

## PROCESS RECORDING DATA FORM

Student Name: Cameron Beltran

Patient's Initials: LP

Date of Interaction: 5/30 , assessment continued on 6/12

**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?
  - Age: 76
  - Gender: Male
  - Marital Status: Married
  - Verbalizes suicide plan: hang self with chain saw in garage
  - Reason for admission: Depression (MDD), Insomnia, and back pain
  - Voluntary admission

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

- HTN
- Depression, MDD
- Chronic back pain
- Heart valve replacement
- Insomnia
- No past suicide attempts

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

I had a feeling that my patient and I would have good conversation because I am a young, talkative person and in report we were told that he taught for all his career. I used that information to inference that he would like young students, like me.

Post-interaction:

I enjoyed our interaction. I was a little surprised that my patient was as friendly as he was. His mood seemed well considering he had depression, it just seemed like he needed a listening ear.

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

Most patients are sitting and watching TV or coloring pictures at the table behind us. I think this helped my patient because it showed a calm and relaxing environment.

### **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).
  - Disturbed Sleep Pattern
  - Powerlessness
  - Risk for suicidal behavior
  - Maladaptive grieving
  
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
  - Anxiety
  - Not feeling well rested
  - Verbal complaints of difficulty sleeping
  - Waking up earlier than desired
  - Complaints of back pain keeping him up at night
  - Threats of suicide
  - Suicide plan: hang self with chain saw in garage
  
- 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
    - o Wearing long sleeves or pants
    - o Unexplained cuts, bruises, scars, bald spots
    - o Refusing to change around others
  - Suicide
    - o Talks of hopelessness or helplessness
    - o Threatens/verbalizes suicidal ideation
    - o Giving away prized possessions
  - Self-neglect
    - o Poor hygiene/wearing dirty clothes
    - o Weight loss/malnutrition
    - o Avoiding medical attention
  - Sleep deprivation
    - o Eye bags or red eyes
    - o Falling asleep during the day/ low energy
    - o Difficulty concentrating
  - Isolation
    - o Withdrawn during conversations
    - o Secludes self in an empty room

- o Canceling plans or avoiding social activities that were once enjoyed

## **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.
  - Maintain close assessments every 15 minutes to ensure patient safety
  - Collaborate with care team for ongoing assessments every 15 minutes to watch for changes in behavior
  - Create a safe environment at all times to keep patients feeling safe
  - Ensure a therapeutic milieu at all times to promote optimal care
  - Maintain trust and respect with patient at every interaction to ensure best possible care
  - Administer Trazadone 50mg PO QHS PRN for insomnia
  - Administer Olanzapine 5mg IM/PO Q6H PRN for severe agitation
  - Administer Hydroxyzine pamoate PO 50mg Q6H PRN for anxiety
  - Administer Benztropine 0.5 mg PO/IM Q6H for involuntary movements/side effects from drugs
  - Administer Citalopram mg PO at 0900 daily for depression
  - Educate patient about the need to take medications every day to get them in the habit of taking them when they leave
  - Educate patient to let someone know if he is having suicidal thoughts
  - Teach therapeutic techniques and coping mechanisms at every interaction so that the patient can learn
- Identify a goal of the **therapeutic** communication.

A goal of therapeutic communication is to establish and maintain patient trust and rapport.

## **IMPLEMENTATION**

- Attach Process Recording.

## **EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

- Offering general leads: I asked the patient to continue the conversation by telling me about his morning.

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- Exploring: I used to explore to get him to talk more about his career. This showed that I was interested in hearing what he had to say.
- Offering self: I went up to the patient and sat down while introducing myself to show that I was available and ready to listen to what he had to talk about.

Weaknesses: (provide at least 3 and explain)

- Introducing a new subject: We started talking about what he chose to bring up and then when he was finished, I changed the subject, but I should have let him choose.
- Approving: When he told me how he felt about his daughter's death, I said that it was "good of him to think of it that way", but this can be taken as approval and lead him to think that I think he needs my approval.
- Using silence: I could have used silence as a form of therapeutic communication to show the patient that I was there to listen.

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

- My patient had some trouble hearing so I had to make sure to talk slower and clearer than I usually would.
- My patient was much older than me so some of the things he asked me about I did not know.
- I feel like his gender/culture might have been a barrier because he did not talk much about his actual feelings, and I think this could have been because men do not typically share their feelings in American culture.

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

- Uses a walker: This SDOH effect my patient's care because it makes him a fall precaution, and walkers need special attention because they could potentially be harmful to all patients.
- Retired/no income: This SDOH can affect the patient because it is an added external stressor.
- Poor mental health: This SDOH affects my patient's care because he is given extra education to report suicidal thought and the importance to tell someone if he needs someone to talk to.
- Supporting wife: This SDOH positively affects the patient because it shows him that he has family support and someone that cares about him.

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

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During my therapeutic communication, I think that I should have given a broad opening, and should not have changed subjects, while talking to him so that he could have picked what to talk about. This could have given an opportunity for him to talk about something that he does not normally talk about, or the opportunity to talk about something he loves. It brightens moods to talk about something that you love.

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>
Hi, I'm Cameron and I and a nursing student.	Hello, I am Larry.	Nervous to see if he will keep a conversation with me.	Therapeutic: Offering self, introducing myself to the patient to show that I there to care for him.
Nice to meet you, Larry! How are you doing today?	I am doing okay. How are you?	Glad that he is keeping the conversation going.	Therapeutic: Offering general leads, asking the patient to continue the conversation by telling me about his morning.
I'm good thanks. Can you tell me more about yourself?	I have a wife that I have been happily married 53 years.	Interested in hearing what he has to say.	Therapeutic: Exploring, asking the patient to tell me more about anything else.
Oh, that's so long. Congratulations! I hope to have that someday.	Yes, she's very supportive, and we have children together.	I thought it was very sweet of him to say that about his marriage.	Therapeutic: Giving recognition, I noticed that him and his wife were together a very long time.
Can you tell me more about them?	Our daughter died when she was 28 from a drug overdose.	I was shocked to hear about the drug problems in his family. It was very sad.	Therapeutic: Seeking clarification, asking the patient to make a vague statement about his children more specific.
Aw, I am sorry for your loss. That must have been very for you.	Yes, but we feel blessed for the years that we did have.	I was sad for him but glad to hear how he viewed it.	Therapeutic: Verbalizing the implied, the patient seemed sad talking about it and I put it into words.
That's a good way to think about it.	Smiles	I was wondering if I should ask him a new question because he was done talking.	Nontherapeutic: Approving, I gave approval about how he thought of his daughter's death, it may have given the impression that I thought I had the right to pass judgement.
Are you retired? What did you used to do?	Yes, I used to be a teacher.	I had expected him to say this because they said that in report.	Nontherapeutic: introducing an unrelated topic, instead of waiting to see if he wanted to continue talking about it when I thought he was done, I

