

Dover Behavioral Health  
Clinical Assignment  
2025

Student Name:                     Yana Quel                          Date:           11/5/25                    

Patient's Initials:   K. (I don't know last name)   Age:   55        Sex:   F  

Psychiatric Diagnosis(es): Schizophrenia

Pathophysiology of the main Psychiatric Diagnosis:

|                                     |   |
|-------------------------------------|---|
| Neuroanatomical Factors:            | Large ventricles<br>↓ in gray matter<br>MRI: ↓ in size of brain & limbic system   |
| Neurotransmitters:                  | ↑ dopamine & serotonin<br>↑ C4 activity: prolonged pruning in adolescence leads to S/Sx.<br>The weak AND typically functioning connections are cut off mostly in the prefrontal cortex                  |
| Course/ characteristics of illness: | Positive symptoms that ADD ONTO regular behavior and negative symptoms that TAKE AWAY from regular behavior<br>-delusions, illusions, and hallucinations<br>-cognitive symptoms<br>-associated features |

**Medications**

| Medication Name<br>What is this for?  | Classification & Action   | Side Effects   | Nursing Implications  |
|---|---|--|---|
| <b>Clozapine:</b><br>-if schizophrenia unresponsive to/ intolerant of standard antipsychotics<br>-to reduce suicidal behavior | Atypical / 2 <sup>nd</sup> gen. antipsychotic:<br>-binds to dopamine receptors in the CNS.<br>Has anticholinergic & alpha-adrenergic blocking activity.<br>Produces fewer extrapyramidal reactions & less TD than 1 <sup>st</sup> gen. higher r/f hematologic abnormalities | <b>-anticholinergic effects &amp; metabolic syndrome</b><br>-cardiac arrest, DVT, HF, mitral valve incompetence, myo/pericarditis, torsades de pointes, vfib/tach, gi ischemia/infarction<br>necrosis/ obstruction / perforation, hepatotoxicity<br><b>-agranulocytosis, neutropenia, NMS.</b><br>Seizures, PE | -monitor MSE, SEs closely<br>-assess orthostatic VS<br>-assess weight and cholesterol / glucose levels<br>-although less r/f: monitor S/Sx of extrapyramidal effects & TD<br>-assess immune function & WBC, fevers<br>-monitor for S/Sx of hepatotoxicity<br>-administer w/ food/milk to ↓ gi irritation<br>-baseline EKG |

|   |   |   |   |
|---|---|---|---|
| <p><b>Paliperidone:</b><br/>Acute/<br/>maintenance Tx<br/>for schizophrenia</p> | <p>Atypical / 2<sup>nd</sup> gen.<br/>antipsychotic:<br/>-may act by<br/>antagonizing dopamine<br/>&amp; serotonin in the CNS.<br/>It is the active<br/>metabolite of<br/>risperidone</p> | <p>-agranulocytosis<br/><b>-anticholinergic effects</b><br/><b>-metabolic syndrome</b><br/>-NMS, seizures,<br/>hypersensitivity</p> | <p>-monitor MSE, SEs closely<br/>-assess orthostatic VS<br/>-assess weight and<br/>cholesterol / glucose levels<br/>-although less r/f: monitor<br/>S/Sx of extrapyramidal<br/>effects &amp; TD<br/>-assess immune function &amp;<br/>WBC, fevers<br/>-S/Sx of<br/>hyperprolactinemia<br/>-baseline EKG</p> |
|---|---|---|---|

**Mental Status Exam:**

|            | Subjective Data  | Objective Data   |
|------------|--|--|
| Appearance | N/A  | <p>-wearing one sock upside down<br/>-hair looked greasy but brushed<br/>-clothes somewhat clean</p>   |
| Behavior   | <p>“Excuse me [stands up] I want<br/>to dance [twirls around]”</p> | <p>-good eye contact, argued with<br/>another patient throughout day<br/>-tried to participate in group<br/>therapy with dietician, but was in<br/>and out 3 times. During it, stood up<br/>and started dancing and then left for<br/>the final time.<br/>-would stand far away when trying<br/>to communicate</p> |
| Speech     | N/A  | <p>-speech was slow and at a soft, low<br/>volume.</p>   |
| Mood       | N/A  | <p>-at first, appeared excited to see and<br/>talk to students<br/>-throughout the day, got more<br/>agitated and upset that another<br/>patient was arguing with her<br/>-flat affect</p>   |

|                                  |  |   |
|----------------------------------|--|---|
| Disorders of the Form of Thought | “Did I make you have that beard?”  | demonstrated circumstantiality and using sentences that did not make sense (the grammar was correct but it did not make sense to others)      |
| Perceptual Disturbances          | N/A  | Clawing at the door and making strange hand gestures outside group room. Was often looking around the room and wandered around                |
| Cognition                        | Me: “How long have you been on the unit for?”<br>Pt: “Oh, about 5 minutes I think” | -impaired memory: thought she was only on unit for 5 minutes, but had been for 1 month<br>-did not answer my question about what her name was |
| Ideas of harming self or others  | Did not state any ideations  | None  |

**Problem #1: Disturbed Sensory Perception**

Priority Patient Goal:

1. Pt will demonstrate ability to perceive self correctly during my time of care.

Assessments:

- Assess for turning or tilting of the head, verbal communication to others who are not there, increasing anxiety, & level of distractibility all prn

Top 2 Interventions with rationale:

1. Call the pt by their name
  - a. To reorient them
2. Speak to pt in loud, simple, concrete language
  - a. To try to reorient and not be confusing when speaking

**Problem #2: Risk for Violence**

Priority Patient Goal:

1. Pt will not harm self or others during my time of care.

Assessments:

- Assess environmental stimuli during milieu, emotional state, and increasing agitation and anxiety q4hr & prn during group

Top 2 Interventions with rationale:

1. Reduce stimuli and redirect arguments with other patients
  - a. To decrease any increasing agitation and annoyance with the other patient to reduce any risk for violence to another
2. Provide distraction and a safe outlet
  - a. Going for a walk and reducing time spent with argumentative pt can decrease anxiety level and safely go for a walk instead of pacing

### **Patient Teaching**

List 2 teaching topics that you taught a client.

1. To put her sock on the right way so she does not fall.
2. N/A

### **Growth & Development**

1. Discuss norms of growth and development for your patient, including development stage.
  - a. Middle Adult: focus is on care and achieving life goals established for oneself while also considering welfare of future generations.
  - b. Work, family, and helping others are most important
2. Discuss any deviations of growth and development.
  - a. She did not mention having a partner or anything about a current job
  - b. She used to be a nurse, but would be unable to work as a nurse in her current condition
  - c. Did not mention any other family members or support people
  - d. Related to her disorder, does not speak or act in the way that a typical developed 55YO woman would.

### **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.
  - a. I think I did a great job with talking to patients. One thing I did well was finding a good line between when I needed to reorient and when I shouldn't. I reminded my pt of her name and how long she had been on the unit for.
  - b. Something I was unsure of was the interaction I mentioned at post-conference. The other pt who had concrete thinking was confused when the dietician had said

“Do not interrupt please, we are on to Yana now.” He was confused by what “on to Yana” had meant and took it literally. He then almost tried to act as if what “on to Yana” meant literally, and started coming toward me after he jumped up from his chair. I put my arms up to demonstrate having boundaries and then he said he was joking and went for a handshake. I did not know if it was okay for me to give him a handshake or if I should have continued to demonstrate boundaries. I did not want to upset him more if I did not give him a handshake.

- c. For something I could have done better if keeping my back to the wall. I like to fidget and move around a lot, so Olivia was nice to remind me a few times, but it is something I will keep in mind if I am with this population again.