

PMH CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Kry Stanz Miller

Instructor Contact Information:

Annie Harrison - (806) 224-3078

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Community Site: Here + Now Group NIA Date: 04/30/2025
Student's Arrival Time: 8pm Departure Time: 9pm
Printed Name of Staff: OMAR SANCHEZ Signature: OM

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

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Student Name: Kyiana Miller

Unit: Orens

Pt. Initials: 19F

Date: 04/28/25

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: MSA

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.)
Escitalopram (Lexapro)	SSEI	MDD/ Depression	10mg Daily Oral	Y		low sodium racing thoughts blurred vision dizziness irritability behavior	<ol style="list-style-type: none"> 1. Avoid alcohol 2. Could take up to 4 weeks for depression to improve 3. Don't stop taking abruptly 4. Notify if thoughts of suicide occur
Hydroxyzine (Vistaril)	Antihistamine	Anxiety	50mg PRN (for OH) for Anxiety	Y		Dizziness Drowsiness Pepitators Cough Sweating	<ol style="list-style-type: none"> 1. Could add to CNS depressant effects. Avoid alcohol 2. Be cautious of OTC meds containing histamine (cold/flu/sleep meds) 3. If must take for Anxiety check with dr 4. Don't have more than prescribed
				N			
				Y			
				N			
				Y			
				N			

Aspire, AA and Oceans Reflection (300 word minimum)

<p>Safety & Quality Describe anything you accomplished to maintain a safe, quality environment</p>	<p>I approached each patient with a positive demeanor, and if they displayed hallucinations, I made sure to confirm that they weren't dangerous.</p>
<p>Clinical Judgment 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>During group, we discussed Maslow's Hierarchy of needs in one, and Depression in the other. We talked about how, if we don't have the basic necessities of life then we can't improve or move forward to the next step. We also discussed triggers for depression & recognizing patterns of your own depression. I learned that if a person is able to recognize some triggers, they can try to avoid those triggers, & if they recognize a pattern, like sleep more, or take of interest, if they notice it early, maybe they can take steps to battle their depression in that moment before it gets worse.</p>
<p>Patient Centered Care Identify one client in the group, what concerns, recommendations/interventions would you suggest?</p>	<p>One patient in particular mentioned isolation as a pattern, a suggestion for them would be, one they notice they are starting to isolate, maybe they can try to make a plan to go out with friends, or have family call them out on being alone.</p>
<p>Professionalism 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 learned that depression is so common now that so many people struggle, and that some of my own patterns & triggers are very similar to other people. I also learned that I could</p>
<p>Communication & Collaboration Describe how you utilized therapeutic communication/collaboration</p>	<p>engage my family & friends in my protection plan for myself. I could give them a list of triggers or patterns I noticed, if they notice any, ask them to tell me about them because I may not recognize them on my own. I was initially nervous about having it done and hearing about people's troubles. I thought it would be too sad. It really wasn't though. It was enlightening to see that most of the patients have struggled with depression for many years and really recognized when they needed help.</p>
<p>Feelings • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • 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>	<p>Evaluation</p>

Kyngstam, Miller

Oceans

What stood out the most about Aspire, AA, or Oceans

I think what stood out the most, for me, was how everyone had a very similar battle with depression. Not only the patient's but fellow students all expressed struggles with depression, and so it was nice that we all had similar feelings & could talk to each other about the different ways we all cope & handle our depression.

Aspire, ^{NA} AA and Oceans Reflection (300 word minimum)

<p>Safety & Quality Describe anything you accomplished to maintain a safe, quality environment</p>	<p>I just listed & didn't start, but it wasn't a unsafe environment at all.</p>
<p>Clinical Judgment As you listened during group, how were you able to integrate classroom knowledge with what the patient/therapist were discussing: <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>	<p>As I listed to the NA meeting, I paid attention to how each person battled addiction. I grew up with parents as addicts, so became very familiar with the disease. I understand that addicts feel + are powerless over their addiction, and need help and guidance to stay clean. I have a lot of empathy for addicts. I understand that they can't "just stop". It takes lifestyle changes, and a deep understanding of themselves & their addiction to recover. It also takes a support system, most some addicts have a supportive family, but most have already burned bridges with their addictive tendencies, so they now need to rely on the Fellowship of NA for the support that's needed. I will, as a nurse, remain empathetic, and do my best to offer comfort & solutions to my patients that suffer with addiction.</p>
<p>Professionalism 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 didn't communicate in this, just listened and kept an open mind as each member shared.</p>
<p>Communication & Collaboration Describe how you utilized therapeutic communication/collaboration</p>	<p>I felt very blessed to have been able to attend that meeting. I enjoyed getting to learn how each person had a God of their understanding that they looked to & surrendered to. I also learned that, while each person was unique, they all shared a similar experience that I could relate with. They all said that they knew they needed to turn their will & their life over to the care of</p>
<p>Feelings <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? • 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>	<p>Good as they understood him, but they all struggled with actually surrendering control.</p>
<p>Evaluation</p>	

Kristine Miller

AA (M)

What stood out the most about Aspire, AA, or Oceans

I realized that I related to that. I felt that I also have a difficult time trusting God to take care of everything. I always want to be in control, and make sure things work out. The idea of "letting go & letting God" is a hard concept. I learned that each addict, each person, has to constantly recommit to allowing God/higher power handle their life. It made me feel humbled and relieved to know that trusting things to work out based on faith isn't unique.