

PROCESS RECORDING DATA FORM

Student Name: Paige Knupke

Patient's Initials: PM

Date of Interaction: 6/7/24

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?

My patient was a 19-year-old Caucasian female that was single. She was admitted to the behavior unit voluntarily because she was having suicidal thoughts to overdose of pills, as well as a feeling of hopelessness.

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

They have medical diagnosis of PCOS (polycystic ovary syndrome), mitral valve prolapses, heart murmur and amplified musculoskeletal pain syndrome. Their psychiatric history listed anxiety as well as major depressive disorder for the last 3 to 4 years.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction: I was curious to know what she was feeling like today and what she had learned positively while being at 1South being it was her 3rd day there. I was feeling nervous about asking deep questions and wondered if she would feel open to talking to me because I look young and could tell that we were close in age. I was then feeling eager to be as therapeutic as possible to ensure she could open-up to me.

Post-interaction: I felt accomplished that I got her to successfully open-up as much as she could with the questions being asked. I felt proud that this was my first therapeutic conversation and felt I asked questions that were appropriate and got her talking to me and got to know about her life outside of 1South, which I wanted. I felt even from just a day ago she was getting better day by day,

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

My first day in the milieu all the patients were calm and having fun playing games with us, sitting down reading a book or watching TV quietly during the first day while I was there. The milieu was calm and relaxed so that made the patients calm and in a relaxing state. My second day in the milieu there was a patient that had to be moved to the back unit because of aggressive behavior. Due to that, the milieu was a bit more riled up and more people were out and up, and a few patients were a bit more frantic and pacing around the nurse’s station. This has an effect because my patient was more conservative in her room due to this. The quiet patients that were out the first day were also more conservative to their rooms as well.

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
 - Determine specific stressors as in family, social, school/ work environment or life changes initially.
 - Determine the use defense mechanisms as in drugs/ alcohol, denial or repression, sleeping and eating patterns.
 - Evaluate past coping mechanisms for dealing with life problems.
 - Active-listen and identify the patients’ perceptions of effectiveness of current coping techniques.
 - Assist the patient in the use of diversion, recreation, mindfulness and relaxation techniques.
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- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 - Activities of daily living has been impaired
 - Unhealthy lifestyles like eating bad, not really sleeping and spending hours on her phone
 - Impaired thinking about what is right and wrong for her.
 - Negative decision making like calling off work.
 - Anxiety when dealing with strong emotions.

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- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
 - Suicidal ideations
 - Threatening to end or harm their own life
 - Evidence or expression of a suicide plan
 - Extreme mood swings
 - Anorexia or overeating
 - Dramatic weight loss or weight gain
 - Dizziness
 - Malaise
 - Sleep disturbances
 - Insomnia
 - Hypersomnia
 - Fatigue
 - Substance abuse
 - Impaired control
 - Poor coordination
 - Slurred speech
 - Self-care deficit
 - Unkept hair
 - Dirty or smelly clothes
 - Toileting on self

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 patient daily.
 - The milieu helps keep the patient physically safe being by the nurse's station and supervised. It also minimizes external stressors which helps them get better.
 - Help the patient to identify the true source of anxiety or depression and to work on adaptive coping skills for use outside the milieu setting upon discharge.
 - By identifying the source or sources of anxiety or depression, they can gain coping skills that are specific to the source which will help them starting adaptively coping inside
 - Encourage the patient to express honest feelings daily.
 - Talking about ones feeling can relieve the negative feelings or thoughts they are thinking which in turn, helps them in the process to get better. Talking about feelings can establish a plan to deal with them.
 - Encourage the patient to actively participate in establishing a safety plan on admission and PRN.
 - This it to ensure the safety of the patient and helps keep the patient aware of the need of no self-harm in the hospital and at home.
 - and outside of the milieu and relieve the feelings they are feeling.
 - Administer Vortioxetine (Trintellix) 5mg PO Daily
 - Vortioxetine is an antidepressant that will increase the amount of serotonin in the brain to help regulate the mood.
 - Identify community resources that the patient can access for support and assistance as needed upon discharge.
 - Setting up assistance and support gives the patient someone to call and talk to or go to rather than falling back into maladaptive coping mechanisms or falling backing into a depression episode.

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

Goals for therapeutic communication are for the patient to develop healthy coping skills to make a healthy lifestyle after being discharged, finding ways to not let depressive episodes interfere with daily living and to find the root of the feeling, if possible, to distinguish it and adaptively cope with it. Another goal is to let feelings out that would make the patient feel better if it talked about.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

The first strength of the therapeutic communication was being open and honest which made her open up to me. A second strength would be that I asked a question that made her reflect on why the reason was that she was feeling better and to think about how she got there in case of another occurrence. My last strength of the therapeutic communication would be that we developed a professional relationship that has trust and genuineness.

Weaknesses: (provide at least 3 and explain)

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My first weakness would be that I did not ask when the depressive episode started exactly, so I do not know when she started to feel depressed, I only know when she started to feel suicidal. Another weakness of the therapeutic communication would be asking her about her new ways she has developed to cope but not giving her other recommendations in case those do not work in the future. The last weakness of my therapeutic conversation would be that I was asking so many questions early in the morning, not many people want to have a therapeutic conversation as soon as they wake up.

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

The first barrier to communication would be the background noise with everyone just waking up and coming out of their rooms or getting their medications, so it is a bit of a distraction. Another barrier would be how much sleep they got, because based on that they could be reluctant to talk early in the morning. The last barrier on communication could be the amount of trust someone has, because if they do not trust you, they will mostly likely close off and put a barrier up.

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

A social determinant of health for the patient would be the lack of support. She has one friend that supports her and helps her when she is feeling down but does not have a good relationship with her parents. This is a big factor because having a big support system during difficult times to lean on can help you through the process a little more than you can help yourself at times. Another social determinate of health would be that the patient has an okay job but wants a better one. Due to her job, she cannot be financially dependent. She wants to move out with her friend that is her support system, but she cannot afford to, which affects her mood tremendously.

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

Some therapeutic communication that could have been done differently would be getting to know what makes her depressed and feel hopeless. I did not initially ask her what she felt like her breaking point was or what happened leading up to her wanting to take her own life, I would have done that differently. An intervention I would have done differently would have been to get all the patients up to do an activity in group therapy or to just sit outside. Laying in bed sleeping might not bring their mood up to where it needs to be or they could even be sitting there in their thoughts. Getting them up and getting their mind of things for even a second could make a positive impact on their episode or whatever they are going through as well as getting them ready to be back to regular daily functions.

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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, I am Paige I am a nursing student, what's your name" (Smiles)	"Hi, I am Payton" (Smiles back)	Felt as if she wanted to talk	Therapeutic: Introducing self
"How are you feeling today" (Sitting facing patient; making eye contact)	"I am feeling much better today. Switching my medications has helped me." (Turns facing me and cross legs)	Am interested in hearing if she has progressed positively or negatively	Therapeutic: Offering self
"Have you learned any new ways to cope that you feel are helping you along-side medication?" (Sitting facing the patient)	"Group therapy and being around people that are going through the same thing as me has helped me honestly" (Puts hands in lap)	Since feeling better, I am wondering if she has found something that is working for her	Therapeutic: Encouraging description of perceptions
"What are some other ways that you typically used to cope when you were at home?" (Looking directly at the patient)	"I like to journal, and I like hanging out with my best friend" (Smiling and facing me)	Am interested in what she uses to use to cope or possible other ways she has learned to cope, notices a smile when mentioning her best friend	Therapeutic: Encouraging comparison
"Are there any activities that you guys do together that make you feel better?" (Sitting facing the patient with eye contact)	"I like to listen to music and go for walks with her" (Eye contact and facing me)	Am interested in the activities that she does that she can continue with	Therapeutic: Exploring
"What kind of music do you like listening too?" (Smiling)	"I like listening to any music, my playlist is all over the place" (Shrugged shoulders)	Am interested in getting to know her to see if she listens to positive music, a lot of music can be really sad sometime	Therapeutic: Exploring
"Do you have a favorite artist that you	"I like Billie Eilish, and I like SZA"	Am still interested in getting to know what	Therapeutic: Exploring

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