

Aspire, AA and Oceans Reflection (300 word minimum)



<p style="text-align: center;">Safety & Quality</p> <p>Describe anything you accomplished to maintain a safe, quality environment</p>	<p>Regarding safety, I would say being careful with the words you say to the patients at Oceans. Anything can trigger them if you say the right words. As well I think when talking to them not to be up and close and personal. The techs even made sure we were keeping a hold of our stuff and close, she stated that they can easily grab the stuff.</p>
<p style="text-align: center;">Clinical Judgment</p> <p>As you listened during group, how were you able to integrate classroom knowledge with what the patient/therapist were discussing:</p> <ul style="list-style-type: none"> • What can you apply to this situation from your previous knowledge? • Can you apply these learnings to other events? How can you use this to further improve your practice in the future? • What have you learned from clinical? 	<p>I think learning about the behaviors and knowing medications. Especially seeing how the rooms were set up and how you must be careful when around them. I think mainly communicating is something that helped me and even in which I can use in my daily work. I</p>
<p style="text-align: center;">Patient Centered Care</p> <p>Identify one client in the group, what concerns, recommendations/interventions would you suggest?</p>	<p>One client in my group, would probably be my first person I talked with. It was her first full day, and you could tell she had a lot of anxiety. I think as she opened going to therapies will help her. Being involved with others and not hibernating in the room.</p>
<p style="text-align: center;">Professionalism</p> <p>How did you maintain professionalism? You can review your clinical evaluation for ideas (What has this taught you about professional practice? About yourself?)</p>	<p>I think remaining professional is talking to them but not going <u>to</u> far. It is important we know the limit and not keep going on with questions. They might be sensitive to a few questions.</p>
<p style="text-align: center;">Communication & Collaboration</p> <p>Describe how you utilized therapeutic communication/collaboration</p>	<p>I think during SIM, going through scenarios really helped. Using words like Tell me more, I see you, and so on really helped me this week. Like said some of them have few words to say and others have a lot of words to say, it's the matter of fact of continuing to engage with them.</p>
<p style="text-align: center;">Feelings</p> <ul style="list-style-type: none"> • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? 	<p>I feel when people hear about Oceans you think about psych actual patients. I feel like as people you view psych different from hearing stories. I think going to Oceans really opened my eyes on what people struggle with. Some people just put their issues to the side and feel like there is no need</p>

<ul style="list-style-type: none">• What did the words or actions of others make you think?• How did this make you feel?• How did you feel about the outcome?• What is the most important emotion or feeling you had?	<p>to get help. I think when we go here, they really like to talk, however there are some people especially during their first days they struggle to talk and get isolated. I feel the longer they are there the more they start to open.</p>
<p>Evaluation What stood out the most about Aspire, AA, or Oceans</p>	<p>What really stood out was the different ages and the different stories. Hearing on why they came in, there were some people who knew they needed help personally and there were others that their family knew they needed to seek help. There are some during group therapy that were very vocal on why they were there and what they struggled through. I think another part was how several people felt their families were going against them. It is supposed hard to see whether they are telling the truth.</p>

Student Name: Gabriela Maineranda

Date: _____

8. Focused Nursing Diagnosis:

- Complicated grieving (MOD)

9. Related to (r/t):

- Absence of anticipatory grieving

10. As evidenced by (aeb):

- prolonged interference with life functioning, with onset or exacerbation of somatic or psych responses

11. Desired patient outcome: GOALS!

- Optimism and hope for future for her and her family

12. Nursing Interventions related to the Nursing Diagnosis in #7:

1. convey an accepting attitude and encourage the client to express feelings openly.

Evidenced Based Practice:

An accepting attitude conveys to the client that you believe he or she is worthwhile
2. teach the normal stages of person of grief and behaviors associated w/ each stage. help client understand that feelings are approp & acceptable.

Evidenced Based Practice:

knowledge of acceptability of the feelings associated w/ normal grieving may help to relieve
3. some of the guilt that these generate. encourage the client to reach out for spiritual support during this time in form is desirable. assess spiritual needs of client.

Evidenced Based Practice:

full fulfillment of needs

13. Patient Teaching:

1. encourage seeking therapy such as group therapy - activities

2. stress / anxiety - urge to express feelings - talk about it

3. better management of pills - constant routine

14. Discharge Planning/Community Resources:

1. medication management - education

2. therapist - follow up appointments

3. knowing when going through an event

Student Name: Gabriela Manuakana

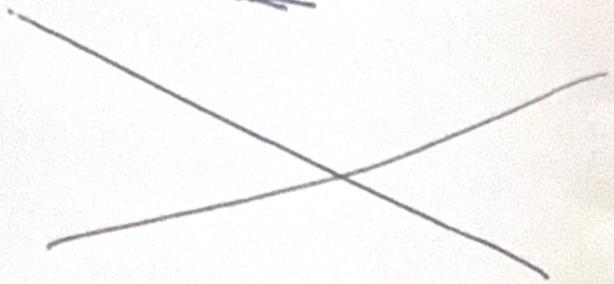
Date: _____

IM6 (Acute Psychiatric) Critical Thinking Worksheet

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

MDD -

~~4. Medical Diagnosis~~



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

- post partum
- Lon med's but d/c them able to notice
- but she did need help

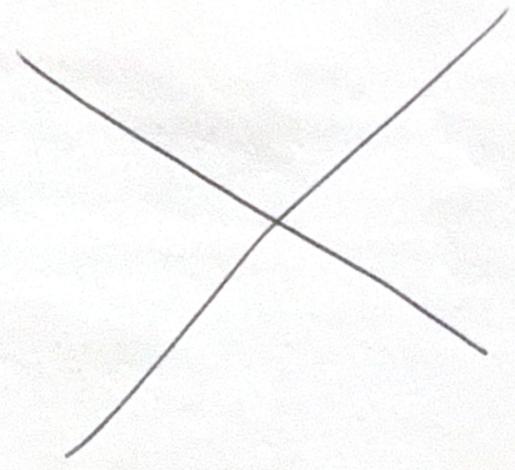
3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)

- insomnia - pt. reported trouble sleeping the entire night
- depressed - pt. stated depressed most of her time; she is aware of what is happening

5. Diagnostic Tests Pertinent or Confirming of Diagnosis

- results of assessment
- markedly diminished interest or pleasure in all, or almost all activities most of the day.
 - insomnia or hypersomnia nearly every day
 - depressed mood most of the day nearly every day, as indicated by either subjective report

~~6. Lab Values That May Be Affected:~~



7. Current Treatment:

- assessment /
what did they go too?
- medication management
 - pt. currently has not attended therapies for today

Adopted: August 2016, revised October 2018

- fatigue or loss of energy nearly every day

Student Name: _____

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: LATEX

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.)
Hydroxy, Pamoate	antihistamine	anxiety	Q 6: PO PRN 50mg	Y N	N/A	HA, drowsy, dizzi, ↑HR	<ol style="list-style-type: none"> do not breastfeed - can pass into breast milk may cause allergic rxn, hives do not include any other meds/alcohol may cause drowsy - be careful
escitalopram	SSRI	general anxiety	1 tab; PO 10mg	Y N	N/A	fatigue, insomnia, N/V, dizzy	<ol style="list-style-type: none"> effect takes 1-3 wks report any changes of S/S or SE be careful driving + taking w/ other meds first line of drug for anxiety
risperidone	atypical anti psych	MDD	1 a day 0.5mg PO	Y N	N/A	DIV IN cough, HA, cough, appetite	<ol style="list-style-type: none"> avoid driving/hazard activity avoid getting up fast - may feel dizzy assess motor function - TD * weight gain, monitor DM
				Y N			<ol style="list-style-type: none">

Scoring

Method for scoring varies by version. For the HDRS₁₇, a score of 0–7 is generally accepted to be within the normal

Address for correspondence

The HDRS is in the public domain.

Hamilton Depression Rating Scale (HDRS)

PLEASE COMPLETE THE SCALE BASED ON A STRUCTURED INTERVIEW

Instructions: for each item select the one "cue" which best characterizes the patient. Be sure to record the answers in the appropriate spaces (positions 0 through 4).

1 DEPRESSED MOOD (*sadness, hopeless, helpless, worthless*)

- 0 Absent.
- 1 These feeling states indicated only on questioning.
- 2 These feeling states spontaneously reported verbally.
- 3 Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep.
- 4 Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication

2 FEELINGS OF GUILT

- 0 Absent.
- 1 Self reproach, feels he/she has let people down.
- 2 Ideas of guilt or rumination over past errors or sinful deeds.
- 3 Present illness is a punishment. Delusions of guilt.
- 4 Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

- 3 SUICIDE**
- 0 Absent.
- 1 Feels life is not worth living.
- 2 Wishes he/she were dead or any thoughts of possible death to self.
- 3 Ideas or gestures of suicide.
- 4 Attempts at suicide (any serious attempt rate 4).
- 4 INSOMNIA: EARLY IN THE NIGHT**
- 0 No difficulty falling asleep.
- 1 Complaints of occasional difficulty falling asleep, i.e. more than 1/2 hour.
- 2 Complaints of nightly difficulty falling asleep.
- 5 INSOMNIA: MIDDLE OF THE NIGHT**
- 0 No difficulty.
- 1 Patient complains of being restless and disturbed during the night.
- 2 Waking during the night - any getting out of bed rates 2 (except for purposes of voiding).
- 6 INSOMNIA: EARLY HOURS OF THE MORNING**
- 0 No difficulty.
- 1 Waking in early hours of the morning but goes back to sleep.
- 2 Unable to fall asleep again if he/she gets out of bed.
- 7 WORK AND ACTIVITIES**
- 0 No difficulty.
- 1 Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies.
- 2 Loss of interest in activity, hobbies or work - either directly reported by the patient or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities).
- 3 Decrease in actual time spent in activities or decrease in productivity. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
- 4 Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.
- 8 RETARDATION (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)**
- 0 Normal speech and thought.
- 1 Slight retardation during the interview.
- 2 Obvious retardation during the interview.
- 3 Interview difficult.
- 4 Complete stupor.
- 9 AGITATION**
- 0 None.
- 1 Fidgetiness.
- 2 Playing with hands, hair, etc.
- 3 Moving about, can't sit still.
- 4 Hand wringing, nail biting, hair-pulling, biting of lips.
- 10 ANXIETY PSYCHIC**
- 0 No difficulty.
- 1 Subjective tension and irritability.
- 2 Worrying about minor matters.
- 3 Apprehensive attitude apparent in face or speech.
- 4 Fears expressed without questioning.
- 11 ANXIETY SOMATIC (physiological concomitants of anxiety) such as:**
- gastro-intestinal** - dry mouth, wind, indigestion, diarrhea, cramps, belching
- cardio-vascular** - palpitations, headaches
- respiratory** - hyperventilation, sighing
- urinary frequency**
- sweating**
- 0 Absent.
- 1 Mild.
- 2 Moderate.
- 3 Severe.
- 4 Incapacitating.
- 12 SOMATIC SYMPTOMS GASTRO-INTESTINAL**
- 0 None.
- 1 Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
- 2 Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastro-intestinal symptoms.
- 13 GENERAL SOMATIC SYMPTOMS**
- 0 None.
- 1 Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability.
- 2 Any clear-cut symptom rates 2.
- 14 GENITAL SYMPTOMS (symptoms such as loss of libido, menstrual disturbances)**
- 0 Absent.
- 1 Mild.
- 2 Severe.
- 15 HYPOCHONDRIASIS**
- 0 Not present.
- 1 Self-absorption (bodily).
- 2 Preoccupation with health.
- 3 Frequent complaints, requests for help, etc.
- 4 Hypochondriacal delusions.
- 16 LOSS OF WEIGHT (RATE EITHER a OR b)**
- | a) According to the patient: | b) According to weekly measurements: |
|--|---|
| 0 <input type="checkbox"/> No weight loss. | 0 <input type="checkbox"/> Less than 1 lb weight loss in week. |
| 1 <input type="checkbox"/> Probable weight loss associated with present illness. | 1 <input type="checkbox"/> Greater than 1 lb weight loss in week. |
| 2 <input type="checkbox"/> Definite (according to patient) weight loss. | 2 <input type="checkbox"/> Greater than 2 lb weight loss in week. |
| 3 <input checked="" type="checkbox"/> Not assessed. | 3 <input checked="" type="checkbox"/> Not assessed. |
- 17 INSIGHT**
- 0 Acknowledges being depressed and ill.
- 1 Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
- 2 Denies being ill at all.
- Total score: **23**

- 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
 Flight of Ideas
 Illogical
 Tangential
 Loose association
 Delusions:(type) _____
 Blocking
 Indecisive

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

Pain: Yes No Pain scale score N/A Locations N/A
 Is pain causing any physical impairment in functioning today No If yes explain _____

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

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

Ask Question 2*	Since Last Contact	
	YES	NO
2) <u>Have you actually had thoughts about killing yourself?</u>	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) <u>Have you been thinking about how you might do this?</u>	MOD	
4) <u>Have you had these thoughts and had some intention of acting on them?</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."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u> As opposed to "I have the thoughts, but I definitely will not do anything about them."		
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>		<input checked="" type="checkbox"/>

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.

Low Risk Moderate Risk High Risk

- REVIEW OF SYSTEMS**
- Cardio/Pulmonary:**
 WNL Elevated B/P BA
 Chest Pain
 Edema: upper lower
- Respiratory/Breath sound:**
 Clear Rales Crackles Wheezes
 Cough S.O. B Other: _____
 O2 @ _____ l/min Cont. F
 Via nasal cannula face m.
- Neurological / L.O.C.:**
 Unimpaired Lethargic Seizures
 Dizziness Headache Seizures
 Tremors Other _____
- Musculoskeletal/Safety:**
 Ambulatory MAE Full F
 Walker W/C Immobile
 Pressure ulcer Unsteady ga
 Risk for pressure ulcer
 Reddened area(s) _____
- Nutrition/Fluid:**
 Adequate Inadequate Dehydrated
 Supplement Prompting Other
 new onset of choking risks ass
- Skin:**
 Bruises Tear No new skin
 Wound(s) (see Wound Care)
 Abrasion Integumentary As
 Other: _____
- Elimination:**
 Continent Incontinent C
 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
 Assist with ADLs Geri Chair
 Ensure assistive devices near
 Other _____

Nurse Signatures) _____ Date: _____ Time: _____

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feelings that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present,

1 = Mild,

2 = Moderate,

3 = Severe,

4 = Very severe.

- 1 **Anxious mood** 0 1 2 3 4
Worries, anticipation of the worst, fearful anticipation, irritability.
- 2 **Tension** 0 1 2 3 4
Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.
- 3 **Fears** 0 1 2 3 4
Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.
- 4 **Insomnia** 0 1 2 3 4
Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.
- 5 **Intellectual** 0 1 2 3 4
Difficulty in concentration, poor memory.
- 6 **Depressed mood** 0 1 2 3 4
Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.
- 7 **Somatic (muscular)** 0 1 2 3 4
Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.
- 8 **Somatic (sensory)** 0 1 2 3 4
Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.
- 9 **Cardiovascular symptoms** 0 1 2 3 4
Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.
- 10 **Respiratory symptoms** 0 1 2 3 4
Pressure or constriction in chest, choking feelings, sighing, dyspnea.
- 11 **Gastrointestinal symptoms** 0 1 2 3 4
Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.
- 12 **Genitourinary symptoms** 0 1 2 3 4
Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.
- 13 **Autonomic symptoms** 0 1 2 3 4
Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.
- 14 **Behavior at interview** 0 1 2 3 4
Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.

- Orientation**
 Person
 Place
 Time
 Situation
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 Inappropriate
 Flat
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 Improved
 Blunted
- ADL**
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 Assist
 Partial Assist
 Total Assist
- Motor Activity**
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 Psychomotor retardation
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 Posturing
 Repetitive acts
 Pacing
- Mood**
 Irritable
 Depressed
 Anxious
 Dysphoric
 Agitated
 Labile
 Euphoric
- Behavior**
 Withdrawn
 Suspicious
 Tearful
 Paranoid - *at risk*
 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 NIA Locations NIA

Is pain causing any physical impairment in functioning today No If yes explain NIA

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 NIA

Ask Question 2*	Since Last Contact	
	YES	NO
2) <u>Have you actually had thoughts about killing yourself?</u>	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) <u>Have you been thinking about how you might do this?</u>	MOD	
4) <u>Have you had these thoughts and had some intention of acting on them?</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."	HIGH	
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u> As opposed to "I have the thoughts, but I definitely will not do anything about them."	HIGH	
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>	HIGH	

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.

Low Risk Moderate Risk High Risk

Nurse Signatures) _____ Date: _____ Time: _____

REVIEW OF SYSTEMS

- Cardio/Pulmonary:**
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 Chest Pain
 Edema: upper lower
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 Clear Rates 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 _____