Covenant School of Nursing Reflective Practice

OCEANS

Name: David Oliva Instructional Module: m6 Date submitted: 08/21/24

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Step 1 Description

- Clinical Rotation this week was @ Oceans Behavioral Hospital in Lubbock. We Came in received report on our pts. Afterwards we observed in med pass & joined in group Therapy & Asked our Pts questions to Assess how they are feeling, & to Assess their cognitive thinking.

Step 2 Feelings

I was definitly feeling nervas at first. During the rotation, I still felt nervas but Also eager to learn. The events made me feel for the pts here. ~~Their~~ Their words made me feel bad & I Also connected @ them because they are going through many things & they are here to get help. Final outcome was getting rid of the stigma around mental healthe & it definetly did just that to me.

Step 3 Evaluation

- good things that came out of this experience is learning more about this Subject/dept of nursing. Nothing really went bad. What was really difficult for me was having to ask the questions from the papers, they were very personal questions & I felt Awkward Asking them. Although I come in @ an expectation of a "music" I expected to come out knowing more & I definitly did.

Step 4 Analysis

I will definitly Apply what I learned in the rest of nursing school & wall into my Career. Now I finally have an idea on how to Care for Pts @ Psychiatric dx. I feel like other people's experiences were similar; (coming into thinking one thing & coming out thinking another). The pts & staff impacted our experience greatly & in a positive way

Step 5 Conclusion

I am not entirely sure on how I would make this situation do better. Possibly just being less nervas coming in. Next time, ill be less nervas with which will help have a better experience. I have learned a great deal in this experince. I learned how different & exaggerate TV makes mental health look I learned the Amazing resources that are available for them.

Step 6 Action Plan

I feel & think this experience went very well! I have learned the different responsibilities of the Care team & how much help they are to one another. I can definitly Apply these learnings to the future. I can implement teamwork in my place of work. This taught me on how I need to be to best help & Care for my patients.

Student Name: David Oliva Date: 8/20

IM6 (Acute Psychiatric) Critical Thinking Worksheet

1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):

Schizoaffective Disorder

2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);

- Anger / Rage
- Hallucinogenic voices

3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)

Criterion A

- 2 or more during 1 month period
  - Delusions
  - Hallucinations
  - Disorganized Speech
  - Negative Symptoms

4. Medical Diagnoses:

~~HTN~~, HTN, Epilepsy

5. Diagnostic Tests Pertinent or Confirming of Diagnosis

GAD-7 scale = 8

PHQ-9 = 5

CSSRS = HIGH RISK

6. Lab Values That May Be Affected:

N/A

7. Current Treatment:

in facility to help c SI d/t Anxiety & depression + Auditory hallucinations

Student Name: David Oliva Unit: OCEANS Pt. Initials: V. T. Date: 08/20/24

Allergies: Penicillin

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	N/A

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List mL/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Oxycarbazepine	Anticonvulsant	Epilepsy	300mg PO Daily	(Y) N	N/A	Confusion Blistering lack of energy	1. Careful operating machinery 2. Avoid drinking ETOH, Can't drive 3. med may help c seizures but not cure 4. Report any SI
multivit	vitamin	Poly-Substance Abuse	9mg-Weekly PO Daily	(Y) N	N/A	- GI upset - HA	1. report hrt murmurs (+ Hx) 2. report Const. (too much) 3. Take c Full glass of water 4. report vomit/diarrhea
thiamine HCl	Vitamin	Poly-Substance Abuse	100mg PO Daily	(Y) N	N/A	[redacted] Chest pain nausea	1. pos. GI upset - do not take in excess 2. report excessive sweating 3. Avoid ETOH - ↓ Absorption 4. Take as prescribed.
~~Aripiprazole~~ Aripiprazole	Atypical antipsychotic	Schizo Affective	10mg PO NT	(Y) N	N/A	BCW - Pos T in SI	1. report changes in vision 2. report fever 3. report N/V = OD 4. Take at night, helps c Sx symptoms @ night
Aripiprazole				Y N			1. 2. 3. 4.

David Olivo

NURSING SHIFT ASSESSMENT

DATE: 8/21

SHIFT: ☑ Day(7A-7P) ☐ Night(7P-7A)

Label
Name: _____
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." - yes → prev.	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: 8/21/24 Time: 1000

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 R TBI

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: Burn / Skin grafts

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 _____

David Olive

Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column	0 +	0 +	2 +	6
Total Score *(add your column scores)* = 8				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ✓
Somewhat difficult _____
Very difficult _____
Extremely difficult _____

Scoring

Scores of 5, 10, and 15 are taken as the cut-off points for mild, moderate and severe anxiety, respectively. When used as a screening tool, further evaluation is recommended when the score is 10 or greater.

Using the threshold score of 10, the GAD-7 has a sensitivity of 89% and a specificity of 82% for GAD. It is moderately good at screening three other common anxiety disorders - panic disorder (sensitivity 74%, specificity 81%), social anxiety disorder (sensitivity 72%, specificity 80%) and post-traumatic stress disorder (sensitivity 66%, specificity 81%).

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Inern Med.* 2006;166:1092-1097.

David Oliva

COLUMBIA-SUICIDE SEVERITY RATING SCALE
C-SSRS Screener Tool

SUICIDE IDEATION DEFINITIONS AND PROMPTS	**Within Past Month**	
Ask questions that are bold and <u>**underlined. Place check in appropriate boxes.**</u>	**YES**	**NO**
1) ***<u>In the past month, have you wished you were dead or wished you could go to sleep and not wake up?</u>***	LOW ✓	
2) ***<u>In the past month, have you actually had any thoughts of killing yourself?</u>***	LOW ✓	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) ***<u>Have you been thinking about how you might do this?</u>*** 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.*"	MOD ✓	
4) ***<u>Have you had these thoughts and had some intention of acting on them?</u>*** As opposed to "*I have the thoughts but I definitely will not do anything about them.*"	HIGH ✓	
5) ***<u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>***	HIGH ✓	
6) ***<u>Have you done anything, started to do anything, or prepared to do anything to end your life? (Lifetime)</u>*** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	MOD ✓	
If "YES", was it within past 3 months?	HIGH ✓	

Signature________________________________ **Date** __________ **Time**__________

If the answer is yes to any of the above questions, the <u>C-SSRS Risk Assessment Tool</u> must be completed by ministry designate staff.

<u>**Initial Level of Risk For Suicide**</u> ***(based on highest affirmative answer above)*:**

- ☐ **No Risk**
- ☐ **Low Risk**
- ☐ **Moderate Risk**
- ☑ **High Risk**

Providence
St. Joseph Health

2021 Suicide Att.
30 Prozac
Better sleep Ah. breakfast

David Oliva

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + 2 + _____ + 3

=Total Score: 5

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☑	☐	☐	☐