

## Mental Health Case: Randy Adams

### Documentation Assignments

1. Document your findings related to assessments of Mr. Adams' cognition, symptoms of concussion, and symptoms of posttraumatic stress disorder.

He was able to repeat back 2/3 words that he was told to remember. He wrote the clock correct and neatly. Stated he would have headaches, sensitivity to light, and sensitivity to noise. Difficulty concentrating and remembering. Irritable and more emotional. He is sleeping less than usual. Physical activity doesn't make symptoms worse but cognitive yes. Wife states he is acting different and, on the scale, he said he was a 1. On the PTSD screen he answered yes to all the questions. I notified the health care provider about the results.

2. Identify and document key nursing diagnoses for Mr. Adams.

Anxiety related to war. Ineffective coping- he said he tries not to think about war. Disturbed sensory perception- Sensitive to light and noise.

2. Referring to your feedback log, document all nursing care provided and Mr. Adams' response to this care.
  - I assessed the safety of the scene and identified the patient. I addressed his wife and if he was okay with her stay and he said "I am not sure what I would do without Joy". I did three assessment screen tools (Mini- cog, PTSD screen, and Acute concussion scale) within those I had to ask a variety of questions. I notified the health care provider of my findings and the results of the screening tools. Mr. Adams was cooperative for the most part. He did question why I was asking a lot of questions and I said "I need these questions to help me better assess him".

3. Document instances of therapeutic communication and Mr. Adams' response to this intervention.

The patient said: This is a lot. Why are you asking so many questions? I can't answer these many questions. I answered: It's important that I ask you these questions to complete your assessment. Patient said: The lights; they make my headache worse. I answered: intolerance to light is a common symptom related to a head injury. Patient said: I can't help joy when the boys cry; the sounds are too painful. I answered; is the pain before or after you hear loud noises? Patient said: Can I stand while we talk? I answered; You seem tense. Patient said: I really don't need much sleep. I answered: Are you saying that you don't sleep well? Patient said: Every time I go somewhere, I immediately look for the exits. I answered: I'm not sure I understand. I said: I would like to ask you a few questions and for you to draw a specific thing, which will help me to better assess you. May I ask you this question? Patient said: Yes. I asked the patient: Is it okay for you wife to be ou asked the patient: Is it OK for your wife to be here, while we talk? It was correct

to let the patient give his consent for letting his wife be a part of the interview. The patient said: I'm not sure what I would do without Joy.  
You answered: It sounds like your relationship with your wife is very important to you.  
You used the therapeutic technique of encouraging expression.

4. Document the patient teaching related to posttraumatic stress disorder and concussion, as well as medications, that you provided to Mr. Adams and his wife before discharge.

I taught them about PTSD and why I was asking questions. "Mr. and Mrs. Adams, I'd like to talk to you about post-traumatic stress disorder, also known as PTSD. PTSD occurs following a life threatening or traumatic event. It can cause you to experience anxiety, distressing thoughts, and anger. The assessment I conducted today indicated you may have PTSD and Dr. Reynolds will be evaluating you for PTSD today."

6. Document your handoff report in the SBAR format to communicate Mr. Adams' future needs.

This is Randy Adams a 28yr old male. He was diagnosed with PTSD complicated by traumatic brain injury. He has his wife by his side Joy. He suffered a concussion due to a motor vehicle accident that was about 2 weeks ago. Randy lost consciousness and was very confused after the accident. He was kept in the hospital for 24hours for observation. He was referred to a neurology and behavioral health. His vitals are: Temperature- 98.6, HR-60, Resp.- 16, O2-99%, BP- 115/80.

Randy is a war veteran, and after the car accident, he thought he was still in war. He stated he was exposed to bomb blasts in a couple of incidents when he did serve. He has a history of migraines that started after deployment. Randy did see Dr. Naylor. The neurologist. Topiramate and sumatriptan were prescribed.

I think he may have PTSD and maybe some neurocognitive problems from his exposure to blasts. He needs to be treated for his recent head injury before he can be helped for other problems.

He needs to be reassessed for the screen tool assessments ( Mini-cog, PTSD, and Acute concussion scale )