Firelands Regional Medical Center School of Nursing
Psychiatric Nursing 2024
Nursing Process Study

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 structed 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!"

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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 out bursts
     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* (16th ed). F. A. Davis Company: Skyscape

- Assess safety Q 15min and PRN
    - 1S protocol to ensure safety with mental health. To prevent self-harm ideations.
- 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.

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.

Note: Students as you type in the cells the cells will expand. Reference table 5-5 pg. 120 in textbook for sample process recording.

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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 **(use Table 5-3, 5-4 and 5-5 in textbook for reference)**
"Hi, I'm Katelyn." (1) *smiled*	"Hi, I'm Mike" (2) *looks at me*	Excited to have a conversation	**Accepting & therapeutic** Introducing ourselves; conveying empathy to support caring and connectedness
"I'm doing good, how about you?" (4) *smiled*	"How are you?" (3) *Not looking at me*	I hope he's doing ok, from when he came in	**Accepting & therapeutic** Asking a direct, closed ended question to start a therapeutic conversation. Asking how each other are is a great way to start a conversation
"How did you sleep last night." (6) *Facing patient*	"I'm ok." (5) *Shrugs shoulders*	I hope he slept alright	**Exploring & therapeutic** Asking a direct, closed ended question to start a therapeutic conversation
"I'm sorry to hear that, why not?" (8) *frowns*	"I didn't sleep well." (7) *Looks at me*	sad	**Exploring & therapeutic** Asking a direct, closed ended question to start a therapeutic conversation. Also helps to further understand how patient is feeling.
"I hope tonight is better for you." (10) *smiled*	"I couldn't fall asleep." (9) *yawns*	empathized	**Encouraging compassion & therapeutic** Reflects on how my patient slept last night and offered hope in that he slept better "tonight."
"Are you paranoid about anything right now?" (12) *Looks at patient*	"I'm a paranoid schizophrenic." (11) *Faces tv*	I wonder what he's going to say….	**Presenting reality/ encouraging description of perceptions & therapeutic** Asking a direct, closed ended question to continue conversation. This also helps to prevent reality and emotions. Talking to someone can help ease paranoia/anxiety.
"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)	interesting	**Presenting reality/encouraging description of perceptions & therapeutic** By asking what kind of

	Head facing down		hallucinations can separate reality from hallucinations. This is also very beneficial for safety to determine what kind of hallucinations that he might have been experiencing.
"I'm 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 & therapeutic –** I empathized with the patient and also did not "give into his hallucinations." This separates reality from hallucinations/paranoia.
"Are you having any hallucinations right now? (18) *Looks at patient*	"I hope not." (17) *Looks at tv*	I hope he's not having any hallucinations	**Presenting reality & therapeutic –** This is for safety reasons to maintain safety. This separates reality from hallucinations. This also formulates a plan of action to set the foundation for problem solving.
"Are you aware of when you're having them?" (20) *Looks at patient*	"No." (19) *Looks at me*	relieved	**Presenting reality & therapeutic –** This is for safety reasons to maintain safety. This separates reality from hallucinations. This also formulates a plan of action to set the foundation for problem solving.
"I'm glad to know that. If you're experiencing any hallucinations, be sure to let your nurse know." (22) *smiled*	"Yes." (21) *Looks at tv*	I encouraged him to speak with his nurse if he's experiencing episodes	**Presenting reality/offering general leads & therapeutic** This is for safety reasons to maintain safety. This separates reality from hallucinations. This also formulates a plan of action to set the foundation for problem solving. Also reflects on my patient's mental state to encourage him to recognize and clarify perceptions.

"Where do you live? Are you married or have children." (23) *Looks at patient*	"I know." (22) *Looks at floor*	Interested to know more about him	**Exploring & therapeutic** Questions like this can help get to know your patients background and to help identify his support group.
"What do you do at home?" (25) *Looks at patient*	"I live alone in Sandusky." (24) *Hands on lap*	upset	**Exploring & therapeutic** Asking about where he lives at can play a part in social determinates. If he lived further, it can be a challenge to get the medical care that he needs.
"Do you have family or friends that live close by?" (27) *smiles*	"I watch TV." (26) *Faces tv*	I hope he has a good support system	**Exploring & therapeutic** Helps to identify where his family/friends live at compared to him. Having family or friends close by is helpful when you need help or someone to talk to (if you wish to talk face to face.) Having people near him is nice, since he does not drive.
"Are you and him close?" (29) *smiles*	"My brother." (28) *Looks at me*	Was happy to hear that	**Making observations & therapeutic** This is helpful to know who his "person is", and his support that he needs. It's good to have someone that you are able to trust and talk to.
"I'm glad to hear that you and your brother are close." (31) *smiled*	"Yes, we are. I'm the older brother." (30) *Perks up a little*	Was happy to hear that	**Restating/reflecting & therapeutic** This is helpful to know who his "person is", and his support that he needs. I'm glad he is close with his brother and is able to talk to him when he needs to.
"When your anxious do you talk to him?" (33) *Looks at patient*	"Thanks." (32) *Slightly smiled*	I hope he's able to talk about his feelings	**Seeking clarification and validation & therapeutic** This is helpful to know who his "person is", and his support that he needs. I'm glad he is close with his brother and is able to talk to

			him when he needs to.
"I'm glad to hear that. It's good to have someone that you are able to talk to and trust" (35) *smiled*	"Yes, I do." (34) *Looks down at the floor*	I was happy to hear that	**Restating/reflecting & therapeutic** This is helpful to know who his "person is", and his support that he needs.
"It's time for group. Would you like to sit next to me?" (37) *smiles*	"Yes, it is." (36) *smiled*	Was happy talking to a patient	**Offering self & therapeutic** Conveys empathy to support caring and connectedness. A therapeutic trusting relation has been established.
	"Sure." (38) *smiled*	happy	**Offering self & therapeutic** Conveys empathy to support caring and connectedness. A therapeutic trusting relation has been established.

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Psychiatric Nursing 2024
Nursing Process Study

Morgan, K. I. (2023). *Davis advantage for Townsend's essentials of psychiatric mental-health nursing: Concepts of Care in Evidence-based Practice*. (9th ed.) pg 120