

## PROCESS RECORDING DATA FORM

Student Name: Caitlin Gresh

Patient's Initials: RR

Date of Interaction: 6-18-2024

**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 single, 22-year-old male firefighter/EMT and was voluntarily admitted to the 1 South unit. Patient was having unspecified psychosis; he was watching TV show and it told him to “get closer to god.” Patients’ family has a history on mental illness consisting of depression and anxiety.
- List any past and present medical diagnoses and mental health issues.
  - Childhood Concussion
  - Depression
  - Stab wound to the neck
  - Suicidal Ideation
  - Psychosis
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.  
Pre-interaction: My thoughts and feelings prior to the therapeutic communication interaction was he looked like he was lost and out of place; like he wanted to be in familiar surroundings.  
  
Post-interaction: My thoughts and feelings after the therapeutic communication was, he is scared. From my purview it seems like he was unsure as to why he was still feeling the way he was.
- Describe what is happening in the “milieu”. Does it have an effect on the patient?  
Milieu was calm with minimal low volume chatter. The patient appeared to be calm but was fidgeting with his hands and not making eye contact.

## 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 thought processes: **Client Safety**, Communication, Impaired ADLs, Impaired Nutrition and Hydration Status.

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- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
  - Delusional thoughts
  - Slow and disorganized thought process
  - Poor judgement
  - Poor insight
  - Dysthymic
  
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
  - Client Safety:
    - Increased risk for falls:
      - Pain: Burning, numbness, sharp/stabbing sensation, weakness, tingling.
      - Fractures: Intense pain, numbness and tingling, swelling, bruising, bleeding, visibly out of place or misshapen limb or joint.
      - Bruising: Pain, swelling, skin discoloration, limited movement, tenderness.
      - Lacerations: Bleeding, open wound, pain, swelling, erythema.
      - Hematomas: Pain, swelling, redness, weakness on one side (Head), confusion (Head).

### **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. Assess for cognitive Impairment at scheduled intervals and as needed.
    - a. Assessment of the patient's cognitive status directs safety measures needed to maintain the patient's safety during their hospitalization.
  2. Provide safety measures as necessary during hospitalization.
    - a. Safety of the client is always a priority. A goal is to have no injuries during hospitalization.
  3. Maintain a pleasant and quiet environment during hospitalization.
    - a. helps to maintain calm behaviors and prevent startled or aggressive behaviors when over stimulated.
  4. Have a structured schedule and periods of free time during the hospitalization.
    - a. Helps the patient to not be overstimulated and fatigued with scheduled free time in between activities and meals.
  5. Refrain from forcing activities and socializing with other clients and healthcare staff during hospitalization.
    - a. Forcing patients to participate in activities and social time can cause the patient to become withdrawn, overwhelmed, distressed, or agitated.

- Identify a goal of the **therapeutic** communication.  
The goal of the therapeutic communication interaction is/was to learn more about the patient.

## IMPLEMENTATION

- Attach Process Recording.

## EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.  
Strengths: (provide at least 3 and explain)
  - Active listening: Was able to recall details the patient had stated earlier in the conversation.
  - Open posture: I turned my body towards the patient and held my hands in my lap to maintain open communication non-verbally.
  - Verbal communication: I tried to keep as many interchanges as possible to be opened ended so he could elaborate if he felt the need to.

Weaknesses: (provide at least 3 and explain)

- Closed positioning: The patient didn't seem like he really wanted to speak so he sat towards the milieu with closed positioning.
  - Nonverbal communication: The patient was having anxiety that morning, so he was fidgeting with his clothing.
  - Noise: As we were speaking to each other the noise in the milieu started to increase so it became harder for him to concentrate on the conversation.
- Identify any barriers to communication. (provide at least 3 and explain)
  1. Time Constraints: There was only so much time to sit down and have a conversation in between activities and therapy.
  2. Gender: Although I was able to talk with the patient, at a different time he was talking with another male, and he seemed more at ease talking with another man.
  3. The Environment: The environment wasn't private as we are not allowed to be in the rooms alone with patient. However, we did do the best we could and sat away from everyone as much as we could in the milieu.
- Identify **and** explain any Social Determinants of Health for the patient.
  - The patient didn't particularly have any certain SDOH, but one SDOH for him would be social and community context. When the patient was going through issues with his mental health he didn't really reach out and talk to any person he was close with to help him get help or talk him through the crisis he was having at the time.
- What interventions or therapeutic communication could have been done differently? Provide explanation.
  - The therapeutic communication interaction could have been in a more private place. He didn't seem to comfortable about talking about his personal issues in the milieu that had several people around us.

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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>
<p>“Hi, I’m Caitlin. I’m the person who gave you your medicine a few minutes ago.”            (standing in front of patient, smiling)</p>	<p>“Hi, I’m Riley.”            (looked down, flat affect)</p>	<p>Patient is shy, perhaps feeling groggy, possible from medications.</p>	<p>Therapeutic: offering general leads, was able to give a sort of broad range of ways for the patient to respond in order to start the conversation.</p>
<p>“Do you mind if I sit with you and talk for a few minutes?”            (Smiling, Pointing to the seat next to him.)</p>	<p>“Sure, that’s okay.”            (still looking down, with a half-smile, still had a flat affect)</p>	<p>Patient seems to not want to engage with others unless he is the one being engaged.</p>	<p>Therapeutic: Offering self, was able to sit with the patient and make sure he knew I was there if he needed anything.</p>
<p>“So, how has everyone on the unit been treating you? Do you feel like there’s any one you like to be around?” (Sitting next to patient in a relaxed position with open posture.)</p>	<p>“It’s been fine. There’s no one in particular I want to be around.” (Started fidgeting with clothes, flat affect)</p>	<p>Patient is having anxious behavioral tendencies, but powering through them to continue the interaction. Completely understand the fidgeting when around new people.</p>	<p>Therapeutic: Focusing, question helped to assess his thoughts and feelings about being around unfamiliar people.</p>
<p>“Has there been any group that’s stood out to you? One that makes you just feel good?” (Sitting with open posture, making eye contact.)</p>	<p>“I liked the music therapy. I like the drums or bells.” (Started to smirk more, but still had a flat affect)</p>	<p>Patient got a little excited when talking about the drums, seems to be something he enjoyed, could possibly be used outside of the hospital as stress relief or a coping mechanism. I was good to see him be at least a little happy about something.</p>	<p>Therapeutic: exploring and reflecting, the patient was able to reflect back and think about his possible favorite activity for group.</p>
<p>“So, you like the drums? Do you know how to play the drums or like a drum set?” (Sitting in relaxed position with open posture, mimicking the motions of hitting a</p>	<p>“No, I don’t play the drums, or any instrument. I think its just fun to play around with the little drums.” (mood deflated a little bit, flat affect)</p>	<p>Patients’ mood seemed to lower after asking about playing ability, like he wanted to learn how to play but couldn’t.</p>	<p>Therapeutic: Clarifying, restating, wanted to make sure I was understanding his likes and let him know I am listening.</p>

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drum with hands.)			
“Have you maybe thought of learning how to play the drums after leaving here?” (Sitting in relaxed position, facing patient, with open posture.)	“I don’t know, maybe.” (Flat affect, had a look of confusion on his face)	Patient look confused but was looking like he was thing about if he could learn how to play the drum when music therapy comes around	Therapeutic: Exploring, diving deeper into his thoughts on learning how to play the drums and letting him know that he can learn anytime he’s ready.
“You don’t have to figure that out now. That’s the beauty of time, if you don’t do something now, you can do it later down the road!” (Siting in a relaxed position, facing the patient, open posture, smiling.)	“Ya, I guess that’s true.” (Flat affect, slight smirk and chuckle.)	Patient didn’t seem convinced he could learn how to play the drums once he leaves the unit.	Nontherapeutic: giving advice, should have asked to patient instead if he would rather learn the skill at a later time instead of how the statement was stated.
“In a couple minutes it’ll be time for therapy.” (looked at the clock on the wall)	“Do you know what therapy is today?” (Turned towards me, made quick eye contact.)	I believe the patient was trying to figure out if he wanted to go to group by seeing if the activity was going to be enjoyable.	Therapeutic: Making observations, the clock was observed to be close to morning group time, helped to start closing the conversation.
“I don’t know the activity, but I can tell you that it’ll be a student led group today.” (Kept facing patient, relaxed position, and open posture.)	“Okay, I’m going to go get my drink from my room and go to group.” (Flat affect, started to get up and walk away.)	Patient appeared like they didn’t want to continue the therapeutic communication interaction.	Therapeutic: Formulating a plan of action. Patient was able to come up with a plan on what he was going to do before group.
“Alright that sounds good. I’m going to see if there’s anyone else heading to therapy and I’ll be there in a minute.” (Started to get up, walk towards other patients telling them therapy is in a couple minutes.)	“Okay.” (Flat affect, walked to his room to get his water cup, then to the day room for group.)	Patient continued to have a flat affect throughout the conversation and seemed to be either sleepy or drowsy from the medications given to the patient.	Therapeutic: accepting, accepted that this was the end of this particular interaction.

Note: Students as you type in the cells the cells will expand. Reference table 5-5 pg. 120 in textbook for sample process recording.