

PROCESS RECORDING DATA FORM

Student Name: Joshua Hernandez

Patient's Initials: SH

Date of Interaction: 06/07/2024

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?

Patient is a 18 year old female that is not married and does not live with family. My patient was admitted onto the behavioral unit because of their history of anxiety leading to a panic attack episode that got so severe because of their fear of dying because of having problems with their kidney which ultimately kept increasing their anxiety. This patient had come in on voluntary admission onto the behavioral health unit.

- List any past and present medical diagnoses and mental health issues.
-The patient medical diagnosis would be having panic anxiety. Their past diagnosis that they have are depression, problems with their left kidney not functioning and some mental health issues they have would be paranoia where they have a fear of dying and are paranoid that anything they do could be a factor in their death.

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

Prior to having the interaction with my patient I was a little bit hesitant because she seemed on edge and like they wouldn't want to open up about the problems that the patient was having, they dismissed when someone asked if anything was wrong frequently during the interaction. A day prior to having this interaction with the patient I had noticed that they kept excusing themselves from social activities and at first I didn't think anything of it because maybe they went to get something from their room or rest but it wasn't until it got so frequent that I started to look up more on the patient to see maybe what could be

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triggering this response. I found that the patient had anxiety and history of having frequent panic attacks. It was my first week being in the behavioral unit, so I was still trying to get comfortable to the different environment as well as the different patient population that I was in. I finally found an opportunity after have had little conversations here and there and asked a long with a classmate if she was feeling okay? Me and my peer noticed the patient was pacing back and forth and had already gone up to the nurses station and asked for some of their anti-anxiety medication To which she said she was having increased level of anxiety so we took it upon us to put the patient first and offered self to the patient and walked around the unit since the patient said that made them feel better. During my interaction I was truly trying to get the patient open and allow for them to feel comfortable and speak on what was on their mind. I was able to get a different side out of the patient that allows me to understand from a closer perspective to be able to truly understand the patient more further than just looking through the chart and actually speaking to the patient and their view on their situation. I was trying to find the right words to say to the patient and have a connection with them to not make them feel uncomfortable in anyway. I did not know that was how my interaction was gonna go as far as for my Nursing process assignment. My feeling prior was that I was going to have a hard time trying to get someone to try and find trust in me to talk about their situations.

Post-interaction:

My post-interaction thoughts and feelings was that I felt great knowing that I was able to be their for someone in their time of need. Being in psychiatric nursing this semester has shown me that nurses can help patients differently than what we learned in previous semester for example handing out meds. I didn't have to assess my patient physically but emotionally so after my interaction I was able to acknowledge that just being their for someone to listen to what they had to say means so much to them. After the interaction with the patient, she told me thank you in regards for taking time while maybe other staff is busy you took time to hear their concerns and relay onto the nurse that had them for the day about what they felt. After my interaction it made me more comfortable talking to other patients in the behavioral unit.

- Describe what is happening in the “milieu”. Does it have an effect on the patient?
In the milieu there is a structured environment where the patient is placed in a group setting to be able to adapt to healthier ways of living by that projecting throughout the patients in the milieu. Through each other patients are able to learn better ways of thinking, behaving through interactions with others. I believe that this has a positive effect on the patient I had because they were a very anti-social person and didn't really talk to people much but as I seen with them being in the milieu they interacted with us and stated that when they aren't doing much is when they have panic attacks because they are left alone with

their thoughts. When the patient came out of there they played card games with us and was out talking to other of the patients that were in the milieu. Through interactions with the other patients they are able to take their mind off of those thoughts that were disturbing them and focus on other things. This environment allowed the patient to be out of their room where they often had found themselves when they were back home. I also did see the patient going up to the nurse throughout my day and asked if they could speak to them and having the open environment it felt secure for the patient to be able to easily access the nurse for any questions they had or when they needed to request meds. This help the patient socialize more and be able to take their mind off without even realizing it which is important for their type of mental illness and can assist in the patient recovery process.

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).
 - Social isolation
 - stress overload
 - insomnia
 - ineffective coping
 - impaired comfort
 - fear**
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 1. Patient stays up all night because of their fear of dying while in their sleep.
 2. Patient anxiety is exacerbated because of their issues with their kidney fearing that they might die from going into a fluid overload
 3. Patient is terrified of eating because they are afraid of choking on the food they eat which could cause death.
 4. Patient has constant stomach aches related to urinary retention from their body being under stress not letting them to urinate.
 5. Patient sweats from the thought of anything that could cause them to have an accident and die so it is impairing their ability to function.
- 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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-Potential complication for fear would have to be insomnia because as the patient stated something attached to one of their fear is the fear of dying while in their sleep so this priority problem could have them not functioning to their full capacity during therapy treatment or having therapeutic interactions with others due to their lack of sleep. Signs and symptoms to watch out for would be drowsiness, red eyes, being anxious, and having a hard time paying attention throughout the day.

-Fear can cause the body to be in a state of fight or flight which can have a physical toll on their body such as increased heart rate, breathing, blood pressure, and respiratory rate. This complication can cause someone to have frequent headaches and lead to digestive issues if feeling this fight or flight reaction for too long such as bloating and constipation.

-The patient has a fear of choking on food which can cause a lack of nutrition for the patient so I would watch out for would be weight loss, decreased energy, and changes in vital signs such as blood pressure going down.

-Being in a constant state of fear can expose the body to being susceptible to disease and illness and this is done by the immune system becoming weaker by being in fear all the time. Some signs and symptoms that I would watch out for would be cardiovascular issues, GI upset due to the high risk of developing ulcers, and since my patient is a female this can cause problems with fertility. Educate my patient to monitor for cough, fever, and sore throat if they run across this to report it and also educating them to get their vaccinations.

-Fear can cause your anxiety level to elevate so signs and symptoms that I would watch out for would be increased heart rate, sweating, fast breathing, nausea, muscle tension, chest pain, and diarrhea.

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. stay with the patient or have someone stay with the patient PRN until the feeling of anxiety decreases. This would be implemented for the patients safety.
 2. Manage environmental factors such as loud noises, harsh lighting, changing a persons location every 2 hours. These can exacerbate stress for the patient especially since they are on the younger side.
 3. Encourage interaction with peers every 2 hours. To help the patient focus on something else rather than their fear.

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4. Discuss the client's perceptions and fearful feelings; actively listen to the patient's concerns PRN when feelings of uncertainty occur. Let the patient decompress and reduce anxiety by verbalizing and expressing how they are feeling.
5. Assist the client to learn relaxation, visualization, and guided imagery skills every 6 hours while awake. Promotes the release of endorphins and aids in developing an internal control, which reduces fear and anxiety.
6. Encourage regular physical activity within limits of ability once a day. Provides a healthy outlet for energy that can be created by fearful feelings and encourages relaxation.
7. Acknowledge usefulness of fear for taking care of self once every morning. This promotes new ideas that can help motivate to focus on dealing appropriately for the patient.

- Identify a goal of the **therapeutic** communication.
A goal of therapeutic communication is to be able to explore and find out what is going on with my patient and figure out what makes them act out a certain way. My patient before talking to them I could see that they were an anxious person needing help and with the use of therapeutic communication one is able to find out more with what may have been triggering their issue with fear and while using this style of communication I was able to provide the patient a safe place to where they could express who they are feeling and avoid some certain aspects that someone uses when conversating to maybe a person outside of the healthcare field and benefit the patient more. Some things that are non-therapeutic such as providing advice or defending could cause someone to shut down and not want to speak to someone else. My patient was able to hit key facts and being very thorough on how certain things may cause them to feel. In my patient's case for example they talked about their mom passing out from house fire related mishap and while using focusing I was able to real into that part of their life and if they comfortable with opening sharing. Therapeutic communication was able to explore more about what triggers a patient and guide the healthcare team on the plan of care for the patient.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. Therapeutic communication can provide a trusting relationship with the nurse-patient relationship. This will allow the patient to be acceptant of what guidance the nurse would provide to them such as giving education on different coping skills and with therapeutic communication would make them adherent to any information given to them.

2. A strength to having a therapeutic communication allows for mutual respect between the nurse and the patient allowing them to know the role of the nursing and how one is their to be a person to assist them in the behavioral unit. In this area of nursing it is important to know boundaries and know what is acceptable in the nurse-patient relationship such as if a patient gets reminded of maybe someone in their past by my presence I would educate and clarify that to the patient to maintain that same respect.

3. Therapeutic communication allows the patient to feel empathy and know that there is someone their for the patient in the time of need. When someone is empathetic to the patient it allows them to know that someone recognizes what they are going through and don't have to bottle up what they are feeling.

4. One could offer self with therapeutic communication and this allows the nurse to be their for the patient in a time of need and in my patients case I would show this when they are having anxiety attacks and allow myself to be their while they are going through this process and allow for safety since in the stage of panic attacks one is not very coherent on what they are doing which poses a risk to the patients safety and well-being.

Weaknesses: (provide at least 3 and explain)

1. A weakness in the therapeutic communication would be if one overly agrees with the patient. If one does this during the therapeutic communication the patient could have a sense that what they are saying

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is right and if the patient is present with a maladaptive behavior that should be fixed right then and their and not fed into.

2.If one includes a lot of medical jargon to the patient then they could not have an understanding of what one is trying to say to them. Although one understands what they are saying a patient may not have a medical background and the therapeutic communications purpose could be defeated.

3.Not being confident on what you're doing and being hesitant when talking to the patient may present as a weakness of the therapeutic communication. Patient may believe that one doesn't feel confident in what they are saying so they will reject the information being given to them and not use any education in practice.

- Identify any barriers to communication. (provide at least 3 and explain)
 1. Barriers to communication would have to be the overstimulation in the environment. I feel that communication could have been more effective in a more quiet environment in a 1 on 1 session rather than being in the busy unit where a lot is going on which could cause the patient's anxiety to get worse and drift from the conversation from getting distracted by something.
 2. Having a lack of knowledge of what the patient may be going through would also be a barrier to being able to communicate effectively because of maybe some of the things the patient may feel not making sense in a way due to not being in a similar situation such as their adopted parents abandoning them and how the whole process of grieving someone who is still alive could potentially cause a barrier between us. One could further investigate and clarify the stages of grief in order to explore a better understanding on how the patient is feeling.
 3. The lack of privacy could play a role in how much the patient wants to share with you at the time. My patient was in the middle of the hallway when we walked together and didn't want to over share since some of the stuff they share could trigger the patients that are out of their rooms as well. One could maybe ask for a conference room or a more structured quiet environment to try and expand more on the conversation where the patient feels comfortable in.
 4. The patient's condition also drove the conversation away due to them experiencing a lot of nausea from their anxiety they kept going back to the medication they requested from the nurse and wanting to go check if it is ready which I felt caused our conversation to be shorter. Maybe could have waited until after the medication was administered to talk to the patient about their situation they were having

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

The patient that I had trouble with having a support system due to their adopted parents cutting contacts with the patient due to them not receiving any financial support for the patient. This can really affect the patient because a strong support system is very important in order to assist a patient with anxiety and needed someone there to watch over them. I believe that not having anyone there for you can hit hard when you are going through something so hard such as a fear of dying from different things that someone does on a regular basis. Support can assist in the patient's safety and be able to notice when their illness may be getting worse and can advocate for the patient but without this that is not a possibility in the patient's plan of care. Due to the patient's condition they were unable to work because of them having such frequent panic attacks and as well as the insomnia did not cause them to function adequately so their social determinant of health here would be finances and this can be a big thing for the patient because of all the meds that they take and doctor's visits can add up and be costly for the patient which can cause them to have a barrier when it comes to seeking medical attention. The patient does not really have an open personality so I would say they also would include lack of being social could also be included in their social determinant of health which could prohibit them from seeking new friendships and relationships that could aid in their recovery as well as tie into fixing their support system.

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

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Interventions or therapeutic communication that could have been done differently would have to be using silence because this could have provided the patient to take more control of the discussion and realizing that not everything requires a discussion or not every time the patient would want you to elaborate on something and just listen to what they have to say. I also could have used sharing what observations I had found for the patient in regards to what state that I had seen them in such as looking around, crossed arms, pacing back and forth, and rocking back and forth. In using making observation it would have allowed the patient to know how they are being perceived and clarify that if what is being observed it truly how they felt. The use of reflection could be used as well to be able to look back at what the patient has done and everything they have overcome to make them realize that they are stronger than what they feel and could push them to keep going and help them overcome their fear and anxiety.

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 facing patient	Pt looking flustered	Observing the	Therapeutic:making an

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looking at patient	blinking eyes repeatedly facing me	patient is having increased anxiety based on the characteristics presented.	observation on how the patient was looking prior to speaking to them. Based on their appearance they looked like they needed someone to intervene in that moment.
“would you like to have a walk and talk about what you are feeling?” -facing the patient with direct eye contact	“yes I guess that may help while I wait on meds” -patients eyes wide and arms are crossed	-was hesitant to ask if my patient needed help because I haven’t had a close conversation with them before.	Therapeutic: In this moment I offered self to the patient letting them know that I am willing to spend time with them and showing interest in how they are feeling.
“Do you normally walk around or do any other things when you feel the onset of anxiety coming” -standing next to the patient walking the halls	“not really” -walking next to me down the hallway with arms crossed with a wide eyed stare and looking at me.	-wasn’t sure how to steer the conversation since they weren’t open.	Therapeutic: I wanted to encourage description of perceptions for the patient because I really wanted to clarify and understand how the patient feels in their moments of having increased anxiety.
“well do you have to go to the bathroom since I know you have been having trouble with that ?” -standing next to the patient walking the hallway with them facing looking at them	“No but I think my anxiety would have something to do with it” -stopped at this point and facing me with eye contact	-I felt bad for the patient because they weren’t sure exactly what could trigger the no urinating reaction. Trying to explore more into the conversation and see more of maybe what the patient was feeling.	Therapeutic: I was trying to use exploring In this instance to investigate more into this particular situation the patient has been having difficulty with in the psychiatric unit.
“Have you slept at all last night ?” -looking at patient in the middle of the hallway	“I have not” -sighs	-Gearing the conversation towards what I heard during report and see if they could elaborate more on that.	Therapeutic: I was trying to use exploring more to expand more into what symptoms the patient may have been having related to the anxiety.
“If you don’t mind could you share why that is ?” -continued to walk with the patient and looking at patient	-“When I go to try and lay to rest they have a fear of dying when they sleep” -looking down with arms crossed	-I wanted to be able to do something for the patient because they appeared very tired and stressed out.	Therapeutic: I was trying to seek clarification with the patient to understand if anxiety was the reason for them not being able to sleep.
“That must be very hard for you to feel that” --continued to walk facing patient	“it is” -looks down with arms crossed	-I am trying to use therapeutic communication into use to try and comfort the patient.	Therapeutic: I was giving the patient recognition on how the patient felt in that instance with the way they described not being able to sleep relating

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			to their fear of dying.
<p>“Not being able to sleep may cause your anxiety to elevate” --continued to walk facing the patient.</p>	<p>“Yeah and it also doesn’t help that when I lay down it feels very uncomfortable” -looking up facing me with arms crossed</p>	<p>-Trying to elaborate on some of the information the patient had been given before on triggers for anxiety.</p>	<p>Therapeutic “I was trying to reflect on what the patient was expressing on how they felt in regards to sleep and if we look back at it could be related to their anxiety.</p>
<p>“Can you tell me a little bit more about that?” -eyebrows scrunched</p>	<p>“When I try and go to lay down I get this fluttering in my chest” -continued walking facing me (twirling fingers around)</p>	<p>-I was not sure on how the patient was feeling because I wasn’t sure what they meant by that and felt concerned.</p>	<p>Therapeutic: I was trying to focus on their sleep and the patterns that they have related to what could be disrupting their sleep.</p>
<p>“Have you tried sleeping in different positions and seeing if that maybe could help?” -walking with patient still facing them</p>	<p>“I have not but I could try doing that tonight, but it doesn’t feel good when I am alone in my thoughts” -continued walking facing me (twirling fingers around).</p>	<p>Trying to offer some type of assistance and seeing if they could try to relieve this reoccurring problem.</p>	<p>Non-therapeutic: This could be interpreted as giving advice to the patient and could cause the patient to do this and feed into their feelings of being hopeless and make them feel more worse on this advice not working.</p>
<p>“Do you think that playing UNO with us has helped you” -smiling facing the patient while continually walking and facing them</p>	<p>“I do actually it helps me keep my mind busy and not worry about so much” -grinning back while walking facing me</p>	<p>-It felt good that an impact was made with the patient, and I could see it with their facial expression.</p>	<p>Therapeutic: reflecting back on how the card game may have helped them combat their anxiety and be helpful on their future goals of trying to minimize it.</p>
<p>“I am glad to hear that” -smiling facing the patient while continually walking and facing them</p>	<p>“yeah” -continued to grin and we were nearing the nurses station</p>	<p>-I wanted to let the patient know how I felt so they know they could trust me and know they could talk to me whenever they want.</p>	<p>Therapeutic: I am offering myself to let the patient know that in my part I am glad they are trying to make efforts in trying to minimize their panic attack episodes.</p>
<p>“I believe your meds are ready for your anxiety” -waking towards nurses station while facing straight</p>	<p>“yes, I believe so too and thank you for walking with me while waiting for my meds” -was walking away to the nurses station</p>	<p>-I did not want to keep the patient waiting on the anti-anxiety medication since they said it helped with their stomach discomfort.</p>	<p>Non-therapeutic: this could have been interpreted as me rejecting the conversation and trying to end it sooner. I meant in a way to help the patient get the medication to help relieve their anxiety but could have been taken in a different context.</p>

