

## PROCESS RECORDING DATA FORM

Student Name: **Taylor Fox**

Patient's Initials: **M.P.**

Date of Interaction: **06/22/2023**

**ASSESSMENT-(Noticing-** Identify all abnormal assessment findings (subjective and objective); include specific patient data.)

- 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?

My patient was a 59 year old, single, female. Patient was a non-voluntary admission who was admitted for an attempt of suicide by taking large amounts of Hydrocodone and Acetaminophen.

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

She has a diagnosis of Major Depressive Disorder, along with a history of pharyngitis, GERD, diabetes mellitus, candidiasis of mouth, bradycardia (has loop recorder implanted), and a vitamin D deficiency.

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

Pre-interaction I was quite nervous as to how to approach my patient under such sensitive circumstances. The information given during report of her attempted suicide was very hard to hear, yet very eye-opening. I was also curious as to how she would like to be addressed or how open she was about her identity since she is transgender and trying to get transitional surgery done to become female.

Post-interaction:

Post- interaction I had a good understanding of the patient. I was able to understand and learn about the reasons leading up to the attempt. I was able to realize that she had endured many experiences in her lifetime that has brought her to where she was. I was able to feel comfortable addressing her as a woman and was proud of the acceptance she had of herself and the positive outlook she has begun to have on life.

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

The milieu has had a major impact on my patient. The environment and surroundings have made her feel very comfortable in sharing her experiences, feelings, and emotions. Enough that she has felt the ability to open up about her past trauma to not only me but the other members that attended group sessions on the behavioral unit during her stay.

## **DIAGNOSIS/PRIORITY MENTAL HEALTH PROBLEM- Interpreting**

- Mental Health Priority Problem (Nursing Diagnosis): (Not patient medical diagnosis) (List all nursing priorities and highlight the top mental health priority problem. Provide all the related/relevant data that support the top mental health priority nursing problem.)

A few nursing priorities for my patient are: decreased cardiac output, impaired mood regulation, ineffective coping, risk for impaired cardiovascular function, and **risk for suicidal behavior**. Some supporting factors include: a suicide attempt with Vicodin and Acetaminophen, Vitamin D level of 21.0, and Glucose of 207. Along with these factors she had many risk factors that could influence such behavior: being transgender, having a diagnosis of major depressive disorder, vitamin D deficiency, history of sexual abuse from father, chronic illness of diabetes mellitus, and a recent loss of business location.

- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)

Complications:

1) Respiratory Depression/ Arrest

Symptoms: shortness of breath, cyanosis, and fast/rapid/shallow breathing.

2) Liver Failure

Symptoms: jaundice skin, ascites in abdomen or lower extremities, and encephalopathy.

3) Hypotension

Symptoms: blurred vision, fainting, and agitation.

4) Coma

Symptoms: irregular breathing, depressed brainstem reflexes, no responses of limbs beyond reflex movements, and no response to painful stimuli.

5) Acute Kidney Injury

Symptoms: decreased urine output, urine retention, and ascites in lower extremities.

### **PLANNING-Responding**

- Identify all pertinent Nursing Interventions relevant to the top mental health priority problem. List them in priority order including rationale and timeframe. (At least 5 interventions). Interventions must be individualized and realistic.
- - 1) Assess vital signs q4hrs and PRN. Rationale: to monitor respiratory function such as SpO2 and respiration count.
  - 2) Monitor mental status q4hrs and PRN. Rationale: to watch for suicidal thoughts and sudden change in mental status.
  - 3) Monitor safety of patient q15 minutes. Rationale: to make sure patient is safe during the entirety of the hospital stay and not expressing any harmful acts on self or others.
  - 4) Administer Hydroxyzine 50 mg PO q6hrs and PRN. Rationale: to improve symptoms of anxiety.
  - 5) Administer Olanzapine 5 mg PO q6hrs and PRN. Rationale: to treat resistant depression.
  - 6) Administer Trazodone 50 mg PO qHS and PRN. Rationale: to treat major depression anxiety, or insomnia.
  - 7) Encourage patient to attend group activities at least 2 times a day. Rationale: to improve coping skills and express feelings.
  - 8) Encourage patient to continue medication regimen for its entirety (full length of prescription). Rationale: noncompliance of medications could make suicidal ideations worse or can cause poor mood control for patient.
- Identify a goal of the **therapeutic** communication.

A goal of the therapeutic communication is to allow the patient to feel comfortable enough to communicate things difficult in nature, and to be able to be truthful in order to work through their issues properly.

### **IMPLEMENTATION**

- Attach Process Recording.

### **EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

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- 1) Allowed patient to reflect on her past situations to explain how they have shaped her into the person she is proud to be today.
- 2) Allowed patient to reflect on times spent with her mother that were very important to her. Such as her mother's acceptance of her being transgender and expressing herself as a female at the young age.
- 3) Patient was able to realize the importance of communicating through issues. She was able to acknowledge that she was not alone and there are many people there for her.

Weaknesses: (provide at least 3)

- 1) A weakness of my therapeutic communication was the feeling of probing. I felt like I was asking direct questions and pushing to get information out of my patient occasionally during conversation.
  - 2) Another weakness I had was changing the subject often, I feel like I should have given more control to the patient so she was able to control where the conversation went.
  - 3) I didn't really tell the patient much about myself and feel as if I would have she would've opened up even more and felt more comfortable conversating with me.
- Identify any barriers to communication. (provide at least 3)
    - 1) A barrier of communication I experienced while communicating with the patient was the fear of stereotyping. My patient had mentioned multiple times that people "hate people like her." I think this thought negatively impacted my patient and made her often times feel judged.
    - 2) A psychological barrier I experienced was her overconfidence. I believe my patient felt the need to overcompensate for her achievements in life in order to feel accepted because of being transgender. Throughout communicating she stressed the importance she had: such as her owning 3 businesses, being extremely wealthy, having a lot of expensive jewelry, and being able to retire soon.
    - 3) I experienced a physical barrier while communicating with my patient; I found it hard to hear my patient because she has thrush and could only speak very softly.

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

My patient has her own health insurance that she has been able to use during her stay. She is employed by herself and stated she is very wealthy. She has a multi story home that she explained is very nice, along with many Harley Davidson bikes she enjoys riding. She is still able to drive and transport herself, which brings her a lot of joy. In hopes of retiring early, she is getting prepared to pack up her things and move to North Carolina by herself.

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- What interventions or therapeutic communication could have been done differently? Provide explanation.

I could've communicated better at first with my patient. I felt like I could've done better at active listening. I felt like I was easily distracted by the surrounding environment and wasn't focused on the conversation. I also did not maintain eye contact while communicating with the patient during the beginning of our conversation. After breakfast was over and people went to different areas in the common room I feel like our communication got much better. It was a lot easier to pay attention to the conversation and not be distracted by other conversations.

Note: Students as you type in the cells the cells will expand. **Reference table 5-5 pg. 120** 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<br><b>(use Table 5-3, 5-4 in textbook for reference)</b>                     |
|---|--|---|--|
| "Tell me a little bit about the relationships that have impacted your life" | "I had a very close relationship with my mother before she passed away."   | I thought this interaction was very good because it allowed the patient to acknowledge her mother's support throughout her life.  | Therapeutic: I am using exploring to get to know the patient better.   |
| "What are some common interests that you have?"                             | "I love to weld and work on cars, I also have 12 Harley Davidson bikes that I love to ride."   | I think this interaction was good because it allowed her to express things that brings joy to her life.   | Therapeutic: I am using exploring to get to know what interests she has.   |
| "Were you nervous coming to the unit?"                                      | "I was very worried about coming here, I wasn't sure if I would be abused. But now that I'm here I've noticed how caring the nurses are and I feel better about being here." | I think this interaction was good because it allowed me to make sure the patient felt safe here. She was able to express how the nurses have made her feel very safe and she doesn't worry about abuse anymore. | Therapeutic: I was using reflection in order to see thoughts about coming to the unit and if she felt comfortable. |

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| “Have you ever been married? How is your living situation at home?”  | “I was only married for 3 years, my wife didn’t appreciate anything I did for her. I have been single for some time now.” | I think this interaction was good because it allowed the patient to express her thoughts on her past relationship.  | Therapeutic: I was able to use exploring to get to know relationship status.  |
| “How do you feel about living at home alone?”  | “I actually really enjoy it. I like being able to do what I want, when I want to.”  | I think this interaction was good because it allowed her to explain her thoughts on her living situation.   | Therapeutic: I was encouraging perception by allowing her to express her feelings about the subject.                      |
| “Do you have any children?”  | “I only have one kid and I don’t get along with them because they don’t understand my situation.”                         | I think this interaction could’ve been pushed to a later time. I feel like at this point of the conversation I was probing the patient and felt like I was asking too many questions. | Nontherapeutic: I was probing for information.  |
| “Where would you like to move to after retiring?”  | “I want to move to North Carolina, I used to vacation there a lot and liked it a lot.”                                    | I think this interaction went good, it allowed her to think and be excited for the future.  | Therapeutic: I used a broad opening question to allow the patient to take control of the conversation and voice interest. |
| Goes silent for a minute to allow patient to take control of conversation.   | “I can’t wait to get discharged and leave so I can go ride my bike.”  | I think this was a good interaction because it showed interest in activities again. Her mood brightened as the day went on and she was able to get excited for the future.            | Therapeutic: Using silence to allow patient to take control of conversation and formulating a plan for after discharge.   |
| “I am sorry those things happened to you, but I am thankful you were able to explain and work through some of the difficulties you faced.” | “ I am glad I went through all of the trauma, it shaped me into the loving, caring, person that I am.”                    | I think this interaction was very therapeutic for the patient. She was able to take something negative and find a positive in it.   | Therapeutic: shows reflection of trauma and how it has impacted life.   |
| “Is there anything else that you want to do after you leave here?”   | “I plan on taking the rest of the week off and relaxing once I leave.”  | I think this interaction was therapeutic because she has realized how important it is to take   | Therapeutic: forming a plan of action for after discharge.  |

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|   |   | time for herself.  |  |
| “I think that sounds like a great plan. It is important to take time for yourself and get back into the swing of things.”   | “Yes, I hope to retire soon so I have more time for myself.”            | I think this interaction was therapeutic because she is realizing the importance of relaxing.  | Therapeutic: giving recognition to patient that, that is a good thing. |
| “I think you have shared some feelings about very hard experiences. I believe you will try to continue to talk through your experiences and do things that make you happy once you leave here.” | “I plan to go see a counselor and this experience has helped me a lot.” | I think this interaction was therapeutic because she verbalizes that this experience has helped her and that she plans to continue her plan of care. | Therapeutic: I was able to give hope.                                  |