

PROCESS RECORDING DATA FORM

Student Name: Nadia Drivas

Patient's Initials: WB

Date of Interaction: June 27-28

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?

58 years old man. Admitted non-voluntary. Came from the Becan house under forensic monitoring. Another client at group home said he made a threat. After the patients got here. The client told staff he was "lying to get him away for a few days."

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

Schizoaffective, bipolar 1, depression, anxiety, hypertension, dyslipidemia

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

I heard that he was in for forensic monitoring. After looking that up, it means he should have been in jail. I was nervous but I wanted to find out more.

Post-interaction:

He is a nice man that got off his medication and did a bad thing. He regrets in everyday, but his family has forgiving him. He just wants to spend his time in peace and out of trouble.

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

He likes to be alone. I overheard him talking to another student. He said that a few of the patients make him nervous. The things they said give him anxiety

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 process (Morgan, K. I. 2023)

Disturbed sensory perception

Social isolation

Risk for violence

Anxiety

Depression

- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)

Schizoaffective disorder, bipolar 1, visual hallucinations, anxiety, suspicious of others, previous aggressive behavior, withdrawn, poor eye contact

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

Self-harm or harm to others (anger, cutting, aggression, hitting, and trying to hang self)

Sleep deprivation (confused, irritable, withdrawn, flat behavior and tired)

Not taking medication (manic, over talkative, hallucinations, anxiety and withdrawn)

Disorientation (confused, oriented to self does not place or time, suspicious of others, false ideas, and agitation)

Overstimulated (anxiety, fear, hallucinations, panic, and feels threatened) (Morgan, K. I. 2023)

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. Ensure patient isn't having thoughts of self-harm or harm to others Q15 and prn (to determine if the patient had a plan)
 2. Create safe environment daily and prn (patient that feels safe are open to receive help)
 3. Give aripiprazole (Abilify) every 28 days (mood stabilizer)
 4. Give hydroxyzine 50mg prn (treat anxiety)
 5. Identify community resources that will support access post-discharge daily and prn (assist with post discharge planning to manage symptoms of schizoaffective disorder)
 6. Education of medication compliance daily and prn (manage symptoms of schizoaffective disorder and bipolar 1) (Townsend, M. C., & Morgan, K. I. 2024)
- Identify a goal of the **therapeutic** communication.

Develop rapport with patient and understand how he feels. Allow him to express his feelings.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. Our nurse patient relationship was good that he expressed his feelings about being in the mental hospital and why he is there.
2. I made him feel safe enough to tell me why he killed his brother
3. I was good at listening to him talk without judging him, some of the things he said I was shocked about.

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Weaknesses: (provide at least 3 and explain)

1. It was a lot of pauses because I didn't know what to say and I felt nervous
2. I didn't use therapeutic communication the whole time. Some of the things he said I didn't know how to turn that into therapeutic
3. I think I started the conversation off asking too many questions about why he is here and why did you kill your brother.

- Identify any barriers to communication. (provide at least 3 and explain)
 1. Physical barriers, during our conversation we had a few people walk past us. The patient kept looking at them.
 2. Lack of trust, at first, he didn't trust me. We tried to have this conversation three time before he told me anything about his life.
 3. Emotional barrier, I was scared to talk to him. During report they made him seem like a "bad guy" (Townsend, M. C., & Morgan, K. I. 2024)
- Identify **and** explain any Social Determinants of Health for the patient.

He has no home placement. He has at 1S for 19 days because the place he was staying will not take him back yet. He must be reapproved. Trying to find another home that takes patient under forensic monitoring is hard. The rules that come along with the monitoring, many places don't have the means to do it.

- What interventions or therapeutic communication could have been done differently? Provide explanation.
 1. I could have not told him if he was having anything thoughts of self-harm. I think it made him nervous, but he did say no.
 2. Therapeutic communication, I asked a lot of why question. Every time I did he paused foe a moment before answering
 3. I tried educating his on the Abilify, he knew the medication better than me. He said he has been on it for 6 years off and on.

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Morgan, K. I. (2023). *Davis Advantage for Townsend's essentials of psychiatric mental health nursing* (9th ed.). Philadelphia, PA: F.A. Davis Company. <https://www.fadavis.com/>

Townsend, M. C., & Morgan, K. I. (2024). *Pocket guide to Townsend's psychiatric nursing: Assessment, care plans, medications*. (12th ed.). Philadelphia, PA: F.A. Davis Company. <https://www.fadavis.com>

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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 (use Table 5-3, 5-4 and 5-5 in textbook for reference)
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Hi my name is Nadia	Hi I'm ***	Comfortable	Therapeutic: Making rapport
May I ask why you are here?	Someone at my group home said I made a threat	Starting feeling nervous	Therapeutic: Offering general leads
I'm sorry to here, it must be hard for you being here	Sometimes but I have been in places like this for 4 years.	No real feelings	Therapeutic: trying to make him feel safe to talk with him
Why so long?	I have Schizophora. I stopped taking my medication for a few months. One week I knew I was getting bad. I didn't go around anyone, because I just started seeing things. One day my brother stopped by. At the time, I didn't know it was him. He looked like the devil. When her came in, we got into a fight. I broke a leg off a wooden table and stabbing his 92 times.	Shocked, scared and wondering why he just told me that after a 20 sec conversation	Nontherapeutic I asked a why question
After a very long pause... did the courts find you non-guilty and that's why you are in mental hospitals?	Kinda, I had a good lawyer. The found me unable to stand trial. I have been at NOBH for 3 years and the last year I have been allowed to go to group homes.	Confused, can he still be put on trial after he gets help	Nontherapeutic: Using silence to think of what to say
What is NOBH?	Northwest Ohio behavioral healthcare. Its need toledo.	No real feeling	Therapeutic: trying to keep the conversation going
Oh okay.	Pause	Trying to change the topic	I was getting board of the conversation
Do you still talk with your family?	Yes, my mom just called me yesterday and we talk twice. My son and I talk all the time. My daughter is always busy.	Happy that the family still talks with his	Therapeutic: trying to learn about his personal like
That's great you stay in combination with them. It must be hard after that happen in the past	Yes, it took time. They understand know that it wasn't really me that did that. I regret it every day. I haven't missed a dose since.	Happy for him	Therapeutic
What medication do you take ?	Abilify, I must take it once a month.	Mild feeling: just trying to keep the	Therapeutic

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		conversation going.	
Oh, so is it a shot.	Yep.	Mild feeling: just trying to keep the conversation going.	Therapeutic; clarifying
How many kids do you have?	3, oldest boy 27, middle girl 25 and youngest boy 18	I'm wondering how old he is to have a 27-year-old	Trying to understand his life more
It's almost time for your youngest to graduate.	Yea but I won't be there, unless I get out in 5 days.	Sad because I know he won't be out by then.	Making observations
How do you feel about that?	It's okay I have missed a lot in the 4 years. I just started getting permission to leave to see them and work.	Sad that he problem can't see them as much as he wants to.	Therapeutic; exploring his feelings
Will you see them after you leave?	Of course.	Glad that he will see his family later	Trying to make small talk
That's good	His mothers got him stuff for the graduation so it's no too bad. Plus, they will record it.	Mild feeling: just trying to keep the conversation going.	Trying to make small talk
Yea that's not too bad.		Trying to remain objective	Nontherapeutic; he did not respond so I think I said something wrong
How long so you must stay in the group homes?	My whole life, but I get to leave. I have work and go with my family. I just have to be in the house by 10p	I thought it was nice but weird they let him work and leave the group home	Therapeutic,
Where do you work?	Walmart part time.	Trying to change the subject	Therapeutic; exploring
	Patients stomach growls	Awkward	
Are you okay?	Yea I haven't pooped in 4 days	Concerned about him not pooping in 4 days	Therapeutic; just letting my inner nurse do it's job
Did you tell the nurse. She can give you something to do.	I will tell her. See ya later in group. Bye	Mild feeling: just trying to keep the conversation going.	Therapeutic, trying to get him help about his stomach problems
Bye	*Patient walked away*	I felt good about the conversation we just had	