

## PROCESS RECORDING DATA FORM

Student Name: Katelyn Morgan

Patient's Initials:ML

Date of Interaction: 7/2/24

**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 a 57 year old male, who came in voluntary. He never married and has no children. He is currently on disability. He reported that he was having paranoid thoughts and was afraid that someone wanted to kill him. He voiced that he was smoking a cigarette and became paranoid. He stated that he had called 911 and police came and then an ambulance followed. He was hospitalized at FRMC 1S, NOPH, and Clear Vista. He reports his brother is his power of attorney. He lives by himself in Sandusky.
- **List any past and present medical diagnoses and mental health issues.**  
My patient voiced that he is a paranoid schizophrenic. Per his chart, he has HTN, prediabetes. History of brain surgery, and he is a current every day smoker. His father has a history of anxiety.
- **Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.**  
**Pre-interaction:**  
  
Before I interacted with my patient, he seemed very shy, guarded, and paranoid. He looked paranoid because he was sitting down in a chair in their "TV area" with his arms on both arm rests, and he was looking side to side with his eyes wide open.  
  
**Post-interaction:**  
  
After I spoke to my patient, he seemed nice and timid. His voice of tone was quiet, and had a flat affect.
- **Describe what is happening in the "milieu". Does it have an effect on the patient?**  
The milieu is a structured environment. There was a board with times of group therapy, meal times, activities, and visiting hours. The majority of the patients would stay out in the "common area" than being in their rooms. I believe the milieu does have an effect on my patient. He participated in group therapy and the nursing groups. On my last day of 1S we did a group activity with painting a canvas, he declined participating in the activity. I was able to "talk him into" joining in on the activity. He seemed to be very happy with his art work. He would say "OH WOW", "that's so cool!"

## 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).

Ineffective coping

Impaired social isolation

Anxiety

Risk for suicidal behaviors or thoughts

**Disturbed thought process**

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

### 6/30/2024 labs

- Ethyl alcohol <10
- Na (low) 135
- Glucose (high) 129
- A1C (high) 6.2

Altered self-concept

Cognitive dysfunction

Psychological barriers

Fear

Social isolation

Suspiciousness

hallucinations

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

a. Hallucinations

- a. Difficulty maintaining relationships
- b. Difficulty with interpersonal skills
- c. Random outbursts
- d. Seems to talk to self

b. Social isolation

- a. Stays to self
- b. Depression/anxiety/paranoia
- c. Lack interpersonal skills

c. Sleep problems

- a. Irritability
- b. Day time sleeping
- c. Disorganized thoughts

d. Impaired communication

- a. Unable to get to the point
- b. Frustrated easily
- c. A lot of hand gestures

- e. Disorganized thinking
  - a. Stumbling over words
  - b. Word salad
  - c. Word clang
  - d. Changing subject quickly
  - e. Problems with memory – often repeating questions

## 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.

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). *Nurses' pocket guide: Diagnoses,*

*prioritized interventions, and rationales* (16<sup>th</sup> ed). F. A. Davis Company: Skyscape

- Assess safety Q 15min and PRN
  - 1S protocol
- Assess mental status, noting patient/caregiver report of change, altered attention span, recall of recent events, and other cognitive functions every day and PRN
  - Patient voiced that when he smoked a cigarette that it gave him hallucinations
- Monitor heart rate and rhythm by palpation and auscultation every day and PRN
  - For anxiety or paranoia
- Administer medications as ordered and PRN
- Educate on medication safety every day and PRN
  - Take medications as directed to prevent complications
    - Metformin 1000mg PO BID
      - Biguanides – maintenance of blood sugars
    - Nicotine patch 21mg/24hr transdermal QD
      - Provides a source of nicotine during controlled withdrawal from cigarette smoking
    - Buspirone 10mg PO BID
      - Antianxiety – helps to decrease symptoms of anxiety
    - Loxapine succinate 10mg PO BID
      - Antipsychotic – schizophrenic
      - Block dopamine and serotonin at postsynaptic receptor sites in CNS
    - Clozapine 700mg PO Qhs
      - Antipsychotic – helps to management symptoms of schizophrenia due to DX of Schizophrenia
    - Glycopyrrolate 2mg PO Qhs
      - Antispasmodic/anticholinergic

- This medication helps to reduce drooling due to other medication side effects “drooling.”
- Pt was actively drooling
- Paliperidone 24 hr ER 9mg PO everyday
  - Antipsychotic – acute and maintenance treatment of schizophrenia
- Clonazepam 0.5mg PO BID prn
  - Antipsychotic – this medication helps to produce fewer extrapyramidal reactions and less TD. Diminishes schizophrenic behavior.
- Zyprexa 5mg IM q6h PO prn
  - Antipsychotic
  - Decreased manifestations of psychoses
- Trazadone 50mg Qhs PO prn
  - Antidepressant
  - Alters the effects of serotonin in the CNS
  - Helps to minimize symptoms of depression
- Encourage group therapy time every day and PRN
  - To build social skills and healthy coping skills

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

“Patient will identify coping mechanisms to deal effectively with situation (Doenges, 2022)”

## **IMPLEMENTATION**

- Attach Process Recording.

## **EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication.

**Strengths: (provide at least 3 and explain)**

- a. Focusing – I was focused on my patient during the conversation. This lets the other person know that I am engaged in the conversation. I had a “welcoming” body posture during the conversation.
- b. Acknowledge – I acknowledged what my patient was saying at first, then I added a question to follow up with what was said.
- c. Invitation – I invited my patient to go to group therapy with me. This shows that a bond/trust has been established.

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**Weaknesses: (provide at least 3 and explain)**

- a. No eye contact – My patient had a hard time with eye contact.
- b. Short answers – patient responds with “yes/no.” Short responses can be challenging for therapeutic communication.
- c. Hesitancy- my patient seemed to be hesitant while we were talking about his hallucinations.

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

1. Hallucinations – individual may not know what is reality. This can cause issues in the conversation especially if the individual is having auditory hallucinations.
2. Emotional barriers – patient was paranoid. He was asking others if they heard his phone conversation. Patient was very fixated on knowing that others were not listening.
3. Chaotic environment – patient did not make eye contact as he was looking at other patients in the milieu.

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

- a. Lives alone – can be hard living alone with a psychological disorder. Living alone can cause emotional or mental behaviors. My patient has no one to interact with. This can cause a lack of interpersonal skills.
- b. Disability – limited income. If my patient did choose to work, he would be limited with how many hours he would be able to work at a job. This can cause social isolation due to not having a job. Ex. Staying at home 24/7. No human interaction. This can cause issues with coping skills.
- c. Not being able to drive – he would have to depend on others to take him to places such as doctor appoints, pharmacy, grocery shopping. He would not have independence. This can be looked at physical dependence on others. Everyone wants to have independence.

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

I could have asked him to go to another location to talk. (ex- to go to a table in the common area – where it would be him and I sitting at). By relocating to another “environment” can help therapeutic conversation by showing engagement with the conversating and limiting distractions. Him and I sat by each other while at the tv area while we talked. He could have wanted a more private conversation.

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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.

*With my conversation – I added numbers so its easier to follow.*

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>
"Hi, I'm Katelyn."(1) *smiled*	"Hi, I'm Mike" (2) *looks at me*	Excited to have a conversation	accepting
"I'm doing good, how about you?" (4) *smiled*	"How are you?" (3) *not looking at me*	I hope hes doing ok, from when he came in	accepting
"How did you sleep last night." (6) *facing patient*	"Im ok."(5) *shurgs shoulders*	I hope he slept alright	exploring
"I'm sorry to hear that, why not?" (8) *frowns*	"I didn't sleep well." (7) *looks at me*	sad	exploring
"I hope tonight is better for you." (10) *smiled*	"I couldn't fall asleep." (9) *yawns*	empathized	Encouraging compassion
"Are you paranoid about anything right now?" (12) *looks at patient*	"I'm a paranoid schizophrenic." (11) *faces tv*	I wonder what hes going to say....	Presenting reality/ encouraging description of perceptions
"Are you comfortable telling me what kind?" (14) *facing patient*	"No. I came in yesterday. I was smoking a cigarette and it have me hallucinations." (13) *head facing down*	interesting	Presenting reality/encouraging description of perceptions
"Im sorry that you feel that way. I'm sure people don't want to kill you." (16) *looks at patient*	"That people wanted to kill me." (15) *head facing down*	He seems paranoid	Encouraging compassion
"Are you having any hallucinations right now? (18) *looks at patient*	"I hope not." (17) *looks at tv*	I hope hes not having any hallucinations	Presenting reality
"Are you aware of when you're having them?" (20) *looks at patient*	"No." (19) *looks at me*	relieved	Presenting reality
"I'm glad to know that.	"Yes." (21)	I encouraged him to	Presenting reality/offering



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