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

PROCESS RECORDING DATA FORM

Student Name: Lauren Jenks Patient's Initials: J.H.

Date of Interaction: July 26, 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?**

Mr. J.H. is a 30-year-old, single, white male who was admitted to the Behavioral Unit. J.H. has a 4-year-old child who is a girl. J.H. was admitted to the behavioral unit following his entrance to the emergency department via police from the jail. He had borrowed a Tesla from a dealership in Michigan and brought the car to Sandusky where he tried to charge the car in the Meijer's parking lot. He left the car there for five days, and the Tesla was found and taken to the impound lot. Per the patient, he was arrested after trespassing at Meijer's. Police were concerned for his safety due to signs of mania as he was acting unusual, showing a flight of ideas, hyperverbal, tangential, and was difficult to redirect. After being booked into the jail, pt claimed he tried to hang himself, in response they took him to the emergency room for follow-up. He was admitted non-voluntarily to the behavioral unit where he was eventually probated, and court-ordered medication due to his refusal.

- **List any past and present medical diagnoses and medical health issues.**

J.H. has a past medical history of bipolar 1 disorder with psychotic features and gout. His current medical diagnosis is bipolar 1 disorder with psychotic features, altered mental status, and acute psychosis. He claims he is an everyday smoker, consumes alcohol, active marijuana, and heroin user, along with states he has "tried acid years ago".

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

Before my interaction with this patient, I was very intrigued about his mental status. I had never been able to encounter someone experiencing mania. Based on the report, many nurses were familiar with him as he has been in the behavioral unit for longer than a month. Prior to interacting with him, I was expecting him to be very angry, easily agitated, and hypervigilant. I was nervous but curious and was looking forward to getting to interact with this patient.

Post-interaction:

The interaction went therapeutically well. Before this interaction, I had never witnessed someone experiencing mania. Yes, it was overwhelming at times with the flight of ideas and loose correlation, but he was very elated, positive, and showing signs of delusions of grandiosity. I felt empathy for the man but know I shouldn't of as he is known to be very manipulative and lacks to tell the truth. He informed me he appreciated me listening to him because he feels like no one else has while he's been in the Behavioral Unit. This remark made by the patient made me feel like I had a therapeutic impact on him. He's overall very open with his life stories and I felt like he was able to trust me as we therapeutically conversed back and forth several times. I felt accepted.

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- **Describe what is happening in the "milieu". Does it influence the patient?**

Within the milieu, there is a lot of patient interaction, low stimuli at appropriate times, therapy groups, and games occurring. This environment is centered around patient safety and is very structured to keep patients aware of the schedule and on task. The therapy groups within the milieu are focused on mental health issues as the overall goal is to educate patients on new skills to help them function and cope outside of the inpatient unit. This environment strongly affects the patient as it provides consistency, responsibility, and safety. It provides the patient with a consistent schedule, responsibility on requesting their medication upon desired needs or ordered times, hygiene responsibilities, and safety to overall have a positive impact on the patient to be comfortable enough to express themselves and to work through their mental health struggles during their stay.

DIAGNOSIS/PRIORITY MENTAL HEALTH PROBLEM:

- **Mental Health Nursing Diagnosis: (Not patient medical diagnosis)**
    1. Disturbed thought process

- **Identify all potential complications (at least 5 complications)**
    1. **Suicidal ideation-** isolation, feeling hopeless, engaging in risk, increased mood swings, anxiety, talking about death
    2. **Insomnia**- difficulty falling asleep, restlessness, difficulty concentrating when functioning
    3. **Irritability**- agitation, confusion, increased RR, increased HR, oversensitivity
    4. **Mania-** elated, easily distracted, easily agitated, delusional, hallucinations, disturbed thinking, flight of ideas, talking very quickly, grandiosity, paranoia
    5. **Drug abuse-** confusion, dilated pupils, irritability, anxiety, paranoia, behavior changes, tremors, increased alertness, feeling of exhilaration

PLANNING:

- Identify all pertinent Nursing Interventions in priority order including rationale and timeframe. (At least 5 interventions). Interventions must be individualized and realistic.
    1. **Institute safety precautions initially and PRN**
       rationale: to provide a safe environment for patients
    2. **Check on pt every 15 minutes and PRN**
       Rationale: to ensure safety of pt during the manic phase
    3. **Assess pt mood and mental status Q4H PRN**
       Rationale: to monitor changes in pt mood
    4. **Administer Invega 6 mg PO daily**
       Rationale: to help control mania symptoms
    5. **Administer Olanzapine 5 mg PO Q6H PRN**
       Rationale: To reduce agitation
    6. **Administer Vistaril 50 mg PO Q6H PRN**
       Rationale: To decrease anxiety

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

A goal of the therapeutic communication between my patient and I was to help the patient feel heard, understood, and supported by prioritizing his physical and psychological needs. Allowing the patient to feel this way can establish a nurse-patient trusting relationship in which the patient feels comfortable enough to express concerns related to their mental health.

IMPLEMENTATION:

- Attach Process Recording.

EVALUATION:

- **Identify strengths and weaknesses of the therapeutic communication.**

  Strengths: (provide at least 3)

  My strengths while therapeutically communicating with my patient were active listening, eye contact, using silence, and voicing doubt when needed. I was paying close attention to what my patient was saying to me and demonstrated interest and understanding through eye contact. He was currently in a manic phase so giving him the silence he needed while being hyperverbal is therapeutic. Lastly, due to my patient being manipulative and showing signs of delusions of reference and grandiosity, it was important to therapeutically voice doubt to express uncertainty regarding his perceptions.

  Weaknesses: (provide at least 3)

  A few non-therapeutic communication techniques I used were probing, giving advice, and requesting an explanation. With my patient refusing his medication and him stating it has been hard to stay out of jail, I found myself being non-therapeutic as I gave him advice on how he should start being more compliant with his medication to try and aid his mania. Secondly, after seeing a note he had written in his charts, I was showing concerns and being non-therapeutic by probing. I felt like I had been asking an absurd number of questions relating to my concerns which can be extremely non-therapeutic to the patient if they don't have a desire to be open about the situation. Lastly, my patient stated he felt free being away from his daughter and "baby momma", and I caught myself using the non-therapeutic communication technique of requesting an explanation by asking the patient "why" he felt that way. Overall, after catching these non-therapeutic communication weaknesses I had used, I have learned from them and accepted them.

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

  While communicating with my patient, there were barriers that were effective. My pt had the Inability to concentrate on one idea as he was experiencing mania. The flight of ideas and loose correlation affected his communication technique and made it hard to follow his thought process during communication. Secondly, my pt struggled with delusions of grandiosity as he thought very highly of himself. I struggled with this barrier as he was so overly self-confident and it was overwhelming to me. He thought he was an expert on any topic brought up and completely unacknowledged what I had to say to try and prove himself right. Lastly, correlating to his delusions of grandiosity, his lack of knowledge was a huge barrier to communication as he didn't accept my thought process but rather would try to manipulate me to believe his thought process and what he had to say.

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- **Identify any Social Determinants of Health for the patient.**

  Social Determinants of Health for this patient would be financial instability and lack of education. J.H. is not employed per notes in his chart but claims he owns his own business. J.H. also refuses to take his psych medication because he believes there is nothing wrong with him reflecting on his lack of education regarding his mental health illness. During his manic phase, he maxed out all his credit cards and spent all his savings leaving him with nothing to return to upon discharge.

- **Were there any interventions or therapeutic communication that could have been done differently. Explain.**

  Following my interaction with Mr. J.H., I would have changed some of my therapeutic communication techniques. There were some non-therapeutic remarks I had made during the conversation that could have potentially made my patient uncomfortable and unsure of how to respond. As I had stated before, I requested explanations for his statements, gave the advice to be cooperative with his medication, and was probing relating to information regarding his daughter after reading his personal notes nurses had stashed in his file. Instead of seeking information, I could have used more therapeutic communication that could have potentially built a more trusting relationship with my patient and allowed him time to open up more with me regarding information about his personal life.

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Process Recording
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)
(smiled)	"Hi, nursing students!"	I felt excited that a patient was eager to interact with students	Therapeutic: Accepting Conveyed an attitude of willingness to interact
"Hi! How are you feeling this morning, Joe?"	"Oh, fantastic. I am finally able to attend group. The back unit is terrible!"	I thought to myself "He seems elated this morning to have a group pass."	Therapeutic: Offering self Willingness to interact with the patient and show interest on an unconditional basis
"Oh, the back unit is terrible."	"Yes, no one is competent enough to hold a conversation back there."	I was very shocked when he stated this as he was belittling other patients within the special care unit	Therapeutic: Restating Allowed pt to know I understood him and gave him a chance to continue
(silence)	"I'm too intelligent, trusting, and positive to communicate with these people."	I began to catch onto the patient's delusions of grandiosity	Therapeutic: Using Silence Provided pt with time to organize his thoughts
"Wow! That is a beautiful picture you are drawing?"	"Thank you! I like to draw, sing, and make music … I just purchased this whole set up to put in my daughter's old room."	I felt good – pt started to trust me and open up to me about more personal information	Non-therapeutic: Introduced an unrelated topic Signifies to pt that I didn't want to discuss that topic anymore
"You have a daughter?"	"Yes! She's four. She's beautiful. I love my daughter."	Being understanding of how much he loves his daughter as children are usually parents' prize possessions.	Therapeutic: Focusing I took notice of a single idea to discuss
"Oh, yes, I understand."	"But sometimes when I look at my daughter, I see her mother in her. I have tried to work things out with her mother, but it doesn't work. She's the reason my mental issues started, which makes it hard to see my daughter. This break away from her and my daughter is nice – I've been able to feel free. I am giving my daughter	I was feeling a little uncertain about his feelings towards his daughter. Does he have a sexual attraction to her? (Concerned after reading a note in his chart) What does he mean by giving his daughter to God?	Therapeutic: Accepting Conveyed an attitude of understanding his statement

	to God."		
"Why do u feel free?"	"Well, I haven't seen my daughter in a while. When I see her, it's a personal trigger. But, with that freedom away from her, I went and bought a Tesla, a motorcycle, all these high-dollar paint brushes (shows me the newspaper) … Oh! And this is the lake house I'm going to buy when I get out of here."	I thought to myself "WOW! That's a lot of money." I then was able to correlate it to the mania he's currently experiencing.	Non-therapeutic: Requesting an explanation Intrigued to see why he had certain thoughts and feeling
"Are you employed?"	"Yes! I have my own painting company- I paint houses. I make roughly $120,000 a year. But when I get out of here, I am going to turn my business into an artificial intelligence company because believe it or not I have Siri on my phone personally trained."	I felt overwhelmed by the flight of ideas.	Nontherapeutic: Introduced an unrelated topic To get to a topic I wanted to discuss with the patient
"You made $120,000 last year. You spent all of your money that you made last year on your Tesla, a motorcycle, and these high dollar paint brushes."	"I don't care about money. You can live without money. You see, everyone just thinks you need money to survive. I could survive without clothes."	I felt like since he's manic that he's not going to comprehend the financial burden he just put himself in that I was trying to point.	Therapeutic: Restating Allowed pt to know I understood him
"I find that hard to believe."	"Listen, I'm smarter than everyone here - I know a lot about everything. Ask me anything and I'll know the answer. I even went to med school, but I was a dropout. Call me Elon Musk. I am going to change the world as a med-school dropout."	I felt overwhelmed by his flight of ideas that are continuing and his delusions of grandiosity.	Therapeutic: Voicing doubt expressed uncertainty regarding his perceptions

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