

PROCESS RECORDING DATA FORM

Student Name: Destiny Houghtlen

Patient's Initials: M

Date of Interaction: 7/3/24

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?
The patient is a 61-year-old single female. The patient was admitted to the Behavioral unit because she had attempted suicide. She tried taking Effexor to overdose, according to her she had taken twenty-five, but she called her brother and told him what happened, and he had said only five pills were missing from the bottle. She was admitted voluntarily due to her understanding that she needs to get help with coping with grief. Her mother had passed away unexpectedly in the hospital. She was extremely close with her mother and the death has affected her tremendously. She mentioned her mom was her best friend and that they talked everyday which is why she is struggling.

- List any past and present medical diagnoses and mental health issues.
This patient had a long list of medical diagnosis. The patients medical history consisted of bladder cancer, abnormal cystoscopy, tardive dyskinesia, incontinence, kidney stones, bladder mass, restless leg syndrome, anxiety, depression, lumbar disc disease, Raynaud's syndrome, gastroparesis, colitis, IBS, hyperlipidemia, GERD, arthritis, hypertension, fibromyalgia, and cerebral palsy. The mental health issues are listed above as well which are anxiety and depression.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction: I was nervous about conversating with the patients because I did not want to offend them by saying the wrong thing. I was thinking about how to start the conversation which I did by asking the patient how she was doing today. I also asked about how she slept that night, and she was explaining how she slept. The conversation was able to continue with small talk.

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Post-interaction: I felt bad for the patient because she was feeling so depressed and lost after the death of her mother. I was thinking of things I could tell her that may help with the feelings she was having so I was able to go home and think more about that for the second day. I also felt hopeful that this patient will be able to overcome what she is currently going through. She has her brother and a best friend that I believe is the support she needs.

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

The other patients in the milieu were going outside to do activities. I was sitting with the patient at a table, and we were working on a puzzle together. There was another patient that was working with physical therapy a few tables down from us. This did not affect the patient. She was focused on the puzzle, and she was talking to me while doing the puzzle. She would occasionally look up at me while we were talking and working on the puzzle. She was not distracted by what other people were doing after everyone came in the nurse asked her if she wanted to come over for group and she agreed which is when our conversation came to a stop.

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).
This patient is at risk for suicide behavior due to her history of attempting suicide twice and with what is currently going on in her life. The first nursing priority is to check that the patient does not have any objects that could cause harm to her or others on admission and every day. This will ensure that the patient and the others are safe while in the Behavioral health unit. This is the most important thing is that the patient is safe. The second nursing priority will be to assess contributing factors for this specific patient on admission. This will ensure that the patient is receiving the best care possible and that it will be effective for what the patient is going through. The third nursing priority is to assess the patients coping behaviors every four hours. This will ensure that the nursing staff is able to teach the patient the best coping strategies for what she is specifically dealing with. The fourth nursing priority is to assist the patient to accept responsibility for her own behavior and prevent suicide each day. This will ensure the patient knows what she did and that there are other ways to deal with any grief or feelings the patient is having. The fifth nursing priority is to help the patient identify more appropriate solutions and behaviors every day. This will ensure the patient is getting the proper education about how she should deal with her emotions and any other complications that may occur in her life.
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
The first related data that supports the top mental health priority nursing problem is that the patient

attempted to overdose. The second related data is that the patient is extremely lonely. The third related data is that the patient has a history of depression and attempted suicide, so her safety is the most important thing. The fourth related data is the patient's mother had passed away unexpectedly which cause the patient to spiral. The fifth related data is the patient does not have good coping strategies and is unaware of how to handle her feelings.

- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)

One potential complication is that the patient does not have the amount of support she needs to get through this hard time. She has a best friend and a brother but if they are not able to be there like the patient needs this could be a complication. Some signs and symptoms may be the patient is distancing herself, not communicating with others, and she may seem depressed. A second complication may be that the patient does not use the coping strategies she is learning to help her through this time. Signs and symptoms to monitor for is the patient may isolate herself and she may not communicate with others. A third complication is the patient may attempt to commit suicide again if she gets to a point that she can not handle. Signs and symptoms may be isolation, agitation, and giving important things away. A fourth complication is this patient may start sleeping more because she is depressed again. Signs and symptoms of this would be the patient is sleeping more, not talking to close friends or family, and she may look exhausted. The fifth complication may be drug or alcohol abuse. Signs and symptoms of this would be the smells of alcohol, flushed face, and disheveled clothing.

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.

The first intervention is to do an assessment on the patient once daily asking the questions to see if the patient is considered at risk for suicide which she is. This ensures the patient is safe and the proper protocol is done to ensure this. The second intervention is to check the patient and the patient's room for anything that could potentially be dangerous for the patient or others on admission and as needed. This ensures the patient is safe as well as others on the unit. The third intervention is to develop a therapeutic relationship with the patient the entire time they are on the unit. This helps the patient feel safe and as though they can trust the nurse which will help the patient in the end. The fourth intervention is to create a safety plan with the patient once they are feeling somewhat comfortable on the unit. This ensures they have a plan when they go home that they can

easily refer to in time of need. The fifth intervention is to involve the family in the plan as well as educate the family about what they need to watch for and what they should do to help the patient. This should be done on admission as well as each day to ensure the family understands and the person has a support system when she goes home.

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

A goal of therapeutic communication is that the patient is able to develop coping strategies that help her during hard times, and she will not resort to harming herself.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

One strength I had was I was able to make eye contact with the patient when she was talking about personal topics that made her tearful. I wanted to make sure the patient was comfortable but also ensure she knew I cared and wanted to listen to what she had to say. A second strength I had was I was able to initiate the conversation which I was nervous about doing. I knew the first day she avoided the topic of her mother and that she had attempted to commit suicide. I was not sure if she would want to talk or not, but I wanted to try. The third strength I did was I ensured that I communicated back with the patient, and I did let her control the conversation. I asked questions based off what she wanted to discuss. She mentioned trying to take her own life due to her mother passing and I made sure to let her know that there are people that she can talk to and that she is not alone. I wanted to provide her with people to talk to and rely on when in time of need.

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Weaknesses: (provide at least 3 and explain)

One weakness I had was I was timid at first and did not know how to start off the conversation. It took me a minute to think of what to say to start a conversation off. I wish it would come more naturally but I was able to work on the puzzle with her for a few minutes until I thought of something to say. A second weakness I had was I was unsure of how to comfort the patient when she was getting tearful. I did not want to upset her more, but I also wanted her to know I cared and wanted to listen. A third weakness I had was there were times when I would question if I should use the silence that was occurring or if I should ask the patient questions. I decided to look at her and based off the way she looked I would give her some time to just work on the puzzle if she looked upset. If she looked like she would be good to continue talking I would ask her another question but I am still unsure when it is best to use silence.

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

One barrier to communication that I noticed was that my patient was slightly hard of hearing. This made it hard to communicate at first because I did not know she needed me to speak slightly louder. A second barrier to communication that I noticed was that my patient talked slightly abnormal. There were some instances when some of the sentences were hard to understand but once she repeated them, I was able to put it together. A third barrier to communication was the patient was unsure about opening on the first day of me being there but on the second day she was more open.

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

One social determinant of health for the patient is stress. The patient is extremely stressed out because her mother has passed away unexpectedly, and she and her brother are responsible for her belongings. This has been stressful and unfortunately taken a toll on the patient's mental health. Support is another social

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determinant of health for this patient. Although she has her brother and best friend. Her best friend does have a family to take care of, which may make it hard for her to find time for the patient. The patient's brother lives in Florida and he will be coming to see the patient every three months but in between that she will be alone.

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

On the first day I could have asked more about the patient and tried to use more therapeutic communication. I was a bit nervous, and I did not want to offend the patient by asking the wrong questions especially because she was not comfortable with me yet. I also felt like at first, we were both quieter on the first day until more towards the end of the day. I felt like it was more awkward silence than it was comfortable silence. I was able to compare this to the silence on the second day which was more comfortable because we would talk then focus more on the puzzle and then continue talking. I would have also liked to approach people earlier on, but I was more timid at first.

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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) |
|---|--|--|--|
| "Hi Mara, can I join you?" (Standing in front of patient, looking at her smiling) | "Hi, yes I am just working on the puzzle." (Smiles looking at student nurse) | Feeling nervous about joining the patient. | Therapeutic: offering self-asking the patient if I can join her. |
| "Okay thank you, I will help if you don't mind." (Smiled at patient) | "Sure, that's fine." (looks at student nurse) | Feeling a little better about sitting with the patient but it feels a little awkward. | Therapeutic: Ensuring the patient is okay with me joining her and working on the puzzle. |
| "How did you sleep last night?" (working on the puzzle while looking up at the patient) | "I slept better than the other night." (Continues doing puzzle) | Wanted to start up a conversation with the patient and remembered she did not sleep well the night before. | Therapeutic: Exploring more about the patient's night and how she slept. |
| "Okay, good how many hours do you think you got?" (looks at the patient) | "I think maybe 6 or 7 hours." (continues doing the puzzle) | Positive feeling knowing the patient is getting more sleep now. | Therapeutic: Exploring how much sleep the patient was able to get through the night. |
| "That is very good. Why do you think you slept better?" (Working on the puzzle while glancing up) | "I think it was because that was my second night, so I was more comfortable comparing it to my first night. How was your night when you left?" (Smiles and looks at student nurse) | Beginning to feel more comfortable talking with the patient while working on the puzzle. | Therapeutic: Exploring why the patient feels she slept better compared to the night before. |
| "My night was good. I went to work and then did some homework." (Looks at the patient and smiles) | "Oh wow ! You stay busy then!" (Continues with the puzzle) | I felt comfortable and noticed the patient was starting to open more. | Nontherapeutic: Conversating with the patient and answering her question so it did not feel like she was the only one being asked questions. |
| "Yes, but I do not mind it!" (Smiles) | (Working on the puzzle) | Was trying to think of what to ask the patient next. | Therapeutic: Using silence before continuing on with the conversation. |

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| <p>“Are you feeling like it is helpful being here?” (looks at the patient)</p> | <p>“Yes, I am having a hard time dealing with grief because my mom died three weeks ago. I tried to kill myself because of it” (Looks down)</p> | <p>I was nervous to ask this, but I felt that it would be appropriate.</p> | <p>Therapeutic: Exploring how the patient is feeling.</p> |
| <p>“I am sorry to hear that. Tell me more about how you are coping with this?” (Focuses on the patient)</p> | <p>“I did not have any. I was sad and didn’t want to live without my mom. She was my best friend.”(Patient is getting tearful and looks down)</p> | <p>I felt sorry that she did not have any coping strategies and felt so sad.</p> | <p>Therapeutic: Focusing on how the patient is coping with the situation.</p> |
| <p>“I am very sorry. Do you feel as though being here will help?”(Looks at the patient)</p> | <p>“Yes, I think so. They have talked to me about how to cope better” (Smiles while working on the puzzle)</p> | <p>I was hoping she was finding it helpful being on the unit.</p> | <p>Therapeutic: Exploring how the patient feels about being on the unit.</p> |
| <p>“That is very good. Can you tell me about some of the coping skills you have learned so far?” (Working on the puzzle while glancing up at the patient)</p> | <p>“I am waiting on readings they have, and I need to talk to people because I am lonely without my mom. I also am getting a therapist. The nurse mentioned some groups I can go to and talk with other people. I think that will help.” (works on the puzzle)</p> | <p>I was interested in the coping skills the patient has been taught and if she was able to remember them.</p> | <p>Therapeutic: formulating a plan for coping strategies that the patient plans on using.</p> |
| <p>“I am glad to hear that. It sounds like a good start!” (Smiles at the patient)</p> | <p>“Yes, I appreciate you talking with me while you have been here. It helps to talk. (Smiles and looks down)</p> | <p>I felt appreciative that the patient wanted to talk to me and felt comfortable.</p> | <p>Therapeutic: Happy the patient is able to explain some of the coping strategies she has learned so far.</p> |
| <p>“Of course I am glad to do it! It looks like they want to see if you want to join group. (Smiles and looks at the patient)</p> | <p>“Okay, yes I think that sounds good” (Smiles and starts to stand up)</p> | <p>I was happy she wanted to join the group.</p> | <p>Therapeutic: encouraging the patient to join group.</p> |
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