

PROCESS RECORDING DATA FORM

Student Name: Leah McNeely Patient's Initials: CG

Date of Interaction: 6/19/2024

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?
 1. 35 years old
 2. Male
 3. Single
 4. Unemployed
 5. Navy veteran with deployment to Iraq
 6. Prior criminal charges for DUI and public intoxication
 7. 9 previous hospitalizations
 8. Family history of substance use
 9. Family history of mental health issues

CG came into the ER because he was having withdrawal symptoms of nausea and vomiting. In addition, he was suicidal with a plan to cut himself. He voluntarily was admitting to 1 south because he wanted to get better and become sober again after relapsing. He was also admitted to the behavioral unit because of his suicidal ideations.
- List any past and present medical diagnoses and mental health issues.
 1. Self-injurious behavior: cutting
 2. Prior suicide attempts by overdose and cutting
 3. Substance use: alcohol and marijuana
 4. Diagnosed with major depressive disorder

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

Some thoughts I had prior to the interaction were that he may not talk to me because a lot of veterans don't feel comfortable talking to people who weren't in the military. I hoped that with my family members being in the military specifically my mom and dad that it would help me communicate with him and we would have things in common to help with our conversation.

Post-interaction:

After the interaction, I felt good because I needed an interaction for the nursing process. In addition, I was confident that I was able to use therapeutic communication and that I could get someone that may not be comfortable talking to many people was able to open up to me.

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

The patient had three different interactions in the milieu. The first day we were on 1 south, the patient stayed in his room , slept a lot and even stated that he cried alone a lot. The second day he had two different types of interactions. Most of the time he was willing to interact with the other patient's around. He also interacted with some of us nursing students and attended the groups. For a short period of time after lunch he was pacing the unit all by himself.

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).
 1. Fatigue
 2. Disturbed sleep pattern
 3. Electrolyte imbalance
 4. Nausea
 5. Risk-prone health behavior
 6. Ineffective health maintenance behaviors
 7. Disturbed thought process
 8. Social isolation
 9. Acute substance withdrawal syndrome
 10. Risk for injury
 11. Ineffective coping
 12. Self-mutilation
 13. Suicidal behavior
 14. Risk for loneliness
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 1. Suicidal ideations with a plan
 2. Marijuana use
 3. Excessive alcohol use
 4. Nausea due to withdrawal
 5. Vomiting due to withdrawal
 6. Self-injurious behavior
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)

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Psychiatric Nursing 2024
Nursing Process Study

1. Depression: inability to do ADLs
2. Social isolation: staying in room and refusing to participate in groups
3. Cutting: visible marks on body and blood spots
4. Suicidal ideations: verbalization of not wanting to be alive
5. Agitation: pacing and fidgeting
6. Aggression: yelling and trying to cause physical harm to others

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.
 1. Encourage patient to participate in group therapy daily – beginning to socialize helps the patient make connections, talk through problems and find positive coping skills
 2. Ensure patient does not possess items that can be used for self-harm (cutting) daily – ensuring patient safety and eliminating inappropriate behaviors
 3. Ensure patient is in a safe environment with every 20-minute checks – ensuring patient safety
 4. Administer Gabapentin 300mg PO TID – decreases anxiety
 5. Administer Thiamine 100mg PO BID – replace imbalanced vitamins that may cause depression
 6. Administer Mirtazapine 45mg PO HS – decrease major depression disorder and possible PTSD
 7. Administer Folic Acid 1mg PO daily – replace bodies nutrients due to alcoholism
 8. Administer multivitamin 1 tablet daily - replace bodies nutrients due to alcoholism
 9. Administer Pantoprazole 40mg PO daily – decrease symptoms from alcohol abuse
 10. Administer venlafaxine ER 75mg PO daily – decrease major depression disorder
 11. Administer Cogentin 1mg IM or PO Q6 hours PRN – decrease tremors from withdrawal and side effects of other medications
 12. Administer Vistaril 50 mg PO Q6 hours PRN – decrease anxiety
 13. Administer Zyprexa 5mg IM or PO Q6 hours PRN – decrease agitation, nausea and vomiting
 14. Administer Zofran 4 mg PO Q6 hours PRN – decrease nausea and vomiting
 15. Administer trazodone 50 mg PO HS PRN – decrease major depressive disorder and increase ability to sleep

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

A goal of the therapeutic communication was emotional support and identifying positive coping strategies.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. I felt that I was able to relate to the patient easily which allowed for the conversation to continue.
2. I was able to validate the patient and the patient's feelings to make him feel comfortable.
3. I asked an open-ended question to get the patient to tell more details about his church.

Weaknesses: (provide at least 3 and explain)

1. I shouldn't have given advice to the patient rather let them find their own ways to solve the problem by asking open ended questions.
2. I shouldn't have complimented the patient's drawing because while it was only about a picture if it was about a personal characteristic then the compliment could be portrayed wrongly.
3. I struggle with asking patients about uncomfortable topics because of prior experiences of being told not to pry into people's lives and if they want to share with you, they will on their own.

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

1. The patient being a veteran was a barrier because he didn't feel comfortable opening up to anyone due to them not understand what he has been through.
2. On the first day we were in clinical he was having withdrawal symptoms and in his room a lot, so he didn't get to build on his comfort level with us
3. I feel a barrier was a lack of time. It was right before we were going to lunch that the patient and I were having a therapeutic conversation.

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

1. Unemployed: This can cause extra stress in one's life due to finances and one's ability to get healthcare
2. Veteran: This allowed the patient to get some medical help through the VA, but it is hard to get into their services due to the abundance of people that require their services.
3. Christian: The patient's beliefs may have prevented him from acting on his suicidal ideations
4. Living alone: This may cause the patient to isolate themselves and become social withdrawn

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Psychiatric Nursing 2024

Nursing Process Study

5. Has a support system: The patient expressed multiple support systems such as family, fellow veterans and friends at church. Unfortunately, the patient stated in a physician not that he felt like he couldn't communicate his mental health issues with his support systems.

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

The therapeutic communication that could have been done differently would be my ability to ask more open-ended questions. I need to work on knowing when is best to ask those questions rather than direct questions. Another therapeutic communication that could have been different would be letting the patient identifying positive coping strategies on their own rather than giving them to him directly.

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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)
Walks over to patient and says, "I really like your picture you colored."	The patient shrugged his shoulders and he stated, "It's not my best."	I knew that the patient was a good artist, so I was really interested in his picture. I also thought it was an awesome picture and very meaningful.	Nontherapeutic: giving a compliment, giving recognition is better than a compliment.
I said, "I am glad that you were able to find fellow veterans to speak too and that they support you."	While looking tearful, he says, "I moved here 2 years ago, and it took me this long to find people I am comfortable with and able to speak to."	I wanted to identify a good coping mechanism he had, and it related to his picture. I was understanding of this because it takes me a while to feel comfortable about people.	Therapeutic: reflecting on what he had said prior in group therapy.
I shook my head to agree, and I stated, "I understand how that is because my parents were in the military, and it was hard to move around because you didn't have a lot of people and weren't around them long enough to be comfortable."	He said, "Sorry, I am going to get emotional and probably cry."	I knew then that this was hard for him to share.	Nontherapeutic: relating to oneself
I then stated "It is no big deal. I understand it is hard to talk about."	He agreed with me and stated, "It was hard in the military because of these things and that he also struggles with not having a structured schedule at home because he was so used to it in the military."	I was trying to make the connection of a military background with him to possible help him feel more comfortable with me. I related this to my experience working in the prison system because of the institutionalization	Therapeutic: Accepting and validating his feelings

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		people get and how hard it is for them to go back into normal society.	
I said, "I have seen that firsthand with guys that were released from prison and unfortunately our country lacks support for veterans and ex-prisoners and that they should help people who struggle with similar things that he was going through."	Beginning to visibly cry, he stated, "He was scared to go home because the behavioral unit gave him a structured schedule like the military did and he had too much time on his hands at home without a schedule."	I wanted to let him know that I have personal experience with the issues of needed a structured schedule and give him feelings of my understanding. I didn't make the connection about the structured schedule similarities to the military, so I felt sorry for bringing it up, but I took the opportunity to then tell him how to help with that.	Nontherapeutic: relating to oneself to make a connection with the patient
I explained "He could set a schedule up for himself at home and writing it out might be helpful. I then brought up the thought of a job giving him some structured schedule."	While wiping his eyes, he said "He thought about the written schedule, and he was looking for a job. He also expressed how he was looking for any job at this point just for something to do."	I didn't want to get into specifics of a schedule for him and I knew he was currently unemployed, but I those were two recommendations I had. I felt good about his response because I knew that he accepted my recommendations.	Therapeutic: formulating a plan of action to help with his need for structure
While nodding my head up and down, I then referred to the prior group activity and said, "Any job was good especially to start then while you are working that job you can look for a more enjoyable job."	He then smirked and said, "I did like that idea and that I was going to use that once I was discharged."	It was very encouraging that I could use an idea taught in a therapy group. He got visible emotional when speaking earlier so to see him smile was good.	Nontherapeutic: giving advice about having a job being a good thing no matter the job.
I stated "That is a great idea. I heard you talk about your church family earlier. Can you	Making eye contact with me, he said "I go to a nondenominational	I get uncomfortable talking about religion with people unless they have the	Therapeutic: giving broad openings to get the patient to share more about his support system at the church.

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 Psychiatric Nursing 2024
 Nursing Process Study

tell me about that?"	church by my house."	same beliefs as me because it can be confrontational, but I am also Christian.	
I said, "Well that is good you not only have veterans as a support system but people in your church also. I go to church on Sundays at a nondenominational church too."	Shaking his head to agree, he said, "I don't go on Sundays. I only go on Wednesday because I prefer the teachings more."		Nontherapeutic: relating to oneself to make the patient feel comfortable
I said "As long as you are going and have made connections that is all that matters. Thank you for sharing your picture and talking to me"	He said, "You are welcome."	I didn't want to end the conversation, but it was almost lunch time. I figured if he said you are welcome then he must not have been to upset with our conversation.	Therapeutic: Accepting and validating feelings