

Aspire, AA and Oceans Reflection (300 word minimum)

<p>Safety & Quality Describe anything you accomplished to maintain a safe, quality environment</p>	<p>I helped to maintain a safe and quality environment with the patients by always being someone that will listen and talk to the patients or sit quietly with them if that is what they wanted.</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>I was not able to apply very much from my previous knowledge because of the lack of experience with mental health. I will be able to apply what I have learned from Oceans by being aware that everyone is facing their own battle and approach every situation with therapeutic communication to promote a safe environment for patients. I learned from clinical studies that mental health issues will choose anyone and it is very difficult to get through and understand for the patient.</p>
<p>Patient Centered Care Identify one client in the group, what concerns, recommendations/interventions would you suggest?</p>	<p>I had one patient that I had talked to that had some issues with medications that he had been taking for around 10 years and went to the VA and they took him off of them. I would recommend that the patient remain on the same meds because they had not caused any issues until taken off abruptly.</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 maintained professionalism by addressing the patients with a calm manner to not overstimulate him. I also acknowledge that the patient was having hallucinations but did not feed into them. I just said I believe you are hearing them but I do not hear them myself.</p>
<p>Communication & Collaboration Describe how you utilized therapeutic communication/collaboration</p>	<p>I used therapeutic communication to obtain information and see how several different patients were doing.</p>
<p>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? • 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>At the beginning I was nervous and not really sure what to do. I was thinking that it was going to be a lot more difficult than it actually was and hard for me to communicate to the patients. The overall experience made me feel better in the end about seeing first hand what mental health disorders can be like. I felt more confident by the end and had begun to develop a positive relationship with the patients I had spoken to. The most important emotion I felt while at Oceans was gratefulness because I can only imagine what those people have to go through every day and keep fighting the battle with their mental health.</p>

Evaluation

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

What stood out the most to me about Oceans was how involved the tech were in taking care of the patients and treating just like another human. Made it seem like a very comfortable place for all those patients to be through the hard time in life they are experiencing.

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Student Name: Dylan Thoma

Unit: Oceans Pt. Initials: _____

Date: 02/17/26

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NDKA

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.)
Quetiapine ER	Atypical antipsychotic	Management of mood disorder symptoms	400mg ER tab PO daily	Yes		Sedation/drowsiness, orthostatic hypotension, weight gain, metabolic changes	-Monitor BP, especially with position changes -Assess for excessive sedation and fall risk -Monitor weight, glucose, and lipid levels -Teach patient to take ER tablet whole; do not crush or chew
Prazosin	Alpha-1 adrenergic blocker	Management of nightmares or PTSD-related symptoms	1mg PO prn	Yes		Orthostatic hypotension, Dizziness, Headache, Syncope (first-dose effect)	-Check BP before administration -Instruct patient to rise slowly from sitting/lying position -Administer at bedtime if ordered to reduce dizziness -Educate patient to report fainting or severe dizziness
Gabapentin	Anticonvulsant/neuropathic pain agent	Management of neuropathic pain, anxiety, or mood stabilization	400mg PO TID	Yes		Dizziness, drowsiness, ataxia, and fatigue	-Assess for CNS depression and fall risk -Monitor effectiveness and side effects -Teach patient not to stop medication abruptly -Caution patient about driving or alcohol use

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Allergies: NDKA

Buspirone	Anxiolytic	Management of generalized anxiety disorder	10mg tab PO TID	Yes		Dizziness, headache, nausea, nervousness	-Educate that therapeutic effects may take 2-4 weeks -Monitor anxiety levels and response -Avoid grapefruit juice -Emphasize medication must be taken consistently
Hydroxyzine	Antihistamine/ anxiolytic	Anxiety or pruritus management	50mg cap PO prn	Yes		Sedation, dry mouth, dizziness, blurred vision	-Monitor for excessive sedation -Caution patient about driving or alcohol use -Provide oral care for dry mouth -Use caution in older adults due to anticholinergic effects

NURSING SHIFT ASSESSMENT

DATE: 02/17/16

SHIFT: Day(7A-7P) Night(7P-7A)

Name: _____ 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 Posturing Repetitive acts Pacing

Mood
 Irritable Depressed Anxious Dysphoric Agitated Labile Euphoric

Behavior
 Withdrawn Suspicious Tearful Paranoid Isolative Demanding Aggressive Manipulative Complacent Sexually acting out Cooperative Guarded Intrusive

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

Thought Processes
 Goal Directed Tangential Blocking Flight of Ideas Loose association Indecisive Illogical Delusions: (type) _____

Pain: 6 No Pain scale score 10 Locations generalized
 is pain causing any physical impairment in functioning today No if yes explain _____

Nursing Interventions:
 Close Obs. q15 Ind. Support Monitor Intake V/S O2 sat. Nursing group/session (list topic): _____ ADLs assist PRN Med per order _____

DOCUMENT ABNORMAL OCCURRENCES 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) Have you actually had thoughts about killing yourself?	LOW	<input checked="" type="checkbox"/>
IF YES to 2, ask questions 3, 4, 5, and 6. # 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?	HIGH	NA

Example: 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:
 MNL Elevated B/P J 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 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 Non-skid 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 _____

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: crowd noise	✓		
If you hear voices, can you understand what the voices are saying? If yes, ask: Sometimes	✓		
Are the voices telling you to do anything that could harm yourself or someone else? If yes, ask: harm self	✓		
What are the voices telling you to do? (Record response here): Some times tell him to hurt himself			

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

Multiple choice answers
 Broader than

PMH Critical Thinking Sheet

<p>DSM-5 Diagnosis and Brief Pathophysiology: Brief psychotic disorder differs in duration</p>	<p>Therapeutic Communication & Nurse Patient Relationship: Communication strategy: Used supportive non-judgemental language Avoided minimizing feelings Stage of nurse-patient relationship:</p>	<p>Plan of Care: Patient problem: Schizophrenia Related to (etiology): Neurochemical imbalance, altered brain function, stress & poor coping mechanisms As evidenced by (signs & symptoms): Hallucinations, disorganized speech and thinking Outcome/Goal: Demonstrating improved reality orientation and decreased frequency & intensity of hallucinations Current Treatment & interventions: 1. Medications</p>
<p>DSM-5 Criteria for your patient's diagnosis: A1, A2, A5</p>	<p>Therapeutic communication techniques appropriate for this patient: Use simple clear language, acknowledge feelings not delusions, focus on here & now, set clear consistent limits. Communication approaches to avoid: Acusing statements</p>	<p>Rationale: Reduce symptoms 2. Group therapy</p>
<p>Psychosocial Stressors (Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.) N/A</p>	<p>Rationale: Promote socializing to reorient 3. Monitor for signs of increased agitation, paranoia, or anxiety 4. Early recognition allows for prompt intervention N/A Rationale:</p>	<p>Rationale: Promote socializing to reorient 3. Monitor for signs of increased agitation, paranoia, or anxiety 4. Early recognition allows for prompt intervention N/A Rationale:</p>

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