

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2022
Nursing Process Study

PROCESS RECORDING DATA FORM

Student Name: Mackenzie Wilson

Patient's Initials: R.B.

Date of Interaction: 6/23/2022

ASSESSMENT

- Pertinent background information of patient (age, sex, marital status, etc.), description of why the patient was admitted to the Behavioral Unit. Was this a voluntary or non-voluntary admission?

R.B. is a single 27-year-old male. He is in one south for a mental evaluation. He was admitted with major depression and psychotic features. He committed himself voluntarily and had thoughts of suicidal ideation by the means of a gun. He admitted to having suicidal thoughts for longer than 3 weeks and was feeling very hopeless. This was the first time he has had symptoms this severe. He was also positive for THC and is HIV positive. He had feelings of depression and hopelessness as well as having sleep issues, anhedonia, and decreased energy. He has also been pushing his family and friends away. He denies visual and auditory hallucinations.

- List any past and present medical diagnosis and mental health issues.

R.B. denied any previous mental health issues and has had no previous suicide attempts. Since 2017 he had been in and out of the ER/hospital for various reasons, however, he was not previously admitted to the hospital for any mental health issues.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction:

Before interacting with patients on 1 South I was very nervous and just not sure what to expect. I thought people would not want to talk or striking up a conversation would be hard since I am not the most outspoken person. I was nervous about relating to people and knowing what to say or how to respond.

Post-interaction:

It was an interesting experience. Some people definitely did not want to talk or it took them a while to warm up. I learned the importance of being a good listener and giving the person your full attention. I enjoyed just being able to listen to their stories and thank them for sharing their experiences.

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- Describe what is happening in the “milieu”. Does it have an effect on the patient?

The “milieu” or environment of 1 South was very calm, interactive, and involving. Patients were constantly moving around talking to each other, and once they got comfortable, talking to us. The environment, for the most part, had low stimuli and allowed people to destress and use positive coping mechanisms such as coloring, reading, word searches, puzzles, and involving therapeutic communication.

DIAGNOSIS/PRIORITY MENTAL HEALTH PROBLEM:

- Mental Health Nursing Diagnosis: (Not patient medical diagnosis)

R.B. could be identified with several nursing diagnosis. The two that were most pertinent to his situation would be “Risk for Suicide” and “Hopelessness”.

- Identify all potential complications (at least 5 complications)
 - ✓ Depressed mood
 - ✓ Suicide/Threats to kill themselves/desire to die
 - ✓ Grief
 - ✓ Hopelessness
 - ✓ Isolation from others
 - ✓ Chronic stress
 - ✓ Loss of spiritual beliefs
 - ✓ Absence or loss of support systems
 - ✓ Perception of worthlessness

PLANNING:

- Identify all pertinent Nursing Interventions in priority order including rationale and timeframe. (At least 5 interventions). Interventions must be individualized and realistic.
1. Begin by asking the patient directly: "have you thought about harming yourself in any way? If so, what do you plan to do? Do you have the means to carry out a plan? How strong are your intentions to die?" How often do you think about suicide? Assess risk q8h and PRN
Rationale: determine patients suicide risk
 2. Assess and implement all safety precautions q8h and PRN. Remove all potentially harmful objects from the patient's access (sharp objects, straps, belts, ties, glass items, alcohol).
Rationale: keep patient and yourself safe while providing care
 3. Establish a trusting therapeutic relationship to encourage open discussion of suicide initially and PRN
Rationale: Develop rapport, help patient feel safe to open up
 4. Frequently assess LOC & neurological status q4h and PRN (0800, 1200, 1600)
Rationale: Monitor patients LOC and to make sure it does not decrease, monitor depressive thoughts and feelings of hopelessness.

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5. Monitor behaviors & interactions with staff and other patients q2h and PRN (0800,1000,1200...etc.)
Rationale: Determine how patients act, maintain safety of themselves and others
6. Frequently offer to listen to patients concerns, show empathy and support q2h and PRN (0800,1000,1200...etc.)
Rationale: Help build trust and rapport, keep communication open
7. Explain all procedures clearly and carefully before performing PRN
Rationale: Prevents aggression and suspicion, helps develop trust
8. Minimize environmental stimuli throughout the day PRN
Rationale: Overstimulation or loud noises may increase stress
9. Encourage socialization with others and in group therapy q4h and PRN (0800, 1200, 1600)
Rationale: Helps develop positive relationships and orient them to reality
10. Administer Ropinirole 0.5mg daily @1800 SCH
Rationale: improve anxiety and depressive symptoms
11. Administer Trazodone HCL 50mg PO QHS PRN
Rationale: Treat depression by increasing serotonin
12. Offer praise and encouragement for accomplishment of tasks PRN
Rationale: Promote patients self-worth and self-esteem
13. Provide education about medication compliance PRN
Rationale: To show importance of taking meds as prescribed
14. Provide education resources and support for patient and family PRN
Rationale: Help family and patient understand illness and how to best manage/treat it
15. Develop a safety plan that includes recognition of warning signs, coping strategies, supportive people and places, resources and contact information for crisis management, and plans to restrict access to lethal means.
Rationale: Help patient know what to do/have a plan if them feel suicidal again

- Identify a goal of the **therapeutic** communication.

A goal of therapeutic communication is to connect with the patient and make them feel seen and heard. Therapeutic communication helps to prioritize the patient and look at their overall wellbeing. When talking with R.B. he seemed appreciative that I was asking him questions and that I cared.

IMPLEMENTATION:

- Attach Process Recording.

Attached at the end

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EVALUATION:

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

-Got R.B. to smile and laugh

-Asked multiple questions, learned more about the patient overall

-Was a good listener, gave the patient the opportunity to share what they wanted

-I colored with the patient, providing company if he wanted it

Weaknesses: (provide at least 3)

-I wish I would have asked more questions, but I did not want to seem like I was prodding

-I should have been a little more in-depth with my questions

-During part of the conversation I should not have changed the subject because R.B. may have elaborated more

-Been more positive and supportive

- Identify any barriers to communication. (provide at least 3)

-R.B. seemed very shy at first, hard to open up

-R.B. also lacked with making eye contact so I think some of the flow of communication was interrupted

-R.B. was a male so he may have been more comfortable talking to someone of the same gender, this barrier was no one's fault, I just noticed it a little bit when observing him talk to others.

- Identify any Social Determinants of Health for the patient.

-Lack of financial stability (working 2 jobs to stay afloat)

-homeless, no address listed in his chart

-lack of support, pushed family and friends away

-racism/discrimination

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- Were there any interventions or therapeutic communication that could have been done differently. Provide explanation.

When R.B. was talking about his son, I thought that part of the conversation was finished, so I moved on and asked him a different question about his job and if/where he worked. I wish I would have not changed the subject and been more patient. This way if he wanted to say anything else or elaborate, he could have more easily.

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 Process Recording

Note: Students as you type in the cells the cells will expand. Reference table 5-5 pg. 116 in textbook for sample process recording.

Student's Verbal or Nonverbal Communication	Patient's Verbal or Non-Verbal Communication	Student's Thoughts and Feelings Concerning the Interaction	Student's Analysis of the Interaction (use Table 5-3, 5-4 in textbook for reference)
"Hello, my name is Mackenzie"	"Hi, my name is R.B."	Felt a little uncomfortable just walking up and talking	Therapeutic: Staring out on a first name basis.
"Do you mind if I sit down and color with you?"	"Yea that is okay."	Glad he was open to communicating.	Therapeutic: offering self by taking the time to sit and color with him.
"How are you today?"	"I'm doing much better."	Glad to hear positives.	Therapeutic: Asking about him as a person.
"That is good... Go on..."	"I really feel like being here has helped me so much."	Feeling more comfortable, he seems willing to talk.	Therapeutic: offering general leads.
"I am so glad to hear that."	"I am excited because today is my son's birthday."	Glad he knows about his son's birthday.	Therapeutic: Being positive and encouraging.
"Aww that is sweet. Do you mind if I ask his name and how old he is?"	"His name is and he is turning 4 years old today."	Building some trust, open to answering questions.	Therapeutic: exploring to learn more about his interests.
"That is exciting. That is a nice age. I bet a 4-year-old is a lot of fun!"	"I can't wait to see him. I am ready to leave here to see him again and go back to work." (He is saying this with a big smile on his face)	Glad he is so happy and excited about his son.	Therapeutic: observing his emotions and recognizing his excitement. Being excited for him.
"I bet you miss him a lot. You appear very happy when you speak of him."	"Yes, I do."	Feeling sorry that he isn't with him.	Therapeutic, making an observation.
"Tell me about where you work at?"	"I work a McDonalds and as a cook for the Brass Pelican."	Surprised and glad to hear he has 2 jobs	Therapeutic: exploring about his place of employment.
"Oh yea, I have never been to the Brass Pelican before. Tell me, how do you like working there?"	"I like it a lot. I'm pretty new there and I had to learn all of the names and how to make like 80 different sauces."	Relieved he seems to really like his job.	Therapeutic: focusing on his work environment.
"Wow that is a lot, I bet that was hard." (nodding and maintain eye contact)	"Yea it was. A lot of the sauces look alike too."	Glad he is talking about everyday things.	Therapeutic: accepting and willing to interact.
"Oh, yea I never thought	"I bet it's kind of like	Glad able to relate to	Therapeutic: understanding

