

Ivy Bororo

NURSING SHIFT ASSESSMENT

DATE: 01/29/25

SHIFT:



Day(7A-7P)

Night(7P-7A)

Name: Lynlee Label
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- Behavior: Withdrawn, Suspicious, Tearful, Paranoid, Isolative, Preoccupied, Demanding, Aggressive, Manipulative, Complacent, Sexually acting out, Cooperative, Guarded, Intrusive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 0 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	
	YES	NO
Ask Question 2*		
2) Have you actually had thoughts about killing yourself?	LOW	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>

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: _____

Woolley

Student Name: ~~Lialey Lyndee~~ Ivy Boronio

Date: 01/29/25

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</p> <p>PP depression. an alteration in mood that is expressed by feelings of sadness, despair and pessimism.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):</p> <p>None.</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>Psychomotor agitation or retardation nearly every day (observable by others)</p> <p>feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day.</p> <p>diminished ability to think or concentrate</p> <p>Insomnia or hypersomnia nearly every day.</p> <p>depressed mood most of the day, nearly every day as indicated by either subjective report or observation made by others</p>
<p>4. Medical Diagnoses:</p> <p>N/A</p>	<p>6. Lab Values That May Be Affected:</p> <p>N/A</p>	<p>7. Current Treatment:</p> <p>Milieu therapy.</p> <p>Antidepressants and antipsychotics.</p> <p>Reality orientation.</p> <p>Weight monitoring.</p>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>N/A</p>		

group therapy
LDD

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<p>8. Focused Nursing Diagnosis:</p> <p>disturbed thought process.</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <ol style="list-style-type: none">1. Give positive reinforcement as client is able to differentiate btwn reality-based and non-reality based thinking.	<p>13. Patient Teaching:</p> <ol style="list-style-type: none">1. Use deep breathing techniques to feel calm when anxious.
<p>9. Related to (r/t):</p> <p>impaired cognition fostering negative perception of self and the environment.</p>	<p>Evidenced Based Practice: Positive reinforcement enhances self-esteem and encourages repetition of desirable behaviors.</p> <ol style="list-style-type: none">2. Teach client to intervene, using thought-stopping techniques when irrational or negative thoughts prevail	<ol style="list-style-type: none">2. Do hobbies or activities that distract you from negative thinking such as board games or listening to music.3. Attend group therapy and participate to promote socialization
<p>10. As evidenced by (aeb):</p> <p>negative ruminations</p>	<p>Evidenced Based Practice: This noise or command distracts the individual from the undesirable thinking that often precedes undesirable emotions or behaviors.</p> <ol style="list-style-type: none">3. Convey your acceptance of client's need for the false belief while letting him or her know that you do not share the delusion.	<p>14. Discharge Planning/Community Resources:</p> <ol style="list-style-type: none">1. Take medications as prescribed. Do not stop taking abruptly due to withdrawal symptoms. Report any adverse effects.2. Spend time with family and friends to promote good relationships.
<p>11. Desired patient outcome:</p> <p>By time of discharge from treatment, client's verbalizations will reflect reality-based thinking with no evidence of delusional or distorted ideation.</p>	<p>Evidenced Based Practice: A positive response would convey to the client that you accept the delusion as reality.</p>	<ol style="list-style-type: none">3. Continue attending group therapy which provides a supportive environment.

Student Name: Ivy Borovio

Unit: Oceans

Pt. Initials: LB

Date: 01/29/25

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

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

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.)
hydroxyzine pamoate	anxiolytics	anxiety.	50mg PO Q6 PRN	Y N	—	drowsiness headache dry mouth.	1. May cause birth defects. Do not use if pregnant. 2. Do not take for more than 4 mths. 3. May impair thinking or reactions. 4. Do not take with other drugs that
escitalopram	SSRI	depressive disorder	20mg PO daily	Y N	—	insomnia sexual dysfunction dizziness.	1. make you sleepy like sleeping pill. 2. Stay alert to changes in mood due to increased suicide risk. 3. Do not stop taking abruptly due to withdrawal symptoms. 4. Take at the same time each day with
olanzapine	atypical antipsychotics	Severe psychosis	5mg PO Q6 PRN	Y N	—	orthostatic hypotension constipation. weight gain.	1. or without food. 2. Eat healthy and exercise to control weight gain. 3. Change positions slowly Report excess thirst thirst, hunger, 4. Voiding. Could be hyperglycemia.
risperidone	atypical antipsychotics	Severe psychosis	0.5mg PO at bedtime	Y N	—	orthostatic hypotension. tremors. cold symptoms.	1. Eat fiber and fluids for constipation. 2. Drink fluids to prevent dehydration. 3. change positions slowly. 4. Do not take with cold or tea. Be careful when driving due to
				Y N			1. impaired reactions. 2. 3. 4.

escitalopram 4. Do not take with NSAIDs like ibuprofen due to increased bleeding risk.

Quick Screening for Psychotic Symptoms (QSPS)

Ask:	Yes	No	Unsure/Did not answer
1 Have you had any strange or odd experiences lately that you cannot explain?	✓		
2 Do you ever feel like people are bothering you or trying to harm you?	✓		
3 Has it ever seemed like people were talking about you or taking special notice of you?	✓		
4 Are you afraid of anything or anyone?	✓		
5 Do you ever have visions or see things that other people cannot see?		✓	
6 Do you ever hear things that other people cannot hear, such as noises, or the voices of other people that are whispering or talking? If yes, ask:		✓	
If you hear voices, can you understand what the voices are saying? If yes, ask:		✓	
Are the voices telling you to do anything that could harm yourself or someone else? If yes, ask:		✓	
What are the voices telling you to do? (Record response here): _____			

Answering "yes" to any of these questions indicates the need for a more detailed assessment and follow-up questions.