

## PROCESS RECORDING DATA FORM

Student Name: Kennedy Baker

Patient's Initials: J.M.

Date of Interaction: 5/30/24

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

- Pertinent background information of patient (age, gender, marital status, etc.), description of why the patient was admitted to the Behavioral Unit. Was this a voluntary or non-voluntary admission?
  - This patient is a 43-year-old female that is married.
  - This patient was admitted to the behavioral unit due to bipolar 2 disorder and an outburst following an overdose on methamphetamines, she claims she is not suicidal and is having some family issues stating that her husband is taking her mom's side regarding the situation.
  - This admission was involuntary.
- List any past and present medical diagnoses and mental health issues.
  - Medical diagnoses
    - Asthma, vitamin D deficiency, thyroid nodule, sciatica, polyphagia, onychomycosis, obesity, near syncope, lung nodule, lumbar radiculopathy, lumbago with sciatica (right), hypoglycemia, hepatitis C, high cholesterol and triglycerides, dyspnea on exertion, dysmenorrhea, carpal tunnel syndrome, and acid reflux.
  - Mental health issues
    - Bipolar 2 disorder, suicide attempts, opioid abuse, depressive disorder, cigarette nicotine dependence, chronic fatigue, substance abuse, anxiety
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.

Pre-interaction: Before I interacted with this patient, I noticed she was sitting by herself behind a group of people who were enjoying time coloring. She looked content and happy to observe the other patients enjoy their activity. I decided to sit next to her and engage in a basic conversation that helped me learn more about her and her situation. I was a little nervous going out there because I really didn't know what to expect, I was nervous that I was going to say something that was not therapeutic or offensive to her. I couldn't have been more wrong; I had no reason to be nervous about interacting with her or any of the other patients that I met throughout the day.

Post-interaction: After the interaction, I tried to reflect on what she had told me and how hard it would be to be within her shoes. I really felt sympathetic towards the trauma she had experienced as well as the issues she is currently facing. I am so glad I got to meet her, and this interaction opened my eyes to a lot of difficulties that I have not previously considered. After our initial meeting, we had talked throughout the rest of the day up until her discharge and it was natural and positive.
- Describe what is happening in the "milieu". Does it influence the patient? I think regardless of what is happening around the unit, it will either have a positive or negative effect on their feelings. Throughout the day we participated in activities in the common room, group therapy, and outside time. In each of these situations, my patient was calm and content. She seemed to really enjoy watching others and

laughing along, she even played catch for a few minutes outside. She was being observant of her surroundings as when there was a situation with security towards another patient, she seemed rather curious. She showed positive emotions through the day between each different situation, and she even was extra happy when she received the news that she was being discharged.

### **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).
  - **Ineffective coping**
  - Insomnia
  - Stress overload.
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
  - The use of methamphetamines
  - Family issues
  - Past abuse and trauma
  - Lack of support
  - Unmanaged bipolar 2 disorder (noncompliant with medications)
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
  - **Suicide** – monitor for decreased self-esteem.
  - **Overdose** – monitor for lethargy or unconsciousness.
  - **Addiction** – monitor for withdrawal.
  - **Inability to meet basic needs** – monitor for neglecting hygiene.
  - **Inability to meet role expectations.** – monitor for sleeping a lot or staying in room
  - **Inadequate problem-solving** – monitor for outbursts or strong emotions.

### **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 safety and security every 15 minutes by laying eyes on the patient to prove that they are safe and sound.
  - Administer psychiatric medications as scheduled and PRN as ordered to aid in attempt for the patient to return to their mental health baseline, such as: venlafaxine ER 150mg PO, mirtazapine 15mg PO, trazadone 150mg PO, olanzapine 5mg IM/PO, and trazadone 50mg PO.
  - Check vital signs at least once a shift and PRN as needed to ensure the patient is stable as well as to compare from day to day in case a medication or illness is throwing their vital signs off.
  - Have the patient participate in 1:1 therapy to allow them to have a safe place where they can talk about their feelings as well as for staff to be able to have a good thorough check-in with them to determine where they are in their recovery.

- Educate the patient on better ways to cope with the daily stressors of life and how detrimental it is on her mental health to have a plan in place in case of a negative situation.
  
- Identify a goal of the **therapeutic** communication. A goal of therapeutic communication would be leaving someone in a better state of mind post-conversation than what their status was towards the beginning of the encounter. Therapeutic communication should lessen the stressors and feelings that someone is feeling.

## IMPLEMENTATION

- Attach Process Recording.

## EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain) My strengths regarding therapeutic communication is asking questions that are open-ended and not too personal to avoid the patient feeling like they have to share information that they are not comfortable with, relating to someone without making the conversation about me to ensure the conversation remains focused on the patient without my responses being too dry, and asking questions that provoke positive thoughts and hope for the future so the patient starts to reflect on what they want their future to look like.

Weaknesses: (provide at least 3 and explain) My weaknesses regarding therapeutic communication are trying to find the right words to say in response this is because I feel as if sometimes I take too long to respond appropriately and it feels awkward, avoiding asking certain questions that may benefit the patient to get off their chest, I did this because I feel like it is a violation of privacy when everyone else is also in the same area and can hear their responses, and lastly I know some of the stuff I said was not considered therapeutic communication and I need to study some better terms and phrases to promote a healing environment.

- Identify any barriers to communication. (provide at least 3 and explain) I think a big barrier to communication is the lack of privacy when communicating this is because a lot of people aren't comfortable with everyone in the room knowing their personal issues, this is conflicting because I know us students are placed in a public area for safety purposes. Another barrier is larger age gaps because some patients may look at some students as if they are kids and therefore might not be comfortable sharing their story. Lastly, I felt like the people who stayed in their rooms did not communicate at all, they may not be comfortable hanging out in the common room with everyone else, however, we should still be checking in and trying to give them a safe space to open up and be given an opportunity to communicate that they are comfortable with.

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- Identify **and** explain any Social Determinants of Health for the patient. The biggest social determinants of health for my patient are financial issues. This is because she stated that she lost her job prior to her stay. This is a large factor because without adequate finances she will be unable to properly follow her prescriptions if payment is required. Another issue for her is support system in her community, she stated that her mother and husband are acting against her and she feels that she is on her own.
- What interventions or therapeutic communication could have been done differently? Provide explanation. I think the first therapy group where they filled out a sleep quiz then used the instruments could have been done differently because my patient was not engaged at all, and she seemed bored. I do not think that group helped her whatsoever. She had a hard time focusing on it and almost looked like she was going to fall asleep. I think that there should be an additional group that is quiet and private that imitates an actual therapy session, it is important for these people to feel comfortable and safe when talking about their lives. I think my therapeutic communication could have been better if I had previously learned some tips on what to say or not to say, I know we will be learning this soon, so I am looking forward to gaining knowledge towards communication.

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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 <b>(use Table 5-3, 5-4 and 5-5 in textbook for reference)</b>
"Good morning, my name is Kennedy, and I am a student nurse, what is your name?" I was sitting in a chair facing her, we were in the common room.	"Hello, my name is J.M." She was sitting in the chair next to me facing forward.	The conversation is starting out upbeat and positive.	Therapeutic introduction to conversation.
"It's nice to meet you, how are you doing?"	"I could be better; I am hoping to be discharged today."	I wondered why she wanted to be discharged.	She seems distraught and determined, I thought of how I could make this conversation beneficial to her.
"Do you think you will get to be discharged today?"	"I don't know, it's up to the doctor, only he can decide when I leave."	I hadn't realized that she was pink slipped until now.	I was trying to get further detail on the situation without giving my input.
"I understand."	"My mom is the reason I am here she called them to come get me, she called my job too."	I had questions of what made her mom want to call them to interfere.	I accepted her response and she continued the conversation.
"Do you think she was trying to look out for you?"	"No, I think she was trying to invade my space and interfere with my personal life."	I realized that they have a strained relationship.	I was trying to gain perspective of what role her family played in this situation.
"I am sorry to hear that."	"I haven't talked to her in 15 years and now she is suddenly back in my life."	This must be a traumatic situation.	I was being sympathetic of her emotions and situation.
"That has to be a tough situation."	"She doesn't want me to see my kids. She has turned my husband against me,	I can't imagine the people I love most being held against me, I don't know	I was again just trying to put myself in her shoes and accept her feelings.

