

Student Name: Jasmine AbalosUnit: OceansPt. Initials: A.C.Date: 10-28-25

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: Sulfa abx

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.)
Bupropion	Anti-depressant	Depression	75mg PO qd	Y N	N/A	Suicidal ideation, Steven Johnsons	<ol style="list-style-type: none"> 1. Report suicidal thoughts/ideation 2. Mood changes (anxiety, irritable, hyper) 3. May have trouble sleeping, affects coordination/judgement, dry mouth 4. Report skin rash/blisters, swelling, fever
Hydroxyzine Pamoate	Anti-histamine	Anxiety	50mg PO q6hr PRN anxiety	Y N	N/A	Trembling, confusion, rash/sores, CV changes, anaphylaxis	<ol style="list-style-type: none"> 1. May make pt dizzy/drowsy, stand up slow 2. Dry mouth/eyes (gum/water/eye drops) 3. Report fast/irreg heartbeat, feeling faint, lightheaded, cp, sob 4. Report skin rash or blisters (AGEP)
Prazosin	Alpha-blocker	Nightmares	1mg PO QHS	Y N	N/A	Priapism, hypotension, anaphylaxis	<ol style="list-style-type: none"> 1. dizzy/lightheaded (stand up slow) 2. report prolonged erection (prevent permanent impotence asap!) 3. used to tx hbp so monitor for low bp 4. OD s/s: decreased reflexes, fainting

Jasmine Adams PMH Critical Thinking Sheet

DSM-5 Diagnosis and Brief Pathophysiology: MDD
 ↓ 5HT, NE, dopamine + other neurotransmitters and triggers/stress causing feelings of sadness + hopelessness

DSM-5 Criteria for your patient's diagnosis:
 - insomnia
 - suicidal ideation
 - worthless/guilt
 - sad mood

Psychosocial Stressors (Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.)
 - husband overseas
 - lives w brother
 - has 2y/o son

Therapeutic Communication & Nurse Patient Relationship:
 Communication strategy:
 - involve pt in prob solving
 - open ended questions
 - i see... you seem... tell me...

Stage of nurse-patient relationship:
 Orientation, working
 Therapeutic communication techniques appropriate for this patient:
 - provide support + assistance
 - supportive / nonjudgmental
 - allow pt to express feelings

Communication approaches to avoid:
 - no negative communication
 - dont ignore them/feel guilty
 - dont minimize feelings

Plan of Care:
 Patient problem: **Low self esteem**
 Related to (etiology): **feeling of abandonment, impaired cognition fostering negative view of self**
 As evidenced by (signs & symptoms):
 - highly critical + judgemental of self
 - negative pessimistic outlook
 Outcome/Goal:
 - ↑ feelings of selfworth
 - ↓ fear of failure
 Current Treatment & Interventions:
 1. recognize + focus on strengths + less attention on the past
 Rationale: ↓ attention to eliminate (-) thoughts
 2. encourage participation in group activities
 Rationale: (+) feedback + support
 3. help pt identify areas she wants to change + help w prob solving
 Rationale: ↓ self worth can interfere w pt prob solving perception
 4. help pt in self care + offer (+) feedback
 Rationale: (+) feedback enhances self esteem + encourages good behavior

Aubrey/Abriana - SI, MDD

NURSING SHIFT ASSESSMENT

DATE: 10-28-25

SHIFT: Day(7A-7P)

Night(7P-7A)



Name: Abriana Label
MR#: _____ D.O.B. _____

Orientation	Affect	ADL	Motor Activity	Mood <u>Calm</u>	Behavior
<input checked="" type="checkbox"/> Person	<input checked="" type="checkbox"/> Appropriate	<input checked="" type="checkbox"/> Independent	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Irritable	<input type="checkbox"/> Withdrawn
<input checked="" type="checkbox"/> Place	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Assist	<input type="checkbox"/> Psychomotor retardation	<input type="checkbox"/> Depressed	<input type="checkbox"/> Aggressive
<input checked="" type="checkbox"/> Time	<input type="checkbox"/> Flat	<input type="checkbox"/> Partial Assist	<input type="checkbox"/> Psychomotor agitation	<input type="checkbox"/> Anxious	<input type="checkbox"/> Suspicious
<input checked="" type="checkbox"/> Situation	<input type="checkbox"/> Guarded	<input type="checkbox"/> Total Assist	<input type="checkbox"/> Posturing	<input type="checkbox"/> Dysphoric	<input type="checkbox"/> Tearful
	<input type="checkbox"/> Improved		<input type="checkbox"/> Repetitive acts	<input type="checkbox"/> Agitated	<input type="checkbox"/> Paranoid
	<input type="checkbox"/> Blunted		<input type="checkbox"/> Pacing	<input type="checkbox"/> Labile	<input type="checkbox"/> Isolative
				<input type="checkbox"/> Euphoric	<input checked="" type="checkbox"/> Preoccupied
					<input type="checkbox"/> Demanding
					<input type="checkbox"/> Intrusive

Thought Processes

Goal Directed Tangential Blocking ~~100%~~

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 N/A

Hopeless Helpless Homicidal thoughts

Pain: Yes No Pain scale score 6 Locations back & arms

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

Nursing Interventions:

<input checked="" type="checkbox"/> Close Obs. q15	<input checked="" type="checkbox"/> Ind. Support	<input type="checkbox"/> Reality Orientation	<input type="checkbox"/> Toilet Q2 w/awake	<input type="checkbox"/> 1 to 1 Observation _____ reason (specify)
<input checked="" type="checkbox"/> Milieu Therapy	<input checked="" type="checkbox"/> Monitor Intake	<input checked="" type="checkbox"/> Encourage Disclosure	<input type="checkbox"/> Neuro Checks	<input type="checkbox"/> Rounds Q2
<input checked="" type="checkbox"/> V/S <input checked="" type="checkbox"/> O2 sat.	<input checked="" type="checkbox"/> Tx Team	<input checked="" type="checkbox"/> Wt. Monitoring	<input type="checkbox"/> Elevate HOB	<input type="checkbox"/> MD notified _____
<input checked="" type="checkbox"/> Nursing group/session (list topic): _____				
<input type="checkbox"/> ADLs assist	<input checked="" type="checkbox"/> I&O	<input type="checkbox"/> 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

Ask Question 2*	Since Last Contact
2) <u>Have you actually had thoughts about killing yourself?</u>	YES NO LOW <u>no</u>
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>	<u>no</u>

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: [Signature] Date: 10-28-25 Time: 1000

REVIEW OF SYSTEMS

Cardio/Pulmonary:

JVD 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 is

Wound(s) (see Wound Care Pad)

Abrasion Integumentary Asses

Other: _____

Elimination:

Continent Incontinent Cath

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 lev

Assist with ADLs Geri Chair

Ensure assistive devices near

Other _____

awake 1 to 1 Observation
 Rounds Q2
ified

ORedem
Nutrition/Fluid:

Page 1 of 1

Jasmine Abalos

HAMILTON DEPRESSION RATING SCALE (HAM-D)

(To be administered by a health care professional)

Patient Name

Abriana

Today's Date

10-28-25

The HAM-D is designed to rate the severity of depression in patients. Although it contains 21 areas, calculate the patient's score on the first 17 answers.

- 1 **1. DEPRESSED MOOD**
(Gloomy attitude, pessimism about the future, feeling of sadness, tendency to weep)
0 = Absent
 1 = Sadness, etc.
2 = Occasional weeping
3 = Frequent weeping
4 = Extreme symptoms

- 0 **2. FEELINGS OF GUILT**
0 = Absent
1 = Self-reproach, feels he/she has let people down
2 = Ideas of guilt
3 = Present illness is a punishment; delusions of guilt
4 = Hallucinations of guilt

- 0 **3. SUICIDE**
0 = Absent
1 = Feels life is not worth living
2 = Wishes he/she were dead
3 = Suicidal ideas or gestures
4 = Attempts at suicide

- 1 **4. INSOMNIA - Initial**
(Difficulty in falling asleep)
0 = Absent
 1 = Occasional
2 = Frequent

- 2 **5. INSOMNIA - Middle**
(Complains of being restless and disturbed during the night. Waking during the night.)
0 = Absent
1 = Occasional
 2 = Frequent

- 1 **6. INSOMNIA - Delayed**
(Waking in early hours of the morning and unable to fall asleep again)
0 = Absent
 1 = Occasional
2 = Frequent

- 2 **7. WORK AND INTERESTS**
0 = No difficulty
1 = Feelings of incapacity, listlessness, indecision and vacillation
 2 = Loss of interest in hobbies, decreased social activities
3 = Productivity decreased
4 = Unable to work. Stopped working because of present illness only. (Absence from work after treatment or recovery may rate a lower score).

- 0 **8. RETARDATION**
(Slowness of thought, speech, and activity; apathy; stupor.)
 0 = Absent
1 = Slight retardation at interview
2 = Obvious retardation at interview
3 = Interview difficult
4 = Complete stupor

- 0 **9. AGITATION**
(Restlessness associated with anxiety.)
 0 = Absent
1 = Occasional
2 = Frequent

- 0 **10. ANXIETY - PSYCHIC**
 0 = No difficulty
1 = Tension and irritability
2 = Worrying about minor matters
3 = Apprehensive attitude
4 = Fears

HAMILTON DEPRESSION RATING SCALE (HAM-D)

(To be administered by a health care professional)

11. ANXIETY - SOMATIC
Gastrointestinal, indigestion
Cardiovascular, palpitation, Headaches
Respiratory, Genito-urinary, etc.
0 = Absent
 1 = Mild
2 = Moderate
3 = Severe
4 = Incapacitating

12. SOMATIC SYMPTOMS -
GASTROINTESTINAL
(Loss of appetite, heavy feeling in abdomen;
constipation)
 0 = Absent
1 = Mild
2 = Severe

13. SOMATIC SYMPTOMS - GENERAL
(Heaviness in limbs, back or head; diffuse
backache; loss of energy and fatigability)
0 = Absent
 1 = Mild
2 = Severe

14. GENITAL SYMPTOMS
(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 = Querulous attitude
4 = Hypochondriacal delusions

16. WEIGHT LOSS
0 = No weight loss
 1 = Slight
2 = Obvious or severe

17. INSIGHT
(Insight must be interpreted in terms of pa-
tient's understanding and background.)
 0 = No loss
1 = Partial or doubtful loss
2 = Loss of insight

TOTAL ITEMS 1 TO 17: 10

0 - 7 = Normal

~~8 - 13 = Mild Depression~~

14 - 18 = Moderate Depression

19 - 22 = Severe Depression

≥ 23 = Very Severe Depression

18. DIURNAL VARIATION
(Symptoms worse in morning or evening.
Note which it is.)
0 = No variation
 1 = Mild variation; AM () PM ()
2 = Severe variation; AM () PM ()

19. DEPERSONALIZATION AND
DEREALIZATION
(feelings of unreality, nihilistic ideas)
 0 = Absent
1 = Mild
2 = Moderate
3 = Severe
4 = Incapacitating

20. PARANOID SYMPTOMS
(Not with a depressive quality)
 0 = None
1 = Suspicious
2 = Ideas of reference
3 = Delusions of reference and persecution
4 = Hallucinations, persecutory

21. OBSESSIONAL SYMPTOMS
(Obsessive thoughts and compulsions against
which the patient struggles)
 0 = Absent
1 = Mild
2 = Severe

NURSING SHIFT ASSESSMENT

DATE: 10-29-25

Unicru



SHIFT: Day(7A-7P)

Andrea 37y/o

Night(7P-7A) - plainview

-SI, SEIZURE, FALL, MDD/GAD

Name: Andrea 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 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): ADLs assist Ind. Support Monitor Intake Tx Team Reality Orientation Encourage Disclosure Wt. Monitoring PRN Med per order Toilet Q2 w/awake Neuro Checks Elevate HOB 1 to 1 Observation Rounds Q2 MD notified

REVIEW OF SYSTEMS

Cardio/Pulmonary:

- Normal Elevated B/P Chest Pain Edema: upper lower

Respiratory/Breath sounds:

- Clear Rales Crackles Wheezing Cough S.O.B Other: O2 @ /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 issue Wound(s) 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

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*

2) Have you actually had thoughts about killing yourself?

Table with columns: Since Last Contact, YES, NO. Row 2: LOW, NO

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?

Table with columns: Since Last Contact, MOD, YES, NO. Row 3: MOD, YES, NO

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."

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."

6) Have you done anything, started to do anything, or prepared to do anything to end your life?

Table with columns: Since Last Contact, MOD, YES, NO. Row 6: MOD, YES, NO

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: 10-29-25 Time: 1000

Jasmine Abalos

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling 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.

Score: 24 (Moderate)