

Suboxone Used to help treat opioid addiction	Opioid partial agonist Block the signs and symptoms of opioid withdrawal	Dizziness, dry mouth, constipation, n/v, pain or redness at site	Can be given as injection, may cause the client to be dependent on this med, naloxone used for overdose
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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:

Priority Patient Goal:

1. _____

Assessments:

- _____

Top 2 Interventions with rationale:

1. _____
2. _____

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. The patient that I would choose to teach would be a lady who was in active withdrawal. I didn't get to teach much day 2, but if I was able to have more time with her, I would try to teach her positive coping skills that would help to keep her distracted and help her to

not relapse. Some coping skills I would teach would be to journal her feelings and let someone know if she needs immediate help or feels like she is going to relapse. Since she was pacing a lot, I would encourage her to exercise too.

2.

3.

Growth & Development

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

The patient who was going through withdrawal seems to be about 40, so she would be in generativity vs stagnation. This is where individuals should be finding a career and have secure relationships and be starting to build their families. They also may reflect on their life goals and be working to achieve them.

2. Discuss any deviations of growth and development.

For this patient, I would say that her substance abuse could lead her into losing that career or losing the work she did to achieve her goals. She may no longer have a family that supports her and have limited self-esteem and motivation to do things in life. She may feel irritable, depressed, tired, guilty, or shameful. Substance abuse can lead to many barriers that create stagnation instead of the generativity.

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.

This week in clinical, I feel that I did well overall. Talking is not always my strong suite and in this week's clinical, it was mainly based on communication. I feel that the first day I did very well with speaking to a variety of patients and having good conversations with them as well. I do wish I was able to talk to a few more people during day 1 just to get used to talking to many people, because not everyone communicates the same or has the same symptoms and feelings. On day 2, I feel that it went well, but there was not nearly enough time to communicate with the patients. I looked forward to being able to talk to the substance abuse patients, but I only got to truly talk to one person and have detailed conversation about her addiction and how it affected her. But I am grateful that I got that experience, it's not always easy for someone to open up to a

stranger about their problems. I feel that day 2 was based more on activities and group, but I enjoyed seeing the different therapists and their teaching styles. During day 2, the patients had meditation, they watched a video about the different perspectives of addiction and were able to reflect on how it made them feel. I feel that I did well today when talking to the one lady, and the other patients too, they just weren't as open to talking. I wish I had more time to talk to the patients today though. On day one, my responsibilities were a lot of therapeutic communication and sitting and listening to the patients. I followed along with their day but there was a lot of time to interact with them. On day two, it was more like an observation on all of the different meetings and seeing the patients in different stages of withdrawal. I also did the patients afternoon vital signs to help the nurse. When watching the clients going through withdrawal, there was a variety of symptoms. It was clear to see the patients that were newly admitted or going through recent withdrawal. One patient I observed was very fidgety. She did not sit still until she had to in group, and even then, she wouldn't focus or participate. She sat in the corner and colored or read her book, while also nodding off and falling asleep in the middle of group. But, when she wasn't in group, she was always pacing the halls. I would say the main nursing problem today would be Risk for Injury because she seemed to be in active withdrawal. Interventions that I would include in her care plan would be to frequently observe her behaviors to ensure she is not putting herself in any danger. I would encourage her to take frequent rest periods or give her ways to help get a good night's sleep to help reduce the frequency of nodding off and sleeping in group; the drowsiness could cause her to fall and hurt herself. And I would also try to make sure there is limited hazards in the walkways and in her room to ensure she doesn't trip and fall. For me, I would say that I definitely benefited from this clinical based purely on having to talk to people. I am a very quiet person and don't talk much. This week I feel that I crossed that personal barrier and faced my fears of just going up and talking to someone and opening up a conversation that may not necessarily be easy for them to talk about. It made me feel good that most everyone was happy to talk to us students. I can use these communication skills in future when I am in other clinical sites and when I am a nurse even if I don't work in mental health, there will always be mental health aspects to anything in healthcare. Actually, putting therapeutic communication to use in real life with real patients helped to boost my confidence when communicating, because for me, I'm always nervous to say the wrong thing on accident.