Covenant School of Nursing

PMH CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Veronica Lamas

Instructor Contact Information:
Annie Harrison - (806) 224-3078
Jaynie Maya - (806) 928-8753

Community Site: Oceans **Date:** 2/13/24
Student's Arrival Time: 0630 **Departure Time:** 1430
Printed Name of Staff: Sheralyn Garrido, RN **Signature:** [signature]

Community Site: Oceans **Date:** 2/14/24
Student's Arrival Time: 0630 **Departure Time:** 1400
Printed Name of Staff: [illegible] **Signature:** [signature] RN

Community Site: _____ **Date:** _____
Student's Arrival Time: _____ **Departure Time:** _____
Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____
Student's Arrival Time: _____ **Departure Time:** _____
Printed Name of Staff: _____ **Signature:** _____

Community Site: _____ **Date:** _____
Student's Arrival Time: _____ **Departure Time:** _____
Printed Name of Staff: _____ **Signature:** _____

Adopted: August 2016
Revised 7/17/23

Covenant School of Nursing Reflective Practice

Name: Veronica Zamora Instructional Module: 6 Date submitted: 2/14/24

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

Step 1 Description

On getting to know the patients, I came across an interesting case. This patient was telling me how she ended up in Oceans. We were just sitting together in the common area at a table, and she had asked for my assistance in dialing a relative's phone number.

Step 2 Feelings

At first I didn't think much of our conversation. I assumed that she may be telling me an elaborated made-up story of her life. However, she confided in me that her brother had her put in there because she was in charge of all of the assets after her mother passed away a few months ago. The more ~~she~~ she spoke, the more I started to believe her. I do not think she deserves to be there.

Step 3 Evaluation

The sad thing is, she feels as if everyone has made up their mind about her situation, and that she is hallucinating. She truly believes her brother has made it seem like she's the crazy one and is going to end up liquidating the assets and take off with the money. She explained that he has always been trouble, and has always been out to get her, because ~~her~~ their mother trusted her with everything (family business). I have a strong sense of judgement, and I honestly believe there was a lot of truth in what she said. That surprised me.

Step 4 Analysis

On Team Treatment meeting I did see how it seemed that the WP did not believe her. The Psychiatrist however seemed to have the same response as I did. He started asking other questions as supportive evidence to her claims. This patient was not dx with any mental disorders, was not on medication, and not disruptive with any behavior issues. From my brief experience, compared to other patients, she really seemed like she does not belong there. How do you prove someone's innocence in ~~all~~ this type of situation? How often does this happen?

Step 5 Conclusion

I really wanted to speak to the Doctor privately, but with just being a nursing student, I didn't want to step on anyone's toes. I did advocate for her with my nurse, and really explained the situation in depth. I hope that that support was enough to make a difference. I hope they take her accusations seriously, and that we aren't really just locking up innocent people in these types of facilities.

Step 6 Action Plan

Overall I think this situation was very eye opening. Made me more aware of the dangers of our healthcare system. It's sad to say, but I feel like this situation was playing out just like in the movies, and as a society, I would really like to think that we are better than that. I don't want to feel like a crook in this career. I want to know that we are helping patients and making a difference in their lives. This experience has taught me the importance of actively listening to our patients, and advocating for them in every way possible.

NURSING SHIFT ASSESSMENT

DATE: 2/13/24

SHIFT: ☐ Day(7A-7P) ☐ Night(7P-7A)

Label
Name: Romeo
MR#: _____ D.O.B. _____

Orientation
☑ Person
☑ Place
☑ Time
☑ Situation

Affect
☑ Appropriate
☐ Inappropriate
☐ Flat
☐ Guarded
☐ Improved
☐ Blunted

ADL
☑ Independent
☐ Assist
☐ Partial Assist
☐ Total Assist

Motor Activity
☑ Normal
☐ Psychomotor retardation
☐ Psychomotor agitation
☐ Posturing
☐ Repetitive acts
☐ Pacing

Mood
☐ Irritable
☐ Depressed
☐ Anxious
☐ Dysphoric
☐ Agitated
☐ Labile
☐ Euphoric

Behavior
☐ Withdrawn
☐ Suspicious
☐ Tearful
☐ Paranoid
☐ Isolative
☐ Preoccupied
☐ Demanding
☐ Aggressive
☐ Manipulative
☑ Complacent
☐ Sexually acting out
☐ Cooperative
☐ Guarded
☐ Intrusive

Thought Processes
☑ Goal Directed ☐ Tangential ☐ Blocking
☐ Flight of Ideas ☐ Loose association ☐ Indecisive
☐ Illogical ☐ Delusions:) (type)_____

Thought Content
☐ Obsessions ☐ Compulsions ☑ Suicidal thoughts
☐ Hallucinations: ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile ☐ Gustatory
☐ Worthless ☐ Somatic ☐ Assaultive Ideas ☐ Logical
☐ Hopeless ☐ Helpless ☐ Homicidal thoughts

Pain: ☐ Yes ☑ No **Pain scale score** _____ **Locations** _____
Is pain causing any physical impairment in functioning today ☐ No ☐ If yes explain _____

Nursing Interventions:
☐ Close Obs. q15 ☐ Ind. Support ☐ Reality Orientation ☐ Toilet Q2 w/awake ☐ 1 to 1 Observation _____ reason (specify)
☑ Milieu Therapy ☐ Monitor Intake ☐ Encourage Disclosure ☐ Neuro Checks ☐ Rounds Q2
☐ V/S ☐ O2 sat. ☐ Tx Team ☐ Wt. Monitoring ☐ Elevate HOB ☐ MD notified _____
☐ Nursing group/session (list topic): _____
☐ ADLs assist ☐ I&O ☐ PRN Med per order _____

☐ DOCUMENT ABNORMAL OCCURENCES IN MULTIDISCIPLINARY NOTES (violence, suicide, elope, fall, physical health) DAILY SUICIDE RISK ASSESSMENT* Note – for frequent assessment purposes, Question 1 has been omitted	Since Last Contact	
Ask Question 2*	YES	NO
2) Have you actually had thoughts about killing yourself?	LOW	✓
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) Have you been thinking about how you might do this?	MOD	
4) Have you had these thoughts and had some intention of acting on them? E.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."	HIGH	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan? As opposed to "I have the thoughts, but I definitely will not do anything about them."	HIGH	
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	HIGH	

☑ Low Risk ☐ Moderate Risk ☐ High Risk ✓

Nurse Signatures) _____ Date: _____ Time: _____

REVIEW OF SYSTEMS

Cardio/Pulmonary:
☑ WNL ☐ Elevated B/P ☐ ↓ B/P
☐ Chest Pain
☐ Edema: ☐ upper ☐ lower

Respiratory/Breath sounds:
☑ Clear ☐ Rales ☐ Crackles ☐ Wheezing
☐ Cough ☐ S.O. B ☐ Other: _____
☐ O2 @ ____ l/min ☐ Cont. ☐ PRN
Via ☐ nasal cannula ☐ face mask

Neurological / L.O.C.:
☑ Unimpaired ☐ Lethargic ☐ Sedated
☐ Dizziness ☐ Headache ☐ Seizures
☐ Tremors ☐ Other _____

Musculoskeletal/Safety:
☑ Ambulatory ☐ MAE ☐ Full ROM
☐ Walker ☐ W/C ☐ Immobile
☐ Pressure ulcer ☐ Unsteady gait
☐ Risk for pressure ulcer
☐ Reddened area(s)

Nutrition/Fluid:
☑ Adequate ☐ Inadequate ☐ Dehydrated
☐ Supplement ☐ Prompting ☐ Other _____
☐ new onset of choking risks assessed

Skin:
☐ Bruises ☐ Tear ☑ No new skin issues
☐ **Wound(s) (see Wound Care Packet)**
☐ Abrasion ☐ Integumentary Assess
☐ Other: _____

Elimination:
☐ Continent ☐ Incontinent ☐ Catheter
☐ Diarrhea ☐ OTHER _____

Hours of Sleep: ____ ☐ Day ☐ Night

At Risk for Falls: ☐ Yes ☑ No

At Risk for FALL Precautions:
☐ Arm Band ☐ Nonskid footwear
☐ BR light ☐ ambulate with assist
☐ Call bell ☐ Clear path
☐ Edu to call for assist ☐ Bed alarm
☐ Chair alarm ☐ 1:1 observation level
☐ Assist with ADLs ☐ Geri Chair
☐ Ensure assistive devices near
☐ Other _____

NURSING SHIFT ASSESSMENT

DATE: 2/13/24

SHIFT: ☑ Day(7A-7P) ☐ Night(7P-7A)

Label
Name: Rocky
MR#: _____ D.O.B. _____

Orientation
☑ Person
☑ Place
☑ Time
☑ Situation

Affect
☑ Appropriate
☐ Inappropriate
☐ Flat
☐ Guarded
☐ Improved
☐ Blunted

ADL
☑ Independent
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Thought Processes
☑ Goal Directed ☐ Tangential ☐ Blocking
☐ Flight of Ideas ☐ Loose association ☐ Indecisive
☐ Illogical ☑ Delusions:) (type) military/Indian

Thought Content
☐ Obsessions ☑ Compulsions ☐ Suicidal thoughts
☐ Hallucinations: ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile ☐ Gustatory
☐ Worthless ☐ Somatic ☐ Assaultive Ideas ☑ Logical
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Pain: ☐ *Yes* ☑ *No* ***Pain scale score*** _____ ***Locations*** _____
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3) ***Have you been thinking about how you might do this?***	***MOD***	✓
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5) ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*** ***As opposed to "I have the thoughts, but I definitely will not do anything about them."***	***HIGH***	✓
6) ***Have you done anything, started to do anything, or prepared to do anything to end your life?*** ***Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.***	***HIGH***	✓

☐ *Low Risk* ☑ *Moderate Risk* ■ *High Risk*

Nurse Signatures) _____ *Date:* 2/13/24 *Time:* 11:00 am

REVIEW OF SYSTEMS

Cardio/Pulmonary:
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☐ Edema: ☐ upper ☐ lower

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☑ Clear ☐ Rales ☐ Crackles ☐ Wheezing
☐ Cough ☐ S.O. B ☐ Other: _____
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