

Dover Behavioral Health  
Clinical Assignment  
2025

Student Name: Sania Steward Date: 10-29-25

Patient's Initials: A Age: N/A Sex: Male

Psychiatric Diagnosis(es): Opioid use disorder/withdrawal

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Leads to prefrontal cortex dysfunction, inhibiting decision-making and control. It also causes cognitive impairment.
Neurotransmitters:	Opioid use disorder: Increases dopamine/ serotonin, inhibits GABA, and suppresses norepinephrine Withdrawal: Decreases dopamine, increases GABA, norepinephrine, and serotonin
Course/ characteristics of illness:	Opioid use: euphoria, mental clouding, drowsiness, pain reduction, N/V, decreased GI and BP, MI Withdrawal: sweating, tremors, tachycardia, hypertension, anxiety, insomnia, depression, irritability

**Medications**

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Methadone Opioid analgesic	An opioid agonist that blocks the craving; suppression of withdrawal during detoxification from opioids	Hypotension Bradycardia Flushing Sweating Confusion Sedation Respiratory depression Euphoria	Assess BP, HR, RR Decreased GI motility Dependence and tolerance Hx of heart disease Overdose- Narcan Assess pain (type, location, intensity)
Suboxone Opioid agonist/ antagonists	Suppression of withdrawal symptoms during detoxification and maintenance from opioids	Orthostatic hypotension Increased sweating Constipation Nausea/vomiting Headache	Administer to pt w/ indication of opioid withdrawal Educate client and support system on how to if needed Educate patient and client of

		Insomnia	s/sx of overdose( respiratory depression, emphasize calling 911) Caution taking benzodiazepine, CNS depressants during therapy
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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. Pt needs: Educate about the harmful effects of substance abuse and how it affects the user and those closest to them

2. Addressed: Write down what triggers are related to substance use (alcohol), and avoid crowds that encourage or tempt the alcohol abuse.

### Growth & Development

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

The client was placed on the substance use floor with adults who were going through variations of withdrawal. The staff on the floor tailored activities based on various age groups, including young adults, middle-aged adults, and late adults. Based on the conversations I had with the client, he demonstrated a need to prolong irresponsibility of adolescence and a desire to assume adult commitments. He stated that he enjoyed partying too much, which resulted in his admission to the facility.

2. Discuss any deviations of growth and development.

### **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 one, I was able to interact with multiple people on the floor and listened while they told their stories. Before going on the floor, I tried to keep an open mind because I did not know what to expect. Observing the unit was my favorite because it gave me a chance to associate characteristics with what was taught during the lecture. On day two, I expected a similar experience. However, that was not the case. Compared to the first day, the clients were less friendly and open, and the adults on the substance use floor were older, which is why it was difficult to initiate a conversation. I spent most of my time observing. The clients who were actively going through withdrawal were more reserved and restless compared to those who had been admitted for days/weeks prior. Compared to day one, I struggled a lot more with therapeutic communication. On day two, I took vitals for those who needed them, which was different from day one. If I were the mental health nurse, I would have communicated with the patients more. The nurse was busy during morning rounds and did not spend much time communicating with any of the clients. I also understand it can be challenging caring for 10-20 patients per day with over task to complete.

**Withdrawal observation:** Insomnia(pm), joint aches (shoulder pain), irritability, restlessness, decreased mood, fatigue

**Nursing problem:** Ineffective coping

**Care planning:** Determine if they have a support system and encourage them to talk about the causes of their substance use. And include information about facilities that help people navigate through substance use to prevent relapse

**Interventions 1:** Teach relaxation techniques, including deep breathing, mindfulness, or coloring when experiencing moments of anxiety or cravings to prevent relapse PRN

**Interventions 2:** Collaborate with the therapist/psychiatrist to determine the best course of action for desirable comfort when transitioning from withdrawal for maintenance of sobriety PRN

This week, I learned that mental health disorders can present very differently from person to person. For example, two patients on the unit struggled with depression. The man was withdrawn and uninterested in social interaction, he often distanced himself from others. Compared to the woman with depression, she was quiet but friendly. She was more willing to speak to others. This experience reminded me that mental health symptoms are not always visible. Moving forward, I will keep in mind that compassion, empathy, and patience go a long way in nursing, and that recovery is not linear.