

PROCESS RECORDING DATA FORM

Student Name: Briana Busby

Patient's Initials: AC

Date of Interaction: 06/20/2023

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?

Background information of my patient include: 47years old, divorced, female, mom of 5, lives with mom, stepdad, and youngest son (17), no current job or vehicle, caregiver of parents, has attempted suicide before (2 years ago) by jumping out of moving vehicle, current SI with plan of running into traffic, has been victim of domestic violence (DV), neglect, and abuse (physical, mental, emotional, sexual) and witnessed DV as child, voluntary admission, very fatigued/tired, has feeling of being anxious, overwhelmed, hopeless, unappreciated, and frustrated, states she "can't get out of my head" and "I'm trying my best and its not good enough," has chronic health issues (mental health, diabetes and pain in shoulder), POC glucose was 247, A1C is 9.4, urine positive for benzo, triglycerides 209, cholesterol 224, LDL 134, AST 11, history of prior attempts of suicide, limited support, increased stress in life with financial and social hardships, has strained relationships and limited close support (kids live far away).

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

Diabetes, depression, anxiety, PTSD, lithotripsy, hysterectomy, T&A, gallbladder removed and hand surgery (trigger finger 3/2023), prior suicide attempt 2 years ago (jumped out of moving vehicle), suicidal ideation with plan to jump into traffic.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction: I though she was quiet and looked very sad. I saw she participated in group, but maybe needed someone to talk to.

Post-interaction: I felt she was lonely and just needed someone to listen to her and give her some positive reinforcement and encouragement. She seems encouraged to get out and make some changes but still had some reservations about putting her plans and goals into action. She smiled and seems content.

- Describe what is happening in the "milieu". Does it have an effect on the patient? The milieu had a calm, relaxed feeling even though it was very active with many different patients up and about and activities happening. There were many people watching television, playing cards, and coloring, while

others were talking on the phone or to nurses. Throughout the day my patient seemed calm and relaxed, while she watched tv and moved over to play cards with another group.

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.)

Risk for suicide d/t history of previous attempt and current SI with plan to jump into traffic and history of anxiety and depression

Low self-esteem d/t lack of positive feedback, past failures, and impaired function of ADLs

Complicated grieving d/t loss of family support, loss of job/income, divorce, and death of biological dad

Powerlessness d/t unable to work or provide because of health issues/injury

Disturbed sleep patter d/t unable to fall asleep/stay asleep, depression/anxiety, being up and down all night, and being “in my head.”

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

Death (lack of breathing and heart beating)

Significant injury (physical injury to body, bleeding, broken bones, bruises, lacerations)

Feelings of worthlessness/hopeless/disappointment (crying, not participating in activities, verbalizing feelings, pessimistic outlook, avoiding eye contact.)

Increased depression (increased sadness, increase of fatigue, unable to concentrate, not sleeping well or too much, decreased participation in activities, verbalized negative feeling or isolating and not talking)

A deeper feeling of suicidal ideation (planning more ways to commit suicide) and increase in number of attempts (attempting suicide again)

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.

Ensure safe environment for patient by removing all hazards from room and person (cords/belts/strings/sharp items/etc.) Qshift and PRN

Complete room searches and head count q15 min (randomly) and PRN to ensure no hazard and no escape

Watch closely during meals and medication administration (mouth checks) Qmeal and med pass and PRN

Complete assessment (physical, VS, mental health, SI/HI thoughts and warning signs (agitation, saying goodbyes, preoccupied with death, etc.), risk factors for SI/HI, behavior changes) qshift and PRN

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Administer medications as ordered including psych medications (duloxetine for depression, hydroxyzine pamoate for anxiety (get baseline EKG prior to first administration), and olanzapine for bipolar) as ordered by provider and PRN as ordered

Watch for any side effects or adverse reactions with each scheduled medication administration time and PRN

Encourage participation in groups at scheduled group times and PRN

Encourage patient to come to staff if change in thoughts, feelings, behaviors and need to discuss anything at any time, each shift, and PRN

Identify and educate/provide information on community resources/support systems/groups Qday and PRN

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

A goal of therapeutic communication is to help the patient heal and change from the previous state they were in. This communication is based on the patient's needs and focused on those needs at that time. This goal can be achieved by maintaining focus on their needs and exploring those needs, the behavior/actions/reactions of the person, and the feelings of that person and situation. This type of communication is used to build a nonjudgmental and trusting relationship between the patient and the nurse. A goal of my patient was to figure out ways to deal with the stressful environment and if she should work towards leaving that situation and pursuing her goals, wants, and needs or continue doing what she has always done.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

A strength that came out of the communication was the patient was able to formulate a plan with options and if the plan needed changing, she had the coping skills to work through the change. (Formulating a plan of action)

Another strength of the communication was the positive feeling the patient had knowing what she could control in her life and how that could keep her focused. (Offering self)

I was able to make eye contact and was able to actively listen while she talked. Because I did this, she was able to open up and share more with me. (accepting)

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Weaknesses: (provide at least 3)

Sometimes with very tough and personal situations, a person can start to feel uncomfortable and not want to fully open up. They can hint at something and then change the subject. This can cause a change in behavior and/or feeling

Another weakness that can happen with therapeutic communication is the nurse can unintentionally make the patient feel as though what they are feeling doesn't matter or not important. This is called belittling feelings expressed

Another weakness that a nurse can do to the patient is have poor nonverbal communication. They can be doing something else and appear to not be listening and making the patient feel like what they have to say is not important and that they are good enough to be listened to because whatever the nurse is doing is more important.

All of these types of interactions can make a person feel more depressed or worthless and exacerbate feeling of depression and/or have thoughts of suicide.

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

A barrier of communication that my patient may have had was opening up to and speaking with a male nurse. She has a history abuse from a significant male in her life and a sense of abandonment from when her husband decided to leave and move out one day. These situations or instances have cause her to be very cautious with men and not to really trust them.

Another barrier that my patient had was her depression itself. She sometimes couldn't focus and was slow to respond in her thoughts, words, and actions. As her depression continues to improve so should her thought processing and actions.

Another thing my patient had a barrier with was a fixation on the current situation. Sometimes it is hard to see beyond the right now when a person is in such a state, but as she started to get better sleep and feel better, she could start to think about other things instead of just the current situation. She started to think about longer term goals.

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

A social determinant of health that could affect my patient is the economic stability. She is not able to work because of health issues and does not have the income coming in that she normally would if she was able to work. Additionally, because of the financial issues she may not be able to have the access to quality healthcare. She herself has stated she didn't have a support group so another SDOH affected (in addition to health care access and quality and economic stability) could be social and community context.

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Social Determinants of Health. Social Determinants of Health - Healthy People 2030. (n.d.).
<https://health.gov/healthypeople/priority-areas/social-determinants-health>

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

My patient was in the hospital, discharged, and back within a couple of days. A thing that could have been done was to take the extra time talking with her about what her thoughts and feelings were about leaving and what her plan once she left. When she was talking to me after she was readmitted, she said she felt scared and unsure about leaving before because she was going back to the same situation and was not feeling 100% ready. She could have been given other options of places to stay or a follow-up the following day or two instead of the following week.

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 (use Table 5-3, 5-4 in textbook for reference)
"Hi how are you doing today?" (smile)	(Eyes focused down and fidgeting with hands) "Well I'm back so not so good."	My reaction was oh no she got out and did attempt to jump out in traffic, she left too soon.	Therapeutic: offering self. Willing to listen and spend time with the patient (effective)
(Gesturing to sit down with patient) "oh would you like to talk about what happened to bring you back?"	(Slight smile looking at me) "Sure" (looking down to her hands appears to be gathering thoughts)	Ok well she's willing to talk to me so let's see what happened, I will let her open up to me.	Therapeutic: offering self and giving broad openings. Willing to listen and spend time with the patient and showing the patient that they can lead with the communication and are an important role to the conversation. (effective)
(Sitting in silence looking at my patient, leaning in to listen, waiting on her to open up and talk.)	(She continues to twirl her hands and looking down at her hands.)	I ponder if she is ok and what happened while she was out. I will continue to just sit beside her and if she is willing to open up	Therapeutic: using silence. Let her gather her thoughts and what she wants to say without being pushy and letting the patient open up when she's ready. (effective)
(Noticing her looking at her hands and	"I tried to walk away and go for a walk;	I felt a wave of concern and	Therapeutic: making observations and offering self.

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<p>twirling them) “It’s ok I’m sure whatever happened while you were gone must have been hard for you. I’m here to talk if you want to.”</p>	<p>it’s the only way I could have gotten away. I don’t have a car. I just couldn’t get out of my head.”</p>	<p>curiosity of what happened</p>	<p>Willingness to listen and reassuring her that this is a safe conversation (effective)</p>
<p>“Walking away from a difficult situation is admirable, good for you”</p>	<p>(smile and looked up) “Thanks, I tried to talk to them, but they didn’t listen and didn’t care what I said, I needed to walk away, but I couldn’t get out of my head.”</p>	<p>Good for her putting a coping skill to good use.</p>	<p>Therapeutic: Giving recognition: acknowledging her coping skill that was used (effective) Nontherapeutic: approving or disapproving. The patient is not out to please me don’t judge (noneffective)</p>
<p>“Who did you try talking to?”</p>	<p>“My sisters came over but they kept asking what was wrong with me and its none of their business. Then they said I needed to get a job but I can’t because the surgeon says I can’t work yet. My one sister thinks she can just take over and treat me, but she can’t.” (clenched teeth and shakes head)</p>	<p>Ahh so this is the strained relationships and stress that brought her here</p>	<p>Therapeutic: seeking clarification and validation. Increase the understanding of who she was taking about to understand where the strain and trigger is (effective)</p>
<p>“Standing up for yourself like that must have been difficult for you”</p>	<p>“Yeah, I’m just sick of them. I take care of my parents and cook, clean, go to appointments, and stuff like that. I may not be able to work, but I’m doing the best I can, but It’s never good enough for them. They don’t ever help with anything and they think they can just jump in and take over. It’s so frustrating.” (She</p>	<p>Ok so she has the motivation to make some change, good start. Here comes the feelings’ part, she seems to be getting upset about this. Tread lightly.</p>	<p>Therapeutic: restating. Letting my patient know that I understand trying to talk with her sisters was difficult for her (effective)</p>

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	appears to be getting a little upset and sad at the same time, hands tighten up and loosen up repeatedly.)		
(I nod) and say “so you feel like you’re not good enough and that makes you frustrated that they make you feel that way?”	“Yes, no, I don’t know. They make me mad because they make it seem like what I do doesn’t matter, but it does and I can only do so much. They think they are better than me, but I’m the only one that helps, they just complain. That makes me mad, that they complain but don’t help” (she pauses and has a look of confusion on her face like she’s thinking about what she and I both said.)	Ok so she knows what triggers her, but does she know how to deal with this.	Therapeutic: attempting to translate words into feelings, accepting, restating, and seeking clarification and validation. I nodded showing that I understood. I also repeated what I thought she had said and was making sure I understood correctly and what she meant (effective)
“Ok. So, you know what triggers you and makes you mad; what are some possible things you can do to deal with this stress?”	“Well, that’s when I left to get away and go for a walk to clear my head, but then I just get into my head and that’s when I get depressed” (still looking at me but with softer facial feature, like that of a lightbulb turning on (metaphorically speaking))	Woot woot, she walked away trying to cope, this must be so hard for her, feeling bad for her	Therapeutic: reflecting, developing a plan. Referring back to the patient on problem-solving on her own but talking the plan out. (effective)
(Leaning in a little closer and directly making eye contact) “I know this is difficult for you but walking away is a great tool to use when you know you’re upset and need a min. great job with that”	(She smiles and looks a bit more at ease and sense of accomplishment.) “Thank you, I really tried, I thought about what I learned in here last time and yeah. I know I need to start taking care of	YES!!! There’s the click for her. I wish she could really embrace this and take that and run with it.	Therapeutic: giving recognition. Acknowledging that she made a good coping skill action (effective) Nontherapeutic: approving or disapproving. The patient is not out to please me don’t judge (noneffective)

