

## PROCESS RECORDING DATA FORM

Student Name: Tylie Dauch

Patient's Initials: PK

Date of Interaction: 7/3

**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?

My patient was a 29-year-old female. She lived at home with her parents, but often would leave for a while at a time with unknown whereabouts. My patient was admitted voluntarily by herself and her parents. She was just discharged from University Hospitals for a myocardial infarction. She had flatlined and they were able to bring her back at the hospital. She had stated that she wished they didn't bring her back. When she got home she was having suicidal ideations so her parents brought her to Firelands to be seen.

- List any past and present medical diagnoses and mental health issues.
  - Type 1 diabetes
  - Suicidal Ideations
  - Major depressive disorder
  - Subglottic stenosis
  - Esophageal thickening
  - Cocaine use
  - Hypertension
  - Borderline personality disorder
  - Tachycardia
  - Gastroparesis
  - Bipolar 2 disorder
  - GERD
  - Diabetic neuropathy
  - Permanent trach
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.  
Pre-interaction:

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Before my interaction with my patient, I felt very nervous. Therapeutic conversations are very hard to do and sometimes I feel like I don't know what to say or how to reply to some comments. I didn't want to say or do the wrong thing as to upset my patient. I found myself struggling to even go over and say hi to not only my patient, but all the patients in the milieu. I know these patients are having a hard time in life right now and the last thing I wanted to do was make that worse.

Post-interaction:

After my interaction with my patient, I felt very at ease and relaxed. After getting through the awkward start of the conversation, she and I seemed to click. It felt very easy to have a conversation with her and she seemed very comfortable talking to me. We talked therapeutically and about things that we enjoy in life. I got to know her very well and the things she enjoyed doing. She seemed to come find me while in group as well because her and I liked chatting with each other. After having this conversation, I felt confident to talk to the rest of the patients in the milieu as well.

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

The milieu seems very busy. From my experience, the patients do not really enjoy being in their rooms. There was always someone watching TV, coloring, playing cards, or participating in group. My patient had made a friend while she was there, and they seem to do everything together. They were able to share common interest like coloring and drawing. I feel as though this made her stay at one south better. She was able to have someone to talk to while she was there, and it made her more comfortable. Some downsides to this though are the patients who don't do well with lots of noises going on at once. I noticed a different patient who would have loud conversations with herself and being in the common area of the milieu seemed to make her hallucinations worse than when she was in her room. I guess this is kind of a double-edged sword. For some patients, the busy and friendly milieu can be very beneficial, but for others, it may make things worse.

### **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).
  - Risk for suicidal behavior (Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022))
  - Impaired mood regulation
  - Ineffective coping
  - Disturbed sleep pattern
  - Risk for self-directed violence

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- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
  - Major depressive disorder
  - Suicidal ideation
  - Trauma
  - Bipolar 2 disorder
  - Drug use
  - Noncompliance with medication
  
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
  - Death
    - Apnea
    - Asystole
    - Loss of cranial nerve reflexes
    - Cessation of electrical activity in the brain
  - Substance abuse (cocaine since it's in patient Hx)
    - Increased blood pressure and/or heart rate
    - Anxiety, agitation, or restlessness
    - Muscle tremors
    - Dilated pupils
    - Sweating
    - Nausea and vomiting
  - Overdose (cocaine since it's in patient Hx)
    - Dilated pupils
    - Anxiety
    - Agitation
    - Psychosis
    - Tachypnea
    - Tachycardia
    - Dysrhythmias
    - Hypertension
    - Diaphoresis
    - Hyperthermia
  - Suicidal ideation

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- o Sleeping a lot or not at all
- o Loss of appetite
- o Having a plan to commit
- o Selling personal belongings
- o Becoming overly happy out of no where
- Major depressive disorder
  - o Persistent feelings of sadness or hopelessness
  - o Fatigue or lack of energy
  - o Difficulty sleeping or sleeping too much
  - o Changes in appetite or unexpected weight loss
  - o Difficulty concentrating
  - o Decrease in physical activity
  - o Loss of interest in typically enjoyed hobbies

### **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.
  - Assess during first encounter if the patient has a plan for their suicidal ideation to get a degree of how serious they are on following through with it.
  - Assess physical complaints during every interaction with patient, like lack of sleep, to determine extent of depression.
  - Maintain one on one with patient constantly and check for dangerous objects to maintain patient safety.
  - Encourage expression of feelings and make time to listen to their concerns during every interaction to help individual better understand their circumstances and why they are feeling a certain way.
  - Educate on the importance of medication compliance near discharge and upon discharge to prevent any further complications and relapse.

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

A goal of therapeutic communication is to allow the patient to trust you and want to open up to you. This allows for better treatment during their stay and less of a chance of relapse. This also allows for better education on their disease process so they can fully understand what is happening to them.

## **IMPLEMENTATION**

- Attach Process Recording.

## **EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

One strength of therapeutic communication was that my patient felt comfortable opening up to me. This is important because if you do not develop that trust and understanding, then the patient will not want to talk about their feelings and the treatment might not be as effective. Another strength was that I was able to learn more about my patient. Using therapeutic communication, I was not only able to learn she was having nightmares on a nightly basis, but also that she had a son and some family issues. Another strength is that I was able to provide my patient with education. I was able to educate her on the fact that some psychiatric medications can cause insomnia and could be a reason she is not sleeping too well on top of the nightmares.

Weaknesses: (provide at least 3 and explain)

One weakness of therapeutic communication was that my patient seemed to shut down really easily. I had not really dove in deep to her problem yet when she began to shut down and it made it hard to learn more about what might be going on. Another weakness was that I kept steering away from therapeutic communication. I kept trying to probe into her life while trying to get answers from her, which could be the reason she kept shutting down. Another weakness was that I kept running out of things to say to her. I noticed that sometimes I had to stop and think of my response before answering her and it made the conversation awkward at some points.

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- Identify any barriers to communication. (provide at least 3 and explain)
  - One barrier was that it was very loud in the milieu and sometimes it was hard to hear
    - When the patients come out of their rooms it can get pretty loud. I noticed it was hard to hear each other at some points and made the conversation hard to continue.
  - Another barrier was her friend kept interrupting
    - My patient had made a friend while in the milieu and she kept sitting with us during the conversation. This made my patient stop talking and got her distracted while trying to talk to her
  - Lastly, my patient had a trach
    - This made it difficult because her voice was very soft and mumbled. I almost had to read her lips to figure out what she was saying.
  
- Identify **and** explain any Social Determinants of Health for the patient.

One social determinate of health is that my patient uses drugs. This affects my patient negatively in many ways. Many drugs can interfere with medications used for psychiatric issues. When mixed, they can cause severe side effects. Also, the drugs in general can make their psychiatric condition worse. Another social determinate of health my patient experiences is financial support. My patient does not have a job at the current moment. This makes it hard to afford medications and appropriate doctors' visits. She currently lives with her parents, but they do not pay for anything for her besides her housing.

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

One thing I would change about my interaction with my patient would be to provide more coping strategies to my patient. The only solution I provided was to talk to her doctor. I should have come up with different non- pharmacological strategies to help with her sleep. Also, I wish I would have gone deeper into her family issues. Getting a basis on her family issues could've helped me figure out why she is so upset that her parents have custody of her child. Lastly, I wish I would have educated her on medication compliance. I read in her chart that she in non-compliant with her medications prior to our interaction. I should have educated her on the fact that noncompliance can cause her insomnia. This would have been helpful with her not relapsing with her major depressive disorder after her discharge from 1 south.

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 <b>(use Table 5-3, 5-4 and 5-5 in textbook for reference)</b>
"Good morning! I am Tylie, a student nurse here at Firelands" (Smiling and sitting at coloring table)	"Good morning. I am 'patient's name' (smiling and sitting down with me)	I felt nervous to start a conversation with the patient.	Therapeutic: stated my name and what I was there for to make the patient comfortable with me
"How are you feeling this morning?" (sitting with patient)	"I am okay I guess. I didn't sleep at all last night" (straight face not making eye contact)	I felt concerned on the fact my patient has not been able to sleep.	Therapeutic: asked a broad question to let the patient guide the conversation
"Oh no, why is that?" (slight frown on face)	"I keep having bad nightmares" (still not making eye contact)	I am still feeling concerned for my patient at this point.	Therapeutic: I focused in on why she has not been sleeping
"I can imagine that is pretty hard for you. Does this occur often?" (concerned look on face, trying to keep eye contact)	"Yes. It has been happening every night for the past few months" (made eye contact with me, maintains a straight face)	I am feeling curious as to why my patient is having nightmares.	Therapeutic: I gave recognition to the fact my patient is having nightmares and how hard that must be for her
"Have you changed	"Not anything that I	I am feeling	Non- therapeutic: I feel as

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anything in your routine recently that would spark these nightmares?" (SOLER)	can think of" (deep in thought)	interested into helping her find out why she is having nightmares.	though I may have been probing at this point in the conversation
"Do you have nightmares about the same thing every night?" (concerned look on face)	"Yes, it is usually always the same thing" (saddened look)	I am still feeling interested.	Non- therapeutic: I am still probing for answers during this conversation
"Would you like to talk about what's in your nightmares" (maintain SOLER, friendly face)	"I always dream about my son. My parents have him now. Something bad always happens to him in my nightmares" (slight tear in eye)	I am feeling very sad after the patient's response.	Therapeutic: At this point in the conversation, I am exploring more into the nightmares
"I'm sure that is very difficult for you. Is there anything that makes the nightmares better?" (concerned look on face)	"No" (face still saddened)	I am feeling concerned because she may be shutting down	Therapeutic: I gave recognition to the fact that dreaming about her son must be very hard for her
"Have you talked to your doctor about this" (SOLER)	"No" (strays away from making eye contact)	I am still concerned because she is giving very short answers	Therapeutic: making sure the patient takes her problem to the PCP so they can be aware
"It might help to talk to your doctor. This could be a side effect of one of your medications. They could also maybe prescribe you something to help with your sleep" (slight smile on face)	"That might be a good idea" (makes eye contact with a small smile)	I am hopeful that she will bring this up with the doctor to maybe get this fixed	Non- therapeutic: I feel as though I may have been giving advice by saying what the doctor may do for her
*time for group therapy* "Well, it was very nice talking to you! I hope that you are able to talk to your doctor and get some rest!" (Still sitting smiling at patient)	"Thank you! Me too" (Stands up, smiles, and goes to group)	I am feeling happy with how the conversation went and that she felt comfortable opening up to me	Therapeutic: Developed trust and rapport so the patient felt comfortable talking to me

