a bit of withdrawal from family because of disease, career might take a hit from disease process as well which are two big ones for young adult. But, he might start withdrawing less and less if he sticks to the plan of talking to therapist when being discharged.

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.

From day 1 to day 2 I felt a lot better. Day 1 was a little intimidating because of the stigma around psych wards/mental health facilities, but it was way better than expected in both units. Day 1 was a lot of talking and communicating with a handful of people and me using therapeutic techniques like silence, while day 2 was a lot of observing and talking as a group which I liked better because I just got to use silence and let them carry the conversation. If I was a mental health nurse in DBH, I would try to focus more on what they will do after discharge and what their personal goals are because the main goal is to not come back to DBH. I would try to see what personally helps them get through the hard times of the day and how to keep sober through those times. Some signs and symptoms I saw today was fidgeting, drowsiness, anger, sadness, isolation, and hot and cold sweats- a mixed bag. What I learned the most was to look at every individual as a true person. When you are in the hospital you tend to forget that aspect and from now on, I will stop and ask them the simple questions they did- how did you sleep, are you in any pain, and what I can do to help them have a better day.

