Dover Behavioral Health
Clinical Assignment
2025

Student Name: Ayanna Williams Date: 10/29/2025

Patient's Initials: A. Age: Older Adult Sex: Female

Psychiatric Diagnosis(es): Opioid Use Disorder/Withdrawal

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	In this diagnosis, there is a dysregulation of brain pathways that are used for reward and cognition. It strengthens the reward-stress pathway and weakness the connectivity that goes with cognitive control. It also reduced gray matter volume and alters with white matter integrity, which also causes connectivity issues. The prefrontal cortex could also be negatively affected (decrease in structure and activity), which causes impaired decision making and other CNS effects.
Neurotransmitters:	Dopamine regulates motivation, emotion, cognition, and the ability to experience pleasure. When the brain is flooded with dopamine, the neurons have a harder time regulating it and it starts to become less effective. Individuals will develop the need to use more of the substance to gain a pleasurable effect (cycle of tolerance).
Course/ characteristics of illness:	**Intoxication**: the development of reversible syndrome of symptoms following excessive use of a substance **Withdrawal:** development of symptoms that occurs upon abrupt reduction or discontinuation of a substance that has been used Chronic, relapsing brain disease where there are attempts to control the use that fails - CNS effects: euphoria, mood changes, mental clouding, drowsiness, pain reduction - GI effects: N/V, constipation - CV effects: decreased MI pain and hypotension **Intoxication:** symptoms lasts for several hours - Euphoria, apathy, dysphoria, psychomotor agitation/retardation, impaired judgement, constricted pupils, decreased BP/RR, slurred speech, severe: respiratory depression, coma, death **Withdrawal:** - N/V, lacrimation/rhinorrhea, piloerection/chills, sweating, abdominal cramping, diarrhea, yawning, fever, insomnia, panic - Ultra short acting: symptoms peak at 8-12 hrs and subside

	within 4-5 days - Short acting: symptoms occur within 6-8 hrs, peak in 1-3 days, and subside in 5-10 days - Long acting: symptoms occur within 1-3 days, peak within 4-6 days, and subside in 14-21 days

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Methadone Used to block cravings and decrease severe withdrawal effects	Opioid agonist (Schedule II) Binds with opioid receptors within the CNS causing inhibition of ascending pain pathways	Sedation, orthostatic hypotension, facial flushing, constipation, anxiety, insomnia, diaphoresis	- Have to go to the clinic to receive - Assess for opioid withdrawal symptoms - Withhold medication if RR<12 - Assess potential for misuse or abuse
Suboxone Used to block the signs and symptoms of opioid withdrawal	Opioid addiction agent/opioid agonist (Schedule III)	Orthostatic hypotension, sweating, constipation, nausea, tolerance, severe: respiratory depression, adrenal insufficiency	- Take 1-3 times a week - Maintain patent airway - Monitor VS

Patient Teaching

1. **Meditation is a positive coping mechanism to use in a time of need and stress. Before the meditation session occurred, she described how meditation and group sessions help her with recovery. She addressed how it "Safe space" was her mother's gravesite because they had a close relationship, and she would picture her mom holding her in her arms.**

Growth & Development

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

She is currently in the late adult phase. She is able to understand what has happened in her life, such as her mom's passing. Although it has caused her to use again, she is able to recognize that she has a problem. Her physical growth is compatible with her developmental age. She is fond of her 6 grandchildren and wants to get better in order to care and love them properly.

2. Discuss any deviations of growth and development.
She does have some deviations in her gross and fine motor skills. She had a previous stroke that affected her right side. So, she has a hard time writing and coloring in the lines. The death of her mother and brother caused great stress in her life and she is having a hard time trying to live with guilt of the past events that she participated in to cope with her grief.

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

On day 1, I was very nervous and hesitant on how to start conversations. However, day 2 I felt more comfortable addressing people and finding ways to interacting with them whenever there was an opportunity to. The experiences and responsibilities were different between the two days. Day 1 gave me the opportunity to have more time to talk to the clients. There was a lot of break time between the groups and activities. It was also a great way to discover their interests while they are spending their time in the facility. On day 2, there was less time to interact with the clients. Once the mediation session started, everything planned followed after that. I was also able to obtain vital signs in the morning.

If I were a mental health nurse, I would probably ensure that there are more breaks in between the sessions. I noticed that some people started to feel overwhelmed because they had received a lot of information at once. I believe that if they had the chance to relax and truly reflect on what they learned, the overwhelming feeling would start to subside.

The signs and symptoms that I noticed in a patient that was experiencing withdrawal was pacing back and forth, not being able to focus in group, fidgeting with her hair, yawning, and falling asleep/dozing off a lot. The main nursing problem would most likely be self-care deficit. The nursing interventions that I would be to encourage rest periods throughout the day. This would allow her to relax and take some time to sleep, especially because she stated that she has been having a hard time sleeping. Another intervention that I would implement is provide a high-protein, high-caloric food option to ensure that she is reaching adequate nutrition, especially if she were to continue to pace around the room.

This week was honestly better than what I thought it was going to be. I enjoyed interacting with different people and taking part in the group activities. It showed me that the holistic approach of nursing is important. It showed me that clients are more than just their diagnosis and have more to their story. Into my nursing practice, I will ensure to get to know the client and their story, rather than just simply treating the diagnosis.