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Mental Health Case: David Carter, Part 2

Guided Reflection Questions

Opening Questions

How did the simulated experience of David Carter's case make you feel?

I was mostly concerned about the how he acted prior to discharge. Based on the little information for admission and mothers statements, the situation seemed scary. It's amazing how the medications have calmed him down but the embarrassment and guilt David feels now is visible. He truly wants to be better about being on his own but the fear of not be independent enough hinders his confidence.

Talk about what went well in the scenario.

I was able to slow down and concentrate on the questions I needed to ask and performed them in a timely manner. There was less stress to assess the patient due to his calm demeanor. So I was able to focus on his feelings and proper education he needed, instead of having to stabilize the patient first.

Reflecting on David Carter's case, were there any actions you would do differently? If so, what were these actions and why?

I would have slowed down sooner towards the beginning and ask David if it was okay to have his mother present. I feel that I get tunnel vision and focus solely on the patient at times and still forget to gain permission about guests during consultations.

Scenario Analysis Questions*

PCC What needs to be stressed during discharge teaching related to his new medication regimen (sertraline and fluphenazine)?

Fluphenazine: Patients should avoid activities requiring mental alertness or coordination such as driving at night until the drug effects are realized. This drug can cause dizziness and somnolence. Patient should also report extrapyramidal effects, tardive dyskinesia and/or NMS.

Sertraline: Patients should avoid activities requiring mental alertness or coordination such as driving at night until the drug effects are realized. Also, patients should not discontinue this drug suddenly as it may cause dysphoric mood, irritability, agitation, dizziness and/or sensory disturbances.

PCC/I Identify community resources in your area that are available to David Carter and his family. One should be for David Carter, one for his mother, and one for the family.

David's resource would be the National Alliance on Mental Illness of Lubbock. They provide support, education and advocacy for people living with mental illness. David's mother could use, liveunitedlubbock.org as a resource. This resource is great for parenting advice during a crisis of mental illness and substance abuse in young people. It would also assist in providing information to care for her own mental health. As for the family, Family Counseling Services of Lubbock is a resources dedicated to providing useful strategies to cope with families falling on difficult times and obstacles to remain strong and rely on each other.

PCC/S What other discharge teaching is recommended for David Carter and his family?

It is important to live a healthy lifestyle and omit all alcohol and illegal substances in which they make treating schizophrenia harder and can alter the effects of the medications or have serious consequences. The patient should begin a regular sleep schedule in order to allow the body to rest and recharge to prevent further escalation of delusions and/or hallucinations to occur due to lack of sleep. Continuation of treatment/support groups will hold the patient accountable to attend and help adapt the patient toward being around people. As for the family, knowledge of the disorder is key to empathetically understand what the patient is going through. This could also help notice a relapse in the patient's disorder by knowing what signs and symptoms to look for.

Concluding Questions

How would you apply the skills and knowledge gained in David Carter's case to an actual patient situation in different acute care units (emergency room, intensive care unit, obstetrics unit, etc.)?

As I mentioned earlier, I am curious on the extent of how David was acting when he first got admitted and how the altercation with his mother escalated. It is difficult to judge a book by its cover when you have elevated stressors added to the mix when it comes to healthcare. We have all had the erratic or undesirable patient at least once. When it comes to mental illness, something as simple as taking your medications can make a person flip the switch from calm to hostile as in the scenario. I would use my skills of investigating the patient's medical history and thorough communication to further understand what is truly going on with them. The more I know and understand, the safer all parties of healthcare will be.

* *The Scenario Analysis Questions are correlated to the Quality and Safety Education for Nurses (QSEN) competencies: Patient-Centered Care (PCC), Teamwork and Collaboration (T&C), Evidence-Based Practice (EBP), Quality Improvement (QI), Safety (S), and Informatics (I). Find more information at:*
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