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

PROCESS RECORDING DATA FORM

Student Name: Mira Sweat Patient's Initials: HP

Date of Interaction: 7/18/23

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?

Starting with pertinent background information, my patient is 21 years old, she is a female, she is single, unemployed, and was voluntarily admitted to the unit. She shared with me that she is pansexual (attracted to anyone). Currently, she lives in Sandusky with both sets of her grandparents. Her mom and stepdad live in Dayton. According to her records, she does not have a relationship with her biological dad and his wife and children (her siblings). She does not know where he is. HP grew up in a military family and has lived in 10 states and countries. Two years ago, she moved to Ohio. On Monday the 17th of July, she quit her job at Hobby Lobby. Her last day was scheduled to be Wednesday the 19th of July. Her grandmother brought her to Firelands ER with complaints of increasing depression and thoughts of self-harm and suicidal ideations. The plan she made was to overdose on her grandparents' medications however, she felt this would be stealing from them. She has a history of self-harm (cutting) and suicide attempts. Attempt one consisted of cutting her arms, then taking pills, trying to overdose, then ended up trying to drown (happened in 2016). Attempt two saw her trying to jump off a roof (this occurred in 2018). Her past includes anxiety, depression, and hypothyroidism as well as emotional, sexual, and mental abuse. The main stressor for her and the trigger for her increasing symptoms was her loss of job and low income. The work environment was reported as toxic, and her bosses were abusive. Her main emotional support is her mother.

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

As mentioned, her past medical diagnoses include anxiety, depression, hypothyroidism, and a left shoulder strain. Her current diagnosis is depression and suicidal ideations/thoughts. She does have a history of emotional, sexual, and mental abuse.

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

Before I talked to her, I was so nervous. I can be extremely awkward, and I was worried that she would realize I was turning red when nervous, staring at the ground to avoid eye contact, and fidgeting with my fingers like my normal day to day routine. Typically, I struggle with conversation. But I try to help as much as I can and I want to help others feel good and wanted. It is hard to change my thoughts from sympathy to empathy. During the conversation, I felt comfortable. She was so nice, and we had a lot in common from TV shows we liked as kids to adventures we wanted to have in life. We both love humor which made talking so much easier knowing I could joke around with her, I waited until she started making jokes and asked if she liked to use jokes to cope,

which she said she did. She told me about her hobbies and what she enjoyed outside of work. She even encouraged me to go after the dreams I had and to be a nurse. This was unexpected considering it was my job to be the supportive one. I expected the patient to be so depressed that she would be crying and upset but she was great.

Post-interaction:

After we talked, I felt relieved and as if a weight was lifted off my shoulders. I honestly felt confident, like I could talk to patients way better than I could have imagined. The coping mechanisms she had were mostly good, besides using THC and marijuana gummies to relieve anxiety, otherwise she was well off. Art was her outlet and that was known by everyone on the unit.

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

The milieu was calm and quiet. The patients enjoyed talking to each other and encouraged others to open and participate when and if they wanted to. There were some cliques, some gravitated more to others. My patient was with her roommate most of the time and I noticed this with some other patients as well. One patient was even pushing an elderly patient around in her wheelchair. It was positive and allowed the patients to talk and work through their feelings and diagnostic problems.

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 suicidal behavior:
  - Patient has had two previous suicide attempts. First attempt in 2016 which including cutting her wrists, trying to OD on pills, and drawing. Her second attempt was in 2018 and she attempted to jump off a roof.
  - She presented to the unit with SI and had a plan. She was going to take all her grandparents' medications (she did report she felt she would be stealing if she did this/carried it out)
  - The patient has depression and anxiety in her past
  - She stopped taking her prescribed medications (escitalopram oxalate/Lexapro) because she felt she did not deserve them
  - She reported decreasing SI as she progressed during her stay
  - Her labs showed low vitamin D (23.2), LDL cholesterol was high (118), free T4 was low (0.46), TSH 3rd generation was high (28.82), and she was THC positive
  - As mentioned, she recently quit her job at Hobby Lobby due to a toxic work environment and this was her trigger
  - She rated her anxiety 6/10
  - Her mood was light and cheerful which was opposite to her admission mood which could be a sign of worsening suicide risk
- Self-mutilating behavior
  - Patient reports self-inflected harm using her at home art supplies
  - Visible cuts could be found on both of her forearms
  - In report, she had cut her thighs however, I did not witness this myself
- Moderate anxiety

  - The patient reported her anxiety at a 6/10
  - She was visibly shaking and had a rapid flow of thoughts
  - She would verbalize feelings of anxiety as well (nervousness)
  - However, she did improve while she was doing art or talking with others (her main coping mechanisms)
- Low self esteem
  - The patient was making a lot of negative jokes about herself such as putting herself down about situations
  - She would do art and never say it was very good until others raved about it (including me)
  - It reminded me of a histrionic personality disorder where you could see her monopolizing conversations (we know that these patients seek self-worth from others)

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

- Injury to self
  - New wounds on patient (neck, arms, legs, mouth, etc.)
  - Loss of blood
  - Changes in VS (rr, pulse, BP, temp, and O2)
  - OD complications (rr, pulse, BP, temp, O2, muscle movement)
- Mood/behavior changes
  - Is the patient more depressed or anxious?
  - Do they change mood drastically from depressed to euphoric (nothing is wrong with me)?
  - Patient may report feeling ashamed or unwanted by others (they are not seeking attention, they are seeking help)
- Dysfunctional family process
  - Some cultures do not accept the thought of suicide
  - Patient may be outcasted or shamed by family
  - Family may be useful and want to participate in patient care, others may not
  - Patient may report family ties as severed or potential familial abuse
  - Patient could have children
  - Patient may feel estranged from family or partner/children
- Substance abuse
  - Patient may have a h/o substance abuse
  - Watch for s/s of withdrawal (pulse changes, hallucinations, sweating, flu like symptoms, seizures, tremors, increasing anxiety)
- Ineffective coping
  - Remembering patients see this as their “only way out”
  - May not have good coping skills of support systems in place

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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) Search the patient upon entry to the unit
   - Rationale: This will ensure patient and staff safety on the unit
2) Assess suicidal tendencies using the Hamilton questionnaire upon admission
   - Rationale: Assess the patients' suicidal tendencies, plan, and past attempts to see where the patient ranks and what interventions or observations will be needed
3) Place patient in one-on-one observation upon entry to the unit
   - Rationale: This will keep patient safe until SI cease
4) Assess for signs and symptoms of depression upon admission to the unit
   - Rationale: With a history of depression, this will be looking into the patients' feelings and where they are at with medications and other interventions
5) Complete a suicide safety plan for the patient when the patient enters their room/transfer to psychiatric unit
   - Rationale: This will assess the patient's reason to live, who they can call in a crisis, who they can talk to when they need support, and phone numbers to call for emergencies
6) Check VS q12h and PRN
   - Rationale: VS are fundamental to nursing and show changes in baseline, especially important with SSRIs for NMS and serotonin syndrome
7) Determine family ties and coping skills PRN
   - Rationale: Like the suicide safety plan, this investigates the patients' coping strategies and support systems which are vital to safety and recovery
8) Administer medications (escitalopram) at 0900
   - Rationale: SSRIs will help with lifting serotonin levels by blocking their reuptake which helps with depressive symptoms
9) Educate the patient about coping skills PRN
   - Rationale: Help the patient understand the positive and negative coping mechanisms they have and educate on positive coping mechanisms
10) Provide positive and negative reinforcement PRN
    - Rationale: Support or resituate the patient depending on their behavior to maintain milieu structure and keep the patient in structured routines
11) Educate on suicidal hotlines before discharge
    - Rationale: In the event they have the feelings and plans to possibly carry out a plan, having the hotlines in case of an emergency promote safety
12) Educate on resources for therapy before discharge
    - Rationale: Since the patient wants to continue therapy after discharge, giving the numbers and resources to accomplish this should be done
13) Educate on medications PRN

- Rationale: If the patient wants to know side effects, how to take, and pointers, this should be done as needed

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

The goal I have for therapeutic communication is to establish a trusting relationship with the patient.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3)

The strengths I had were, maintaining eye contact with the patient during our conversations, keeping an open and engaged posture by uncrossing my arms and legs, facing her, and leaning in when she was talking, and I also using broad openings when I could (besides the conversation I used in the process recording) to allow her time to talk and let her choose what she wanted to say rather than yes or no answers.

Weaknesses: (provide at least 3)

The weaknesses I had were my timidness when we first started talking and interacting, being hesitant at times, and showing some anxiety when interacting (shakiness, red face, and crossing my arms).

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

Barriers to communication include some noise in the milieu, the presence of her roommate during all our conversations (they went everywhere outside their room together), and coloring/other art activities which was a distraction for her at times.

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

She is unemployed which puts her at risk of financial issues and limited income. Money is important for our survival as most of our necessities need to be bought and she also doesn't have the structure of a job which I think helps her with her anxiety and depression. Living with her guardians/grandparents can be an issue with independence and reliability, however, I think for her, this is helpful and provides the support she needs since she does not live with her mom (mom is emotional support).

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

I think some communication could have been better geared towards her mental illness and trying to help her talk more about her past and traumas rather than the conversations we held which were activities she enjoyed and the fun she has had in her life. I think the interventions we did went well which was giving her medications,

coloring, attending group therapy, and enjoying the outdoors. I think I probed in some instances when talking about her work experience at Hobby Lobby which is nontherapeutic.

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, my name is Mira, I am our student nurse. How are you feeling this morning?" (standing facing patient, looking directly at patient, smiling at patient)	"Hi, I'm okay" (standing, looking directly at me, smiling)	Felt uncomfortable. New patient interaction and worried we would not make a connection	Therapeutic: Introducing self to patient and offering self. Willing to spend time with patient.
"How did you sleep last night?" (leaning against a chair, looking directly at patient)	"Not good. I feel like I woke my roommate up all night." (sitting, looking at breakfast tray)	Felt focused. Trying to get to know the patient and establish trust	Therapeutic: Asking a direct, close ended question about patients sleep.
"Were you tossing and turning? Just not used to the bed?" (leaning against a chair, looking directly at patient)	"A combination of both." (sitting, looking at me, flat affect)	Starting to feel more anxious. Patient seems uninterested in me.	Therapeutic: Exploring the patients' issues with sleep. Developing patient awareness.
"So, tell me about Hobby Lobby. How was your work experience?" (sitting, coloring a page)	"My bosses were mean. They would say hi and not mean it. They never promoted me even though I worked full time hours and wasn't paid for it." (sitting, coloring page, aggressively scribbling)	Curious about her experiences and questioning what caused her to quit. Patient is willing to talk about the experience.	Nontherapeutic: Probing used to learn more about the patients work experience at Hobby Lobby for my own interest.
"Do you color a lot?" (SOLAR)	"Yes! I am an artist. I paint murals for customers and that's the reason I worked at Hobby Lobby, that's where I got my supplies." (Sitting, aggressively scribbling page,	Comfortable with patient. Curious about her art.	Therapeutic: Making and observation on the patients' behaviors and interests. Coloring was very well done and unique.

	smiling)		
"What is your favorite piece?" (sitting, coloring page, handing patient crayon)	"This old lady, she is exactly who I want to be when I am old. She owns a huge house and lives alone, I aspire to have that. Anyway, she was a pianist and asked me to paint a piano." (sitting, facing the TV, smiling, clenching crayon)	Curious about the patients art and possible career path with it.	Therapeutic: Giving a broad opening into the patient's hobbies. Letting her discuss her art as she pleases and describe her favorites to me.
"That's so cool! Would you say art is your coping mechanism?" (SOLAR)	"Oh yeah for sure. I love art. I would call it my hobby though." (sitting, facing me)	Feeling calm and interested in the patients work and discovering her coping strategies	Therapeutic: Giving recognition and exploring the patients' thoughts and feelings about her work and ways to cope.
"It is good you have an outlet though. Everyone has a way they cope, whether it be joking around with friends, running, reading, what have you." (sitting, coloring page)	"Right. I agree." (sitting, facing me)	Grateful that she uses art as an outlet which helps her feel good.	Therapeutic: Educating patient on helpfulness of coping skills and supporting her.
Silence (sitting, coloring page)	"So what TV shows do you like to watch?" (sitting, facing me)	Using some time to let us color and give her time to talk to me. Feeling good.	Therapeutic: Using silence, letting the patient organize her thoughts and acknowledging her time to formulate a conversation she wants.
"I was a SpongeBob kid so I grew up watching that." (SOLAR)	"Me too! Have you ever seen Bluey?" (sitting, coloring page)	Feeling good knowing we have something in common.	Therapeutic: Answering patient question.
"No. So many people have told me to watch it though." (SOLAR)	"It is so good. It teaches parents how to parent. Some people need to learn how." (sitting, coloring page)	Feeling nervous at this point because we went off course from talking about coping skills to TV shows. Knowing we did talk about coping however, I feel alright.	Therapeutic: Answering patient question.
"It is nice to have a different kind of show	"Exactly! They depict mental illness	Interested in the TV show. Veering from	Therapeutic: Focusing on answering questions and not

from when I was growing up that shows more mental health!" (SOLAR)	well too." (sitting, facing me)	talking negatively about parenting.	negating parenting styles and instead focusing on benefits of the show which the patient could understand.
"It looks like group is about to start, did you want to attend group with me?" (standing, pushing in chair)	"Yes. I planned on going with my roommate!" (sitting, coloring page)	Feeling good about our trust forming. Ready to attend group with her and orient her to it.	Therapeutic: Offering self for group therapy
"Let's go in together!" (standing, facing patient)	"Sounds good!" (standing, gathering pages and crayons)	Feeling good about our communication.	Therapeutic: Offering self for group therapy.