

PROCESS RECORDING DATA FORM

Student Name: Taylor Whitworth

Patient's Initials: KH

Date of Interaction: 6/16/2023

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 is a 46 year old single female who was voluntarily admitted to 1 south. My Patient was admitted after she told her cousin to call the police because she needed help. She often hears auditory hallucinations as well as seeing shadows and words telling her to do things. Often felt people were following her causing her to capture their photo and write down their license plate to later find them. She has a history of a past suicide attempt, trauma history consisting of combat, emotional abuse, physical abuse, and sexual trauma. Current diagnosis of Major depressive disorder, her depression has increased recently and she feels suicidal.

- List any past and present medical diagnosis and medical health issues.
 - o PTSD
 - o Major depressive disorder
 - o Obesity
 - o Anxiety
 - o Mania
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction:

Prior to my interaction I was very nervous. I often fear the unknown. I didn't know how my patient would react to me asking personal questions about her life. I was nervous because I didn't know if by bringing up those past experiences, would of resulted in my patient being angry, or reacting aggressive toward me. I was excited to learn more about my patient and what has happened in her life which has resulted in the way she behaves.

Post-interaction:

I felt very relieved. The conversation went very well and she opened right up to me. I am grateful for the interaction we shared and now have a better understanding of what things have happened in her life. We know that not everyone's life is the same, it was very heartbreaking to hear of all the trauma she has

gone through, all the pain she has endured, and to live with those memories daily has to be a struggle. I feel so much sadness for the things that has happened to her, but am happy she's able to recognize that she needs help and is starting in the right direction.

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

The milieu is a bit noisy at this time. Everyone is in the day room right after breakfast. My patient expressed this was her first time coming out of her room and actually interacting with people. The milieu consists of a lot of younger patients who tend to be kind of in groups or cliques having conversations, playing card games, watching tv, and working on coloring pages. This doesn't seem to have an effect on my patient. She is presenting very calm, listening to the conversations around her, and even laughed at something she overheard.

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 social isolation** (first time coming out of her room, sits alone in day room, lives at home alone, feels that she is the only one experiencing these feelings, isolates from family, paranoia feels as if people are watching her, online grocery orders to avoid going out.)
 - Ineffective coping
 - Risk for suicidal behavior
 - Insomnia
 - Self-neglect
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)

Appetite changes: binge eating or not eating, weight loss or gain, bowel habits change

Depression: mood changes, feelings of hopelessness, withdrawn from activities you once enjoyed

Destructive behaviors: possible suicide, binge drinking, substance misuse

Anxiety: restlessness, increased heart rate, trouble concentrating

Insomnia: trouble falling asleep, irritability, increased errors or accidents

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. Safety Rounds on my patient q 15 minutes to ensure she is safe.
 2. Assess patients thoughts of harming herself or others q 8hrs and PRN. Impaired thinking or poor choices can impact patients ability to see positive resolutions of the current crisis.
 3. Determine specific stressors (family, social, or life changes) q shift and PRN. Patients experiencing multiple stressors can have a difficult time coping and have an impact on their functioning and ADLs.
 4. Educate on medication management q shift to decrease anxiety and depressive symptoms.
 5. Administer Hydroxyzine Pamoate 50 mg PO TID to decrease patients anxiety.
 6. Administer Olanzapine 5mg PO daily for therapy to prevent manic episodes.
 7. Administer Trazadone 50 mg PO daily to help with depression and insomnia.
 8. Encourage patient to attend therapy groups TID to promote socialization skills and peer contact.
 9. Introduce patient to those who share similar background or shared interest PRN to encourage problem solving, making new friends, and help make patient feel comfortable in social settings and that she isn't alone.
- Identify a goal of the **therapeutic** communication.

Developing a trusting relationship with my patient.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2023
Nursing Process Study

1. I was able to gain my patients trust and get her to open up to me.
2. I was able to give advice when appropriate and be there to lend a listening ear.
3. I was able to be an attentive listener to really understand my patient and what she went through.
4. I was aware of my body language when my patient was talking as well as my patient's body language.

Weaknesses: (provide at least 3)

1. At times I felt I wasn't talking or interacting enough with my patient.
2. In the beginning you could tell I was nervous but that quickly changed.
3. I tend to overuse fillers such as "um" when having a conversation

- Identify any barriers to communication. (provide at least 3)
 1. In the beginning there was lack of trust, patient was trying to figure out who I am and why I am asking these questions.
 2. Noisy environment was a bit of a barrier. Although we were able to have a conversation there were times where she couldn't focus on what she was going to say due to others talking around her.
 3. At times there was selective sharing but that was understandable because it can be tough to relive those past traumas and open up about them.

- Identify **and** explain any Social Determinants of Health for the patient.
 - Poor judgement- super paranoid, felt people were watching her and would write down license plate numbers, descriptions of their face and photos.
 - Poor personal hygiene- not bathing herself
 - Financial difficulties- patient quit job due to car issues and a change in management
 - Lack of transportation- lost car
 - Only support system is from one cousin- no other support system and has trouble finding other outlets and coping mechanisms
 - Lives alone- no one to intervene if she was to try and commit suicide

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

Although I felt I communicated well with my patient there were still times where I didn't know what to say. The experiences she's gone through were so mind boggling I was lost for words at times. I was able to be empathetic but wish I could've said more in that moment.

Firelands Regional Medical Center School of Nursing

Psychiatric Nursing 2023

Nursing Process Study

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)
"How are you feeling today?"	"Better than yesterday, this is the first time I've come out of my room and plan to attend groups"	Nervous not sure if she really wants to talk	Therapeutic: direct question, closed ended
"I see you took a shower this morning, you must feel amazing after that."	"I haven't been taking that best care of myself so taking a shower today was a huge accomplishment for me."	Happy she's talking and was able to meet one of her goals! HUGE accomplishment!	Therapeutic: making an observation and giving recognition
"May I ask why you are here?"	"I am struggling with my mental health and having episodes of mania where I felt people were following me around."	Feeling uneasy asking this question let's see where this goes.	Therapeutic: accepting what the patient is saying, making eye contact
"When you say you are struggling with your mental health what exactly do you mean?"	"I am depressed, I am having suicidal thoughts, but I won't actually do it. I Hear voices and see shadows and words that tell me to do things."	Trying to get her to open up a bit more and feel that she is able to talk to me.	Therapeutic: restating what the patient has said and asking an open ended question
"When these thoughts and feelings arise is there anything you do to calm down or to distract yourself? Like coping mechanisms?"	"I enjoy art."	Happy she has some sort of outlet to release some of her built up emotions.	Therapeutic: exploring patients feelings and what she does to deal with her stressors
"Art is a great coping mechanism sometimes it's easier to draw how your feeling than voicing it."	"I agree. I used to work for a home care company and really enjoyed my job but that's when everything started happening and I had to quit to better focus	Loved that we can relate on working in health care. Its great she recognized she need to work on herself.	Therapeutic: was able to use a moment of silence here before my next statement.

Firelands Regional Medical Center School of Nursing
 Psychiatric Nursing 2023
 Nursing Process Study

	on my mental health. I couldn't fully be there for someone if I can take care of myself."		
"It's great you recognized that you needed to focus on your mental health and that it was time to take a step back."	(silent, looking down)	Feeling as if I shouldn't have brought up that topic because she now seems down.	Therapeutic: focusing on her current feelings about the situation. Could also be nontherapeutic (approving or disapproving)
"Is health care your only field of work?"	"No, I was in the Navy and did 3 tours currently struggling with PTSD."	Feeling very sad currently	Therapeutic: Direct question about occupation allows for reflection
"Thank you for your service (smiles). I can't imagine some of the things you may have experienced."	"It was tough, I was sexually assaulted while in the Navy. This wasn't the first time."	Trying to lighten the mood on such a heavy topic.	Nontherapeutic: instead of bringing
"What were the other times of abuse?"	"When I was a little girl my mom was super abusive, as well as my father. My mother would let my father sexually abuse me and eventually she gave me up for adoption. While in foster care I was abused too."	Lots of anger toward patients mother and father as well as whoever assaulted her in the army.	Therapeutic: Seeking clarification to better understand what else has happened.
"You have had a tough upbringing, I am glad you are here and are trying to gain control over your life and better yourself."	(patient Tearful) "Thank you, that means a lot"	Confident in this conversation its going well, hoping I made her feel somewhat better by speaking a few words of encouragement to her.	Therapeutic: presenting reality, giving recognition and support