

PROCESS RECORDING DATA FORM

Student Name: Kailee Felder

Patient's Initials: N.K.

Date of Interaction: 6/11/2024

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?
 - My patient is an adult female who is 79 years old. She lives at home with her husband in their two-story home and is retired. She was admitted pink slipped and admitted involuntarily due to being deemed a danger to herself due to being in a state of psychosis that was caused due to an issue she was having with her current home medications.
- List any past and present medical diagnoses and mental health issues.
 - Dementia
 - Coronary Artery Disease (CAD)
 - GERD
 - IBS
 - Hypertension
 - Hyperlipidemia
 - h/o MI
 - Altered Kidney Function

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

Before beginning any interaction with my patient, I felt very excited to talk to her and to get to know her, but I was also nervous and a little uncomfortable because I had this stigma in my head that something would go wrong and she would lash out at me. I wanted to be very cautious about my body language and how I said things because I did not want her to think that I did not want to talk to her, and that I was only doing so because I needed to do an assignment. I wanted her to know I really did want to talk to her and hear what she had to say.

Post-interaction:

After the interaction (which lasted easily 45 minutes), I realized that I had nothing to worry about because she wanted to talk to someone just as much as I did. I felt more relaxed and extremely chatty with her because I came to realize that we had a lot in common to talk about and this was even better considering that we are both super chatty. After talking to her, I felt more comfortable and less on edge which was very helpful considering I had another 8 hours to be there the next day so it was good to be comfortable.

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

In the milieu, there was not a whole lot going on outside of patient rooms. I found my patient sitting alone eating her breakfast while everyone else had either gone back to their room, was sitting alone, quietly by the TV, and a few playing uno (which she had no interest in). After sitting down with my patient, she had asked me if no one liked her or if it was like this all the time. I reassured her that no one here could dislike her because she had only been here since the night before, and she was also very sweet and kind. She seemed very bummed out that everyone was in their rooms and not participating in group therapy. She also felt bad for the pharmacist who came down to talk about medications with everyone, but she was the only one who had gone to participate. I must agree that what is going on in the milieu does affect the patient because my patient had said that “it is very sad down here with everyone in their rooms” and I think that everyone would benefit from having someone to talk to and laugh with when they are going through a hard time in life.

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).
 - Risk for physical trauma (Morgan & Townsend, 2020)
 - Chronic Confusion
 - Self care deficit
 - Disturbed sensory perception
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 - BUN 32
 - Creatinine 1.99
 - Unsteady gait
 - Increased BP
 - Multiple medications
 - Altered kidney function
 - Memory impairment
 - Talking to people not here
 - Hallucination with response
 - Delusional
 - Paranoia
 - Nausea

- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
 - Falls (Morgan & Townsend, 2020)
 - Weakness
 - Nausea
 - Unsteady gait
 - Recurrence of psychotic episode
 - Confusion
 - Agitation
 - Impaired memory
 - Decreased medication elimination
 - Arrhythmias
 - Confusion
 - Increased BUN and Creatine
 - Thrombosis
 - Swelling
 - Redness
 - Pain
 - Infection
 - Increased WBC
 - Redness around site
 - Wound seepage

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.
 - Monitor for signs of psychosis during all interactions with patient as to protect the patient and prevent any further medication administration that may worsen the state.
 - Reorient patient to time and place as needed so she does not feel anxious or scared.
 - Monitor kidney function and electrolyte levels daily through lab draws to maintain patient safety and avoidance of any side effect that may cause harm to the patient such as arrhythmias, seizures, fluid overload, etc.
 - Help patient learn proper use of ambulatory aides whenever needing to ambulate and before ambulation, so that way she is at less of a risk to fall or injure herself. Do this upon admission.
 - Attend medication education group (taught by pharmacist) once per day, so that way the patient understands the importance of her medications why doses may be changed.
 - Educate on medications/administration when patient has questions or when there are changes in what she is taking so that way she knows what to watch for as a side effect.
 - Educate spouse/support system on medications and when to contact the health care provider with certain side effects of medications as needed and whenever there are new medications or dosages introduced. Do this during stay before patient is discharged.

- Identify a goal of the **therapeutic** communication.
 - A goal of the therapeutic communication was to build a therapeutic relationship through establishing rapport and trust with my patient. In doing this, I was able to help my patient understand that everything we were doing was to help her maintain safety and also understand her disease process.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

Three strengths of the therapeutic communication was that it provided understanding, it allowed my patient to open up about her feelings, and it helped me learn about her past experiences. Having a proper understanding of what happened is very important for the patient because if she did not understand what had happened to her, then it was more than likely to happen again because of the not knowing aspect. Allowing my patient to open up about her feelings let me know what she wanted and did not want out of the situation and also how she felt. This is very important because it is important to help the patient overcome a traumatic event before trying to move on to another step. Finally, me learning about her past experiences showed me that she has had experience with what happened to her before her admission, so this helped me to get an idea of what we should change about her care.

Weaknesses: (provide at least 3 and explain)

A weakness of the therapeutic communication would be my patient's cognitive impairment because this sometimes made it difficult for her to remember something we had talked about previously. Another weakness would be my lack of time due to me only having so much time to talk to her because I was not there for a long enough time to talk about everything that she wanted to. Finally, I would also say that due to my patient's slight stubbornness, it was hard for me to get through to her about certain things such as using a walker because she stated that she did not need one because she does not use one at home.

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

A barrier that I encountered with my patient was that she was easily distracted. She would find herself running off topic as well as not paying attention so she would not hear whatever it was that someone was saying to her. Another barrier was that for periods of time she would become fixated on

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something and would keep bringing it up until someone gave her a definite answer so this made it hard to talk to her about other things if she was so focused on another. Finally, a barrier that I also noticed was actually one caused by me which was if I were to talk to fast she would not understand me. I eventually solved this barrier, but I had to catch myself a few times to make sure that I slowed down so she understood me.

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

My patient had many social determinants of health that were affecting her day to day life. The first determinant being that she had dementia and this caused her to be forgetful at time which could in turn lead to problems physically, mentally, and even problems including her medications. Another determinant was that she lives in a two-story home that she needs assistance to get around, but she refused to use a walker or any type of aided device because she did not use one before. This could cause many problems such as injury, a fall, or hygiene problems due to not being able to get there safely.

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

Some interventions that could have been done differently would be how I dealt with her not wanting to participate in some group therapies. She did not want to attend some of them because she just wanted to lay down and rest all day, and for the most part I let her do that. Instead of this, I should have explained to her that the best way for her to go home is for her to be up and active as well as participating in as much therapy as he can. It was very important for her to have an understanding of what was going on while she was there, and had I pushed her a little more to go to therapy or even ask a couple more questions, then she would have had a little more understanding and felt less confused during her stay.

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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 (use Table 5-3, 5-4 and 5-5 in textbook for reference)
Good morning (pt name)! I am Kailee, I will be your student nurse today! (Walking over with medications, and WOW)	Good morning! (Sitting alone at breakfast table)	I felt comfortable because she also greeted me with a smile.	Therapeutic: I stated who I was so that way she was not confused.
How are you today? (Standing next to patient)	Oh well, I am good, but no one apparently wants to eat with me. (Awkwardly laughing)	I felt bad that no one was sitting with her and that she was alone.	Therapeutic: I gave a broad opening asking how she was today.
Oh, well where did everyone go? (Slight frown and confused look on face)	I don't know, they all just got up and left, I guess... Can you take this? I am all done because I cannot have fried foods. (Putting trash and silverware back on tray)	I still felt bad for her, but I was glad to see that she was willing to talk to me?	Therapeutic: I focused in on the fact that she had been sitting alone and not eating with anyone.
Yes of course! Do fried foods make your stomach hurt? (Taking tray away)	Oh my gosh yes! If I ate any of this, I'd have to be on the toilet in 5 minutes! (Laughing)	I was interested in finding out more about this because in her history, it said she had GERD.	Non-therapeutic: I was probing more into what these types of foods made her feel like.
Well good thing you didn't eat any of that then. (Laughing)	I know because I have before, and it was not good let me tell you. (Laughing and motioning towards stomach)	I was feeling glad that she was willing to be so open with me.	Therapeutic: I gave her recognition for not eating the types of foods that make her stomach hurt regardless of how good they may be.
Oh my! Okay (pt name), I have your morning medications here okay? (Showing her all the medications in the baggie)	Okay, you're not going to give me that sleeping pill right? (Looking at me questioning)	I was feeling good about giving her the medications until she made this comment which then had me questioning what I had for her.	Non-therapeutic: I moved away from the originally conversation we were having to introduce that I was giving her morning medications.
Hmmm, I do not think I have a sleeping pill for you. Why do you	Well, that's what they gave me downstairs and that's	I was wondering why she did not want whatever sleeping	Therapeutic: I was exploring more into why she did not want the sleeping medicine

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ask? (Confused look on face)	how I ended up here. (Serious)	pill they had given her before.	again.
Oh! What did they give you if you don't mind me asking? (Questioning)	I think it was something with an "A". Ambien? Ativan? (Trying to remember previous events)	I was trying to question more into what it was so that way I could prevent it from being given to her in the future.	Non-therapeutic: I was probing more into this event to find out what medication she was given.
Well, I am not sure what it would have been, but have you had that happen before?	Yes, it has. When I take anything, it just hits me like BAM! (Making hands big)	I wanted to get more of an understanding of how often this happens to her.	Therapeutic: I was trying to encourage her to tell me how she perceived what happened to her.
Is it kind of like just being very, very tired?	Kind of, but I do not ever remember anything just like yesterday.	I was attempting to figure out what she recalls or felt like during this.	Therapeutic: I was trying to compare what happened with her to something else so it would help me understand the event better since I did not witness this.
Okay, well I definitely won't be giving you anything like that then! (Laughing)	Okay good because I do not want that to happen again, thank you! (Smiling)	I wanted to assure her that I was not going to let what happened to her happen again.	Therapeutic: I was accepting what she had to say and letting her know I understood how she felt.
Finishes passing pt medications and then I talk with her for the next 30-45 minutes	*Pt takes all morning medications, and then happily chats with me until the start of group therapy*	I wanted to continue talking to her so we could better build our rapport and trust.	Therapeutic: I was offering myself for her to talk to and have someone there she could confide in.

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Morgan, K. I., & Townsend, M. C. (2020). *Pocket Guide to Psychiatric Nursing (11th ed.)*. F. A. Davis Company.
<https://bookshelf.vitalsource.com/books/9781719645133>