

PROCESS RECORDING DATA FORM

Student Name: Nikki Papenfuss

Patient's Initials: T.G.

Date of Interaction: 06/05/24

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?

Patient is a 39 yr old, single Native American male from Minnesota. He has one son and he is one of seven children, his sister the one person he confides in is locked up in prison in Minnesota. He was admitted to 1south voluntarily for depression, suicidal thoughts and anxiety. His mother has a history of schizophrenia, stroke and bipolar disorder.

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

Patient has a history of mental health issues are schizoaffective disorder, depression, suicidal ideation, Alcohol withdrawal, auditory hallucination, Schizophrenia and Psychotic symptoms. Medical diagnosis are sleep apnea, MI, osteomyelitis, DMI, IV drug user, Hyperlipidemia, NSTEMI, osteoarthritis, morbid obese, HTN, GERD, heart valve disorder, abscess of epidural space of spine due to bacteria and anasarca.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction: **I was nervous to speak with the patient at first. He is a big guy with tattoos all over a little intimidating. He was watching t.v. and so I felt bad interrupting the program.**

Post-interaction: **After speaking with him he is a kind man, you could tell when talking to him he just wanted someone to open up to someone to listen to him. I felt good after talking to him, he seemed to be in a better mood after our conversation we had a good laugh. We had some of the same interest, such as TV shows we like to watch as well as kids around the same age and same interest in games they play. He was easy to speak to.**

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

During my interaction this was after morning med pass and after lunch. A few of the patients had retreated to their rooms there was only 5 patients present at the time my patient watching TV, another patient reading a book, one at the coloring table, a patient pacing down one hall and into the next and one patient getting water from the water machine in the dining hall. The house keeper was cleaning the dining hall while dietary was removing the cart with the trays. The nurses were at the nursing station charting, the a few of the nursing students were in the nurse's station getting information along with the instructor. One student was at the coloring table making conversation with the patient coloring, another student was sitting down next to the patient reading starting conversation. The Milieu was quiet, on the television was the fast and the ferrous. This sets a calm environment for my patient and I believe had a good effect on him.

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).
 - o **Anxiety**
 - o **Ineffective Coping**
 - o **Ineffective health self-management**
 - o **Disturbed sleep pattern**
 - o **Risk for suicidal behavior**
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 - o **Stressors (Long distance from family/support system)**
 - o **Unmet needs (Lives in car, not sleeping well, not eating properly)**
 - o **Substance misuse (History of IV drug use, Alcohol abuse)**
 - o **Conflict life goals (Not taking medication regularly, patient admits he has a better personality when he is properly medicated. He wants to return to Minnesota to be with his son.)**
 - o **Financial stress (Would like to get working to save up and move back to Minnesota this summer)**
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
 - o **Depression – Being withdrawn, Difficulty focusing and finding joy in things that once brought you joy, not sleeping well. Monitor patient for sleeping pattern, Impairment of patient ability to work and do routine activities.**
 - o **Drug/alcohol abuse – Agitation, restlessness, tense. -- Monitor patient mood/ BP/ HR**
 - o **Social isolation – staying in his room not joining group – Monitor patient mood/thoughts**
 - o **Suicide potential – Having thoughts of suicidal Ideations, Hallucinations. Difficulty sleeping.**
 - o **Trouble sleep – Hallucinations, Irritability, feeling weak, Difficulty focusing**
 - o **Not taking medication properly -- Patient not filling prescription**

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 the patient's current situation and develop a plan of care by identifying what brings on patient anxiety and his awareness of his triggers to ensure that the patient has a good safety plan.**
 2. **Assess level of anxiety every 6 hours or PRN to ensure that his medication is working properly decreasing his anxiety levels**
 3. **Assess patient for suicidal thoughts, every 6hrs or PRN to ensure that medication is working properly and harmful thoughts are not returning**

4. Administer medication every 8hr/TID/BID/PRN to ensure that the medication routine is being followed and decreased the patient risk of elevated anxiety, depression, and suicidal thoughts.
5. Encourage fluid intake daily to help keep the patient hydrated for a clear mind and health
6. Encourage participation in group therapy daily to learn new coping mechanisms and problem-solving techniques.
7. Encourage rest daily having a good night sleep decrease risk for fatigue, irritability, weakness, and hallucinations.
8. Encourage a healthy diet daily an unhealthy diet may weaken the immune system causing fatigue.
9. Encourage patient to join an outside support group weekly such as the Sandusky artisans to ensure a good support system is established.
10. Educate the patient on the importance to continue medication even when feeling better

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

A goal of therapeutic communication is to help the patient formulate a plan of action to help with coping and problem-solving techniques.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.
 - Strengths: (provide at least 3 and explain)
 - I feel this built trust between the patient and myself during our conversation he was smiling and opening up on what his future had instore for him.
 - I feel I connected with the patient having kids the same age and this may have made him comfortable.
 - Active listening, I do good with listening to patients and I do try to let the patient take the lead so they are comfortable with the conversation.
 - Weaknesses: (provide at least 3 and explain)
 - I need to work on not being scared of the patients and just start to engage with them.
 - Not having enough time to inquire more about the patient.
 - I was constantly thinking of what not to say how should I say this trying to make sure I say the right things and not upset him. I need to work on my confidence.

- Identify any barriers to communication. (provide at least 3 and explain)
 - **Lack of time, I spoke to the patient after lunch which I wasn't thinking about the next group therapy. So while our conversation was getting good we had to end it due to therapy.**
 - **Cultural barriers each culture have different patterns of behavior. Understanding the patients beliefs may be different from your own. You need to respect these differences.**
 - **Perceptual barriers this is how people perceive the world around them. And everyone sees the world differently. We each have our own unique view.**

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

Social Determinants of health for my patient is that he was homeless living out of his car.

Weak support system he is living over 800 miles away from all of his family and son.

He doesn't have a job at the moment to save and return home to Minnesota.

Poor access to prepare nutritious food due to living in his car and not having a fridge or stove to cook on.

Criminal history, which may deter the patient from getting a job after a back-ground check is ran.

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

I need to work on better therapeutic communication I need to learn how to ask the questions. When talking to the patient I gave false reassurance and false hope and didn't even realize I was when asking the questions. I need to work on inquiring information from the patient with tell me more, or with how does this make you feel.

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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)
"Hey what are you watching?"	"Oh the fast and the ferrous 3 I believe"	Off to a good start	Broad opening Starting conversation feeling for the tone Therapeutic
"That has been on all day. How many of these movies did they make?"	Patient "laughs" "Way too many I believe 10 or more."	I was confidant I could get him to open up.	Exploring Continuing conversation trying to loosen him up Therapeutic
"So, you're from Minnesota?"	"Yes. I lived on the Indian reservation there. Have you seen Reservation Dogs on Hulu?"	This could bring up mixed feelings from the patient. Good/Bad	Exploring I remembered from the day before he said he was from Minnesota so this showed that I cared by remembering where he is normally form. I feel like this was Therapeutic.
"Yes, I have it was eye opening."	"Yeah, that show is to the tee on how it is on the reservation."	I thought that this was taking us in a good direction of opening him up	Connecting Making a connection since we like the same shows Therapeutic
"I always wondered if it was pretty accurate. What made you come to Ohio?"	"I had to get away. I was running from my drug addiction; I was on meth bad."	I wasn't sure what to say next. I didn't know if I was going to trigger him or any feelings.	Giving broad openings? This kind of allowed him to lead the conversation and I think he was willing to talk about it, I feel maybe I should have asked more questions about the situation therapeutic
"Oh yea, ok. Do you plan on returning to Minnesota?"	"Oh yes! This summer I plan to save up and go back to live with my son and family."	I felt that we were going in a good direction.	Changed the conversation. Introducing an unrelated topic. I wasn't sure about asking of his past I didn't want to trigger him he was having a good day, so I avoided asking about his drug addiction. Therapeutic
"Oh Nice! How old is your son?"	"He is 15yrs old and man is he a pain."	He seemed to light up when he talks about his son so I felt this was a safe conversation.	Exploring/focusing. Inquiring about his son to make a connection with him focusing on kids since that is another thing we had in

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			common to gain trust Therapeutic.
“Tell me about it I have a 14yr old they are rough but I wouldn’t have it another way.”	“Yes, he is a good kid loves his X Box. I do everything for him and his mother.”	I was trying to connect with him I felt maybe I shared to much info but he enjoys talking about his son and family.	Agreeing with him that kids are a pain connecting that we have kids the same age I know the teenage struggle Therapeutic
“That is nice I am sure that he will be happy to see you.”	“Yes, I think this will be good for the both of us. Since I am on my medication.”	I didn’t even realize that I was giving false reassurance until reflecting on this so I need to be mindful of this	I gave false reassurance. I need to be mindful of this. I should have asked “how his relationship with his son is” nontherapeutic
“For sure your going down the right path getting the help and managing your medication.”	“Yeah, this is nice getting back on track and the help I need.”	I feel like this was offering him hope and supporting him	Encouraging /agreeing Showing approval of his plan that staying on the medication is the best option for him Therapeutic
“Do you have good support groups in Minnesota?”	“That is what I am going to look into before I go.”	I felt that this would be a good question at the time to ask the patient because he will need a support system and a doctor while in Minnesota.	Formulating a plan of action I asked this to get the patients wheels turning and thinking of finding a doctor back in Minnesota Therapeutic
“Yes, to have a good plan will help with stress and medication refills.”	“Yes, I have to do that I have been told that I have a good personality when I am on my meds.”	I felt that reassuring the patient to stick with the plan may stick with him.	Encouraging Letting him know to stick with the plan that its a good idea Therapeutic
“That is awesome, Well it looks like it is time for group now are you going to join us?”	“Oh, yea I enjoy the groups I’ll be in.”	Inviting him to group to make him feel included is always nice	Inviting/Encouraging Inviting him to join us in group to make him feel welcomed Therapeutic
“Cool I’ll see you in there.”			