Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2024
Nursing Process Study

PROCESS RECORDING DATA FORM

Student Name: Stevi Ward Patient's Initials: AL

Date of Interaction: 5/30/2024

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 was a single 25-year-old female who lives at a group home. She was admitted to 1S Behavioral Unit because she got into an argument with her boyfriend, which led her to push the worker at her house on the ground so that she could escape out of her room to go cut and harm herself. She then stated that she was having hallucinations and was hearing voices in her head of people "telling her to hurt herself." This ended up being a non-voluntary admission, and she was also pink slipped.

- List any past and present medical diagnoses and mental health issues.

  This patient was medically diagnosed with autism when she was a child, along with bipolar disorder and post traumatic stress disorder. Since then, she has been diagnosed with depression, hallucinations, anxiety, diabetes, and hypothyroidism. She also has a history of many suicidal ideations.

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

  Prior to this therapeutic communication interaction, I was anxious, nervous, and I felt bad for the patients. I have never talked to a patient on a behavioral health unit, so I did not really know what to say and what not to say. I did not want to say anything that would trigger her or make her upset, because I wanted her to feel comfortable around me and I wanted her to know that she could talk to me. I thought the best thing that I could is just let her talk to me, and I would just sit there and listen, because sometimes we all just need someone to talk to.

  Post-interaction:

  After this therapeutic communication interaction, I felt much more confident to talk to and interact with not just her, but most of the patients that were active on the floor. I realized that one of the biggest reasons that she is there is because she needs to learn better coping skills. I also realized that during the interaction, my patient did not like making eye contact. She tended to look down or look away, and I wonder what the reason was for that.

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

  On 1S, there is a lot that goes on in the milieu pretty much all day. The patients eat their meals together, go to 2 therapy groups a day, have tv time together, play games, color, and much more. This a great environment for the patients to be in all day together. When my patient was doing an activity or interacting with another patient in the milieu, she almost always had a smile on her face. I think that this made her realize that she is not alone and that there is always someone for her to talk to. This was a great opportunity for her to socialize and get her mind off of the negative things that she might think about. She also benefited from the therapy groups because they talk a lot about good coping skills and when is a good time to use them.

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).

  Suicidal behavior, Ineffective coping, Anxiety, Sleep deprivation

- Provide all the related/relevant data that support the top mental health priority nursing problem. (at least 5)
  Attempting to harm herself, reporting hallucinations, pacing the hallways, reporting 1 hour of sleep per night, thinking that she has no reason to live

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

  Self-harm- scratches or cuts, wearing long sleeves or pants even on hot days, emotional numbing

  Unemployment- decreased interest in favorite activities, reduced motivation, appetite changes, feeling hopeless

  Harm to others- agitation, hallucinations, paranoia, pacing, guardedness

  Failure to perform ADLs- poor hygiene, wearing the same clothes for days, obvious weight loss/gain

  Diagnostic Overshadowing- chest pain, tremors, reduced ability to concentrate

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.
  Create a safe environment for the pt daily and PRN- rationale: to promote pt safety
  Maintain close observation of the patient and conduct risk factors and warning signs for suicide q1h and PRN- to promote pt safety

Establish a trusting, therapeutic relationship with the pt upon admission- rationale: to establish a strong nurse-pt relationship
Maintain special care in administration of medications daily and PRN- rationale: to ensure pt is medicated correctly and safely
Make rounds at frequent, irregular intervals PRN- rationale: to be aware of patients location to promote pt safety, while being unpredictable
Assess vital signs q4h- rationale: to monitor generalized change in change in health status
Administer Hydroxyzine Pamoate 50mg as ordered- rationale: for anxiety
Administer Buspirone 25mg PO as ordered- rationale: for anxiety
Administer Sertraline 200mg PO as ordered- rationale: for depression
Administer Paliperidone 24hr ER 6mg PO as ordered- rationale: for schizoaffective disorder
Administer Metformin 1000mg PO as ordered- rationale: for type 2 diabetes
Administer Dicyclomine 20mg PO as ordered- rationale: to relax stomach and bowel muscles
Administer Docusate 100mg PO as ordered- rationale: for constipation
Pantoprazole 40mg PO as ordered- rationale: for GERD
Tetrahydrozoline in Left Eye 1 drop as ordered- rationale: for eye irritation
Create a detailed safety plan with the pt upon discharge- rationale: to promote pt safety
Request help from the patient's family and friends to ensure the patient's home environment is safe upon discharge- rationale: to prevent self-destructive behavior
Educate pt and family on the importance of taking antidepressants regularly and going to all follow-ups upon discharge- rationale: to ensure pt stays healthy and safe
Goal: Patient will remain free of harm to self.

- Identify a goal of the **therapeutic** communication.
  A goal for this therapeutic communication was for the patient to just get to feel comfortable with me and not to feel forced that she had to say anything that she did not want to. I wanted her to feel that she could trust me and that I was just there as someone to listen to her.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.
  Strengths: (provide at least 3 and explain)

1. **I used silence- If my patient would talk about something very deep and personal and then would stop talking for a second and I was not quite sure what to say, then I would just give her a moment of silence and she would continue talking about the topic again.**
2. **I encouraged descriptions of her perceptions- My patient was reporting hallucinations, so I asked her what exactly the voices that she was hearing were telling her and how they were telling her to do it.**

3. **I explored in our conversation- When my patient was talking to me about how she ended up on 1S, she was describing what happened and I asked her to tell me more. She was willing to talk more about it, but if she was not, I would not have forced her or asked again.**

Weaknesses: (provide at least 3 and explain)

1. **I was hesitant to ask some questions- I was scared to ask some questions about her at first because I did not know a lot about her, and I did not want to trigger her in any way and start our relationship off poorly.**
2. **I did not make eye contact the whole time- I noticed that this was something that my patient did not like to do, she was constantly looking down or across the room, so I did not want to upset her by looking at her too much.**
3. **I did not lean forward towards her- Since it was my first time at 1S, I was a little hesitant to get too close to some of them and did not want to make them uncomfortable because I learned that they like their personal space.**

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

Lack of attention- It was very hard to have a decent conversation because you could tell that her mind was thinking about many things at one time. She was constantly scanning the room and was never truly focused on the conversation that she was involved in.

Pathological lying- It was hard to trust my patient because every time she got asked the same questions both days that we were there she answered with the same answers without even thinking about the question. For example, they were having a snack, and she was asked how her appetite had been, and she answered not good, but she had just eaten her whole muffin. She had a way of knowing how to answer certain questions to get what she wanted.

Autism- Because my patient was diagnosed with autism, she had a little bit of a hard time what exactly was going on with her to a deeper level. She just understood the basics. She also thought that some things were funny, which most people did not get any humor out of, and would stall the conversation.

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

Unemployment- This puts her at a big risk for not being able to afford her medication and not being compliant with her medication. This is crucial because the medications that she is on are very important to take regularly.

Lack of Transportation- This is a problem for my patient because this could cause her to not be able to make it to her doctor's appointments. With the mental health disorders that she has, it is very important that she sees a doctor regularly to make sure her meds do not need adjusted and that she is in the correct mental state.

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

Nontherapeutic communication techniques that could have been done differently:
Making stereotyped comments- When my patient was upset about something that she had done I was trying to make her feel better by saying "it'll all work out," but I should have chosen different words that convey more interest in her feelings.
Giving advice- My patient was explaining to me how she gets very upset and then gets out of control, so I recommended that she try to use some of her coping skills to calm herself down. Instead of recommending this, I should have asked her what she thinks is best to do in that situation.
Approving- My patient stated that she wanted to apologize to the worker at her group home because she had pushed her, so I told her that was good and nice of her. Instead of doing this, I should have asked what happened when she hurt the worker at thee group home.

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 and 5-5 in textbook for reference)**
Sitting towards patient (smiling) Nonverbal	Patient sitting towards me (slight grin) Nonverbal	Nervous to start the conversation	Attempting to make the patient comfortable to start a therapeutic conversation
Hi, I'm Stevi, how are you? (smiling) Nontherapeutic- Making stereotyped comments	Hi, not the best today, definitely not ready to go home. (Looking down)	Happy she is willing to talk, wonder what is wrong	Focusing on her current feelings to assess her mental status
That's okay, that's why you're here, why do you feel that way? (SOLER) Nontherapeutic- Requesting an explanation	I still feel suicidal, and I just don't feel like myself. (wipes eyes)	Feel bad she feels this way but glad she is in the hospital and not at home	Reflecting of the patients expressed feelings to clarify her meaning
Do you have a plan? (SOLER) Nontherapeutic- Making stereotyped comments	Well, I just keep hearing that voice in my head telling me to harm myself. (frustrated)	Wondering what that feels like, hoping that goes away soon	Asking a direct, closed-ended question about suicidal intent to elicit specific information
I hope that they can get that taken care of, is that what led you to	Kinda, my boyfriend and I were in a fight, so I got upset and	She should get rid of the boyfriend and focus on herself, and	Reflecting on the patient's outcome of expressing suicidal ideation

come here? (SOLER) Therapeutic- exploring	wanted to hurt myself to I tried to get out of my room to go get a knife to cut myself out of the kitchen at my group home. A worker tried to stop me, so I pushed them over on the ground. I then got out of control, so I ended up here. (shaking head, looking down)	apologize to the worker even though she did not mean to do it	
I'm sorry that happened, I'm sure that the worker was just looking out for you and your safety. (grinning at patient) Nontherapeutic- defending	Yeah, I realize that now, I need to go home and apologize. I did not mean to do that, and in the moment, I did not even realize that I was doing it. (looks worried)	I could tell that she felt really bad and that she felt like she did not have control in that moment	Formulating a plan of action to set a foundation for the problem solving
I'm sure she will forgive you, but she probably just wants you to get all better before coming back so that she can see the best version of you. (SOLER) Nontherapeutic-giving false reassurance	I hope she does. I want to get better too, but I wish I stayed better, instead of having to come back sometimes. (looking around room)	Thinking about if she likes it at 1S or if she would rather be at the group home	Presenting reality and giving recognition to support her progress in problem-solving
Do you use any good coping skills when situations like that happen? (smiling at patient) Therapeutic- exploring	No, I usually forget them by the time I go home and then I just freak out. (looking at me, slight giggle)	Worried that she has no idea what to do when bad situations happen	Formulating a plan of action to set a foundation for the problem solving
Coping skills are very important in times like those, in therapy group when you get the coping skills handout maybe you should bring it home. (looking at patient) Nontherapeutic- giving advice	That is something that I should probably do. Maybe I can put it on my nightstand. (looks relieved)	Scared that she might not work on these and then this might happen again soon	Presenting reality, making observations, and giving recognition to support her progress in problem-solving

That sounds like a great idea! (smiling) Nontherapeutic- approving	I think I am going to go ask if I can get in the shower now. (grin)	Happy that we had a good conversation, and I think that she thinks she can trust me	Reflecting on the patients expressed desires
Okay, I'll see you in a few minutes. (smiling)	Okay (walking away, sigh)	relieved	Attempting to make the patient comfortable to end the therapeutic conversation