

My patient today is Tyler Morgan. He is an 18-year-old white male that identifies as Wiccan. He is in the unit for depression and substance use, namely cocaine.

My priority concerns are cocaine detox/getting a full drug history, assessing comfort, and assessing depression. My first intervention would help with the first two concerns; I want to get a full drug history to find out how much cocaine he has taken, for how long, and to see if he has taken anything else we should know about. Using the DAST 10 can help with this. These are all important to find out because it can tell us where he is at in his detox stage and if it will be affected by any other detoxes that may be going on like alcohol or other illicit drugs. It can also help me know what interventions may help his drug detox, like a cool calm environment and fluids. Its important to me to assess comfort as he has already received Tylenol for high pain and is very achy and jittery, The last intervention would be to directly ask the patient about his depression but also using screening tools like the SAD assessment, C-SSRS, and maybe even the Hamilton Anxiety scale.

The top two psych assessments I would perform would be the DAST 10 and the C-SSRS assessment. I chose these two assessments because of his drug use and abuse as well as his depression. While it may not say he is suicidal at the moment, this could change due to the hormonal changes that come with detoxing off of drugs.

I anticipate giving him acetaminophen and ibuprofen because of the pain he is having. With the high amount of pain he was in I would assume he's going to want more soon/need it and you do not want to give him too much acetaminophen due to the liver side effects if too much is taken. He made need something for anxiety and/or depression

at some point so I wouldn't be shocked if something like hydroxyzine pamoate is ordered for him, but it isn't necessarily needed.

I would try and ask the patient what he thinks would help keep him the safest. He already has depression and coming down off of an upper like cocaine can increase his depression symptoms. If he thinks he needs a sitter in his room to watch him or if family would make him more comfortable, I think it would benefit the patient to give him the option. Using supportive and nonjudgemental would definitely help this patient; he is a young male who already has depression and has come in to detox off of a drug which can be very embarrassing as they cannot control how their body reacts. Monitoring the patient for changes in anxiety would help; I know when I'm anxious I don't necessarily listen to the voice of reason or any kind of therapeutic communication. And lastly, using appropriate humor would be beneficial. This is a young man who is seeking help. If there is any way you could build rapport with this patient and lessen his anxiety, humor is a great way to do it.