

## PROCESS RECORDING DATA FORM

Student Name: Hannah Castro

Patient's Initials: D.F.

Date of Interaction: 6/27/24

**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?

My patient was 29 years old, male, single, and employed at Firelands habitat for humanity. He was admitted to the Behavior Unit because he lives alone and was having panic attacks for two days straight with suicidal ideation. He had called all his friends and told them he didn't want to be friends with them anymore, and he's now feeling guilty about it. This was a voluntary admission.

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

He is currently diagnosed with depression, anxiety, autism, ADHD, and GERD.

- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.  
Pre-interaction: I had felt a bit anxious when I had seen the patient pacing around the room, I had thought he might be exhibiting escalating behavior and might become violent, before he sat down and I started to have a conversation with him.

Post-interaction: I had felt a lot better about the patient's behavior since he had told me he was just not feeling good, and I felt confident about the suggestions that I had offered him.

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

The time is about 7:30am and people are filing back into the main common area after having breakfast. The atmosphere is pretty calm, since people are still waking up, but it doesn't seem to be affecting the patient because he is still pacing and showing signs of 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).

#### **Risk for suicidal behavior**

Maladaptive grieving

Low self-esteem

Social isolation/impaired social interaction

Powerlessness

Disturbed thought processes

Imbalanced nutrition/less than body requirements

Disturbed sleep pattern

- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
  1. Disruption or loss of significant relationships and connectedness.
  2. Threats of killing self.
  3. Purposelessness
  4. Psychiatric illness or substance misuse
  5. Social isolation.
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)

### **PLANNING-Responding**

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- 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. Create a safe environment for the patient. Remove all potentially harmful objects from the patient's access (sharp objects, straps, belts, ties, glass items) at the time of admission and periodically through the patient's stay.
    - To make sure patient does not harm themselves while they are staying in the hospital.
  2. Conduct thorough, collaborative, and ongoing assessment of risk factors and warning signs for suicide in the context of a therapeutic relationship with the patient during every interaction.
    - To make sure any signs of suicide are caught before attempt at suicide can happen.
  3. Maintain close observation of the patient, since he is not actively saying he is going to hurt himself or has a plan, the patient will not need one-on-one observation. Pt requires checks every 15 minutes and assignment to a room with a roommate.
    - To make sure patient is safe and not left alone for long periods of time.
  4. Make sure patient is swallowing medications every time they are administered.
    - To keep patient from stashing them to overdose or not taking them.
  5. Make rounds at frequent, irregular intervals, especially in the morning and shift change.
    - To keep the patient from knowing schedules of checkups.
  6. Encourage patient to seek out a nurse or staff member whenever they are feeling thoughts of suicide, or they become more intense.
    - To make sure the patient isn't bottling up all their emotions while in the hospital.
  7. Encourage verbalization of honest feelings and help the patient to find the true source of where their anger is coming from, whenever they are feeling like sharing.
    - To help the patient understand why they are having these thoughts.
  8. Identify community resources and other support systems before the patient is discharged.
    - To help the patient with their recovery process when they get out of the hospital.

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

To establish a therapeutic nurse-patient relationship where the patient feels cared for and express any concerns they might be having.

## **IMPLEMENTATION**

- Attach Process Recording.

## **EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. I was able to give the patient coping mechanisms to decrease his anxiety that he was currently having. He responded well to one of them, which was to breath in and out, which he did with me.
2. I was able to get the patient to stop pacing around the room and sit down to have a conversation with me. He had looked like he was about to escalate or become aggressive and I was able to redirect him.
3. The patient opened up to me, by telling me why he was pacing and feeling anxious, it was because his stomach hurt after having breakfast, which I then asked if he wanted me to get a nurse to see if there were any medications ordered for that. He let me know that he would appreciate it if I did.

Weaknesses: (provide at least 3 and explain)

1. The patient was not making eye contact with me when I was explaining coping mechanisms to help him. He wasn't focused on anything and was looking all around the room.
2. When the conversation was over, the patient got up and started to pace around the room again. So, it doesn't seem like he was very interested in the coping mechanisms (outside of the breathing techniques).
3. When I was having the conversation with him, I felt like I might have started to probe a bit. I had asked him if his friend's situation was giving him any anxiety and he said it wasn't, it was mostly associated with his stomach. I felt like I shouldn't have brought that up because I put the thought in his head, so that was a mistake.

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- Identify any barriers to communication. (provide at least 3 and explain)
  1. The patient was having abdominal pain at the time, so it was more difficult for him to focus on what I was saying.
  2. The patient had a diagnosis of autism and ADHD, so that could be another reason why the patient was not understanding some things I was saying or having trouble focusing on one thing at a time.
  3. The patient was also currently going through increased levels of anxiety, causing the conversation to not be as therapeutic as it could have been if he was more relaxed.
  
- Identify **and** explain any Social Determinants of Health for the patient.
  1. My patient lives alone, so it would not be ideal for him to be alone at the time due to suicidal ideation.
  2. My patient had called his friends and said he did not want to be their friend anymore before being admitted, so he could go through social isolation when he is discharged.
  
  
  
  
  
  
  
  
  
  
- What interventions or therapeutic communication could have been done differently? Provide explanation.

I felt like I could have done better by asking my patient about the reasons why he was having anxiety at the time. I had remembered reading in his chart that he had panic attacks for two days and had called all his friends to tell them he didn't want to be friends with them anymore. He expressed that he was feeling guilty and wished he didn't do that. So, I brought that up, but he said that wasn't what was giving him anxiety. I felt like I may have started to probe into his life too much to understand him.

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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<br><b>(use Table 5-3, 5-4 and 5-5 in textbook for reference)</b>    |
|--|--|--|---|
| "How are you feeling right now?" (SOLER)   | "My stomach just hurts and I'm anxious." (Looking down at the floor.)  | I was happy that the patient opened up to me and let me know what was wrong.     | Therapeutic: Asking a direct, close-ended question in order find out how patient is feeling right now.    |
| "Do you want to sit down with me and do a breathing exercise to calm down?" (Patting the seat next to me.) | "Sure." (Sits down next to me.)  | I'm glad the patient sat down with me and wanted to do the exercise.             | Therapeutic: Offering a coping mechanism to help the patient calm down.                                   |
| "Let's breath in for 10 seconds, hold it for 5, then breath out for 10 seconds." (SOLER)                   | (Does the breathing exercise.)   | I thought that he looked a little better from doing the exercises.               | Therapeutic: Guiding the patient to do the breathing exercises and setting an example by doing it myself. |
| "How are you feeling after that?" (SOLER)  | "I feel a little bit better, but my stomach still hurts." (Starts rub his stomach and looking down at the ground.) | I was glad he calmed down, but now I was focusing on his pain.                   | Therapeutic: Focusing on his current problem to see how anxious he was feeling after doing the exercise.  |
| "Would you like to color or do a word search to keep your mind off of it?" (SOLER)                         | "No, I feel like that might make it worse." (Still looking at the ground and starts to tap his leg.)               | I was a little worried because he didn't want to try anything else for his pain. | Therapeutic: Offering another coping mechanism in order to keep patient's mind off of his abdominal pain. |
| "Is it just your stomach making you feel this way or is there something else going                         | "Well, being home alone makes me anxious, but it's also my stomach." (Looks  | I was glad he finally looked at me and not at the ground. It seemed like he      | Therapeutic: Exploring to see if something else might be a cause for the anxiety.                         |



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**Resource:**

Morgan, K. I. (2024a). *Pocket guide to townsend's psychiatric nursing Karyn I. Morgan*. F.A. Davis Company.