

### PROCESS RECORDING DATA FORM

Student Name: Michelle Porcher

Date of Interaction: May 29, 2025

**ASSESSMENT- (Noticing-** Identify all abnormal assessment findings (subjective and objective); include specific client data.)

- Pertinent background information of client (age, gender, marital status, etc.), description of why the client was admitted to the Behavioral Unit. Was this a voluntary or non-voluntary admission?

The patient that I chose is a 60-year-old female. She is deaf and does not know sign language. She communicates by writing, reading lips, mouthing words and using body language to act out some words. She was placed in foster care as a child from age 7 years old to 14 years old. She is 1 of 7 children. Her and her sister are both deaf and were placed together.

She has never been married and does not have family support. She was living with her daughter and 4 young grandchildren. She went to visit her sister in Indiana, but when she returned her daughter kicked her out of her house. She has been homeless since May 6, 2025, and living in her car according to the physician's note. While talking to me the patient said she was waiting for money from a claim on her car being totaled and that she had slept outside for the first time. She also has been noncompliant with her psych medications.

This admission was voluntary. The patient was suicidal and walking into traffic. She has a history of other suicidal attempts by walking into traffic.

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

Murmur, carpal tunnel syndrome left wrist, current every day smoker, bronchitis, major depressive disorder, anxiety, surgery on hand, total knee replacement, shoulder surgery, joint replacement, hysterectomy, substance abuse, Bipolar, PTSD, deaf and vision impairment

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

Before the interaction I felt nervous and anxious because I didn't know what to talk to the patient about. I was afraid of not being able to keep the conversation going, what responses are best to be therapeutic for the specific patient, and afraid to say something that might upset the patient.

Post-interaction:

The conversation went well overall. The patient is deaf, so we communicated by writing most of our conversation. Initially, I wrote down what I was saying, and she responded by mouthing the words with a combination of gestures. There was some miscommunication at times with the gestures. She pointed at her ears and made a gesture as if she was driving. I thought she was saying she liked to listen to music and ride a bike. When I questioned her about the music, she reminded me that she was deaf. We both got a laugh out of that. Our conversation ended when the patient excused herself to go to the bathroom. I waited for her to come back from her room, but she never returned. She did say that she didn't sleep well the night before so she might have decided to stay in her room to take a nap. I also didn't know if she maybe was uncomfortable with the conversation and used the bathroom to excuse herself to get away because she was uncomfortable talking.

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

The environment is calm and relaxing. The walls are painted blue, which can help reduce stress and anxiety, enhance concentration, and provide a welcoming atmosphere. Patients were socializing together in the community room by talking amongst each other and with nursing students. Some played games, colored, or word search puzzles. There was a TV in the room, and some enjoyed sitting there quietly watching TV. The therapy groups welcomed anyone who wanted to participate, but no one was forced to. Some of the patients enjoyed doing some of the activities, but didn't want to do all of them. The patients who choose to sit there in the group sessions without participating or watching TV by themselves, still can receive therapeutic benefits by feeling a sense of belonging from being around others who are experiencing the same thing that they are. The patient that I chose seemed to be relaxed and benefited from being around other people. She didn't communicate with other patients much, but she did benefit from being around others.

**DIAGNOSIS/PRIORITY MENTAL HEALTH PROBLEM- Interpreting**

- Mental Health Priority Problem (Nursing Diagnosis): (Not client medical diagnosis) (List all nursing priorities and highlight the top mental health priority problem).
  - Impaired stress management
  - Ineffective coping strategies
  - Risk for suicidal behavior
  - Impaired social interaction
  - Risk for injury
  - Insomnia
  - Anxiety
  - Chronic pain
  - Ineffective health self-management
  - Risk for loneliness
  - Post-Trauma Syndrome
  - Risk for acute substance withdrawal syndrome
  
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
  1. Patient walked into traffic to attempt suicide
  2. Suicidal ideation
  3. Depressed
  4. Anxiety
  5. Lack of family support – daughter kicked her out of her house
  6. Homeless
  7. Deaf
  8. Vision impairment
  9. Recent vehicle accident and waiting for total loss payment
  10. Pt stated her daughter was using her for a vehicle when she had one
  11. Urine drug screen positive for cocaine and THC on admission
  12. Place in foster care as a child, between ages 7-14
  13. Noncompliant with medications
  14. Hx of previous attempts at walking into traffic

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- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
  1. Risk for self-injury – withdrawn, depression, hopelessness, guilt, extreme mood swings, fresh cuts, burns on skin from excessive rubbing, self-hitting or banging head
  2. Social emotional problems – lack of employment, isolation, loneliness, dissatisfaction with life, irritable, avoiding interaction with others, intense mood swings, self-harm, negative self-image, neglecting personal hygiene, feeling worthless, loss of support from others
  3. Poor physical health – stroke, diabetes, poor nutrition, heart disease, respiratory stress, weakened immune system, GI symptoms
  4. Severe injury – permanent organ damage/failure, brain damage, seizures, coma, mobility issues
  5. Mental Health Issues – withdrawn, hopelessness, extreme mood swings, isolated, depression, anxiety, substance abuse, personality disorders
  6. Death – respiratory and cardiac arrest with successfully carried out suicide plan

### **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 the environment and patient, search for accessible harmful objects and remove any objects to create a safe environment on admission and PRN.
    - Rationale: Patient safety is the number one priority for the nurse.
  - Make rounds frequently at irregular intervals to make visual contact with the patient to maintain close observation every 10-15 minutes throughout every day.
    - Rationale: To ensure that patients are not harming themselves and safe. Irregular intervals are necessary to prevent patients from predicting when the nurse will be back, so they don't harm themselves knowing that the nurse won't be back until a specific time.
  - Assess patient's depression and suicidal ideation thoughts using the Hamilton Depression Rating Scale daily and PRN.
    - Rationale: To determine if the current treatment plan is beneficial for the patient's needs and improving depression and suicidal ideation thoughts.

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- Assess patient's exposed skin for signs of self-harm including fresh cuts, burns from excessive rubbing, frequent "accidental" injuries, and self-hitting during every interaction and PRN for unexposed skin.
  - Rationale: The patient's safety is a priority, and patient may resort to self-harm. Patients may hide areas of injuries so unexposed areas should be assessed if indicated
- Use therapeutic conversation with every interaction.
  - Rationale: To establish rapport and a trusting relationship between the nurse and patient. This will allow the patient to explore feelings and coping mechanisms with the nurse.
- Monitor that the patient has successfully taken medications and that they are not hoarding or cheeking their pills during every medication administration.
  - Rationale: To ensure that the patient is compliant with their medication regimen and that they are not saving the medications to overdose, discard, or give to other patients.
- Administer Bupropion (Wellbutrin) 75 mg PO daily 0900.
  - Rationale: For treatment of major depressive disorder. Therapeutic effect is to diminish depression.
- Administer Bupropion SR (Wellbutrin SR) 150 mg PO daily 0900.
  - Rationale: For treatment of major depressive disorder. Therapeutic effect is to diminish depression.
- Administer Buspirone (Buspar) 10 mg PO TID 0700, 1500, 2300
  - Rationale: For treatment of anxiety. Therapeutic effect is to give the patient relief of anxiety.
- Administer Citalopram (Celexa) 40 mg PO daily 0900
  - Rationale: For treatment of generalized anxiety disorder and PTSD. Therapeutic effect is antidepressant action.
- Administer Trazodone (Desyrel) 200 mg PO QHS 2200
  - Rationale: For treatment of major depression. Therapeutic effect is antidepressant action.
- Administer Benztropine (Cogentin) 1 mg IM Q6 PRN for dystonia
  - Rationale: For treatment of dystonia symptoms. Therapeutic effect is a reduction of rigidity and tremors in the patient.
- Hydroxyzine Pamoate (Vistaril) 50 mg PO Q6 PRN for anxiety.
  - Rationale: For treatment of anxiety. Therapeutic effect is relief of anxiety.
- Olanzapine (Zyprexa) 5 mg PO Q6 PRN for agitation.
  - Rationale: For treatment of agitation. Therapeutic effect is decreased manifestations of psychoses.
- Olanzapine (Zyprexa) 5 mg IM Q6 PRN for agitation.
  - Rationale: For treatment of acute agitation due to bipolar 1 mania. Therapeutic effect is decreased manifestations of psychoses.
- Encourage the patient to participate in group and individual therapy during admission and daily.
  - Rationale: To encourage socialization, stress and anxiety reduction, and to allow patients to learn from each other that they are not alone in their mental health battles and additional coping strategies.

- Educate the patient on community resources available for support, importance of medication adherence, and follow-up appointments after discharge daily and PRN.
  - Rationale: To prepare the patient to be independent with their care upon discharge to manage their symptoms and when to seek help for additional treatment to prevent future suicidal attempts.
  
- Identify a goal of the **therapeutic** communication.

The patient will explore feelings and demonstrate more adaptive coping strategies for dealing with depression, anxiety, and suicidal ideations before discharge.

## **IMPLEMENTATION**

- Attach Process Recording.

## **EVALUATION-Reflecting**

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. The patient opened and told me some personal things about her situation. I feel this is a strength because it implies, she trusted me and was comfortable telling me about things that led to her suicidal attempt.
2. The patient was laughing throughout our conversation. This is a strength because although she was telling me personal thoughts and information, we still were able to keep her anxiety and stress from becoming to overwhelming throughout the conversation.
3. The patient and I discussed some things like she likes to do such as “feeling” the music and being outdoors. It is a strength because she can use these things as coping strategies.

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Weaknesses: (provide at least 3 and explain)

1. The patient is deaf. I communicated to the patient by writing down what I would say. The patient responded with a mixture of writing, mouthing words, and gestures. It was difficult to understand everything that she was saying and some of her writing was difficult to read. Tone of voice can greatly impact a conversation positively and negatively, not being able to communicate with speaking can miscommunicate the meaning behind someone's words.
2. The patient stated she recently slept outside for the first time because her daughter kicked her out. It was difficult to know what to say to her in response to that.
3. During our conversation the patient pointed to her ear and motioned driving a car. I thought she was saying she listened to music. I asked her what kind of music she liked to listen to, not thinking about her being deaf. She and I both got a laugh out of my mistake.

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

1. The patient is deaf and unable to communicate verbally. This can create miscommunication in the tone of the message being communicated between the nurse to the patient.
2. There was miscommunication from the patient's gestures as to what she was saying. Although she laughed and seemed to think my mistake was funny, she could have been offended by my question asking her what music she likes to listen to.
3. Patient was writing down her responses to me. Her handwriting at times was hard to read, which can cause some miscommunication or delays in my response to her. This could make her feel anxious if I'm taking too long to respond or my response doesn't make sense to her statement.

- Identify **and** explain any Social Determinants of Health for the client.

1. Deaf – Communication with the patient can be difficult. It can also affect her education level, employment, and access to healthcare. A deaf person may experience less social interaction with people, making it difficult to have a solid support system contributing to feelings of isolation, depression, and anxiety. The patient may not understand information provided by healthcare providers about medication adherence, symptoms to report, etc.
2. Homeless – People who are homeless usually lack access to healthcare. They may not have good nutrition which will affect their overall health. They have a higher risk for

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physical illness and mental illness. A lot of times people that are homeless do not have jobs. They may not have access to facilities to incorporate good hygiene practices which will decline their physical health and mental health including depression.

3. Lack of transportation – Patient may not be able to get to doctor appointments, the grocery store, to a job, and may not be able to see friends and family which all will negatively affect her mental and physical health.
4. Lack of family support – She was staying with her daughter until her daughter kicked her out. This can cause feelings of hopelessness, loneliness, and lower self-esteem. Lack of support will negatively affect both her physical and mental health. She doesn't have family support to positively reinforce and encourage her while adapting healthy coping strategies and behaviors.

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

Instead of telling her “That must be hard that you had to sleep outside,” it would have been more therapeutic to ask her “How did that make you feel?” Changing my response to asking her an open-ended question would hopefully cause her to explore her feelings rather than me telling her how I think it would be.

In the same manner as stated above, when she told me that she had been sleeping in her jeep for weeks and that her daughter was using her for the transportation when she had a vehicle, I responded “That must be difficult.” A more therapeutic response would have been for me to ask her how she feels about sleeping in the jeep and about her daughter using her.

I could have encouraged her to write everything down to avoid miscommunication. Some of the gestures that she used to communicate could have been interpreted differently than what she meant.

With the seating arrangements in the community room I wasn't sitting with my body turned towards her. I turned my head towards her while waiting for her to respond to the questions that I wrote down. I could have recommended sitting at one of the tables, plus this would have helped us with writing the conversation down.

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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.

**\*\* Due to the patient being deaf, all my statements during the conversation were written down, not verbally spoken to her. \*\***

Student's Verbal or Nonverbal Communication	Client'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>
<p>“Hi, my name is Michelle and I’m a student nurse. How are you today?”</p> <p>Nonverbal: made eye contact and smiled at her when I sat down next to her. I left one chair between us because I didn’t want to invade her personal space.</p>	<p>Patient mouthed “ok.”</p>	<p>Nervous at first, not knowing if she would want to talk or if I could keep the conversation going because I am shy.</p>	<p>Therapeutic technique <i>offering self</i> was used to show “willingness to spend time with the patient and show interest on an unconditional basis promotes the patient’s feelings of self-worth” (Morgan, 2023, p. 112)</p> <p>Evaluation: I don’t think this was effective because she didn’t give any detailed information about how she was feeling.</p>
<p>“Did you sleep well last night?”</p> <p>Nonverbal: Nodded and made eye contact.</p>	<p>Patient gestured “so-so” with her hands and shook her head.</p>	<p>Trying to make small talk with the patient as an ice breaker.</p>	<p>Therapeutic technique: <i>offering self</i></p> <p>Evaluation: This still was not effective because she wasn’t giving any details.</p>
<p>“Was something on your mind that you couldn’t sleep?”</p> <p>Nonverbal: Sat near her with open posture, relaxed, and eye</p>	<p>Patient shook her head “no” and pointed to her shoulder.</p>	<p>I wasn’t sure if this was going to open the conversation to her volunteering to share private thoughts.</p>	<p>Therapeutic technique: <i>Exploring</i></p> <p>Evaluation: This wasn’t therapeutic in her situation because the reason she couldn’t sleep wasn’t related</p>

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contact.			to her mental health.
<p>“Did your shoulder hurt and kept you awake?”</p> <p>Nonverbal: made a facial expression showing concern while keeping eye contact</p>	<p>Patient nodded her head “yes.” She then took the paper to write “Am I here because I lost my jeep in accident. Waiting for total loss \$. I stayed at my daughter’s house until 2 days ago after my granddaughter 6 yr. old graduated. I slept outside my first time.”</p>	<p>I didn’t know what to say to her when she said she slept outside for the first time. I tried to acknowledge both sleeping outside and concerns about waiting for money. I was trying to get her to elaborate on her feelings and I didn’t want to dismiss either of her concerns by ignoring that she had mentioned it.</p>	<p>Therapeutic technique: <i>Restating</i></p> <p>Evaluation: This was effective because it allowed the patient to know that I understood the message she was saying with her gestures. This is also where the conversation turned by her beginning to share events that happened the led to her suicidal attempt.</p>
<p>“It takes a while to get claims processed and money sometimes. That must be hard that you had to sleep outside.”</p> <p>Nonverbal: Sat with open posture, relaxed and eye contact.</p>	<p>Patient wrote, “Honest, she was using me because I had transportation, and she don’t. I lost it then suddenly kicks me out.”</p>	<p>I didn’t want to say anything that would confirm or deny her thoughts that her daughter was using her for transportation and that was why she kicked her out. I don’t know her daughter and maybe she truly was.</p>	<p>Nontherapeutic Technique: <i>Interpreting</i></p> <p>Evaluation: It wasn’t effective for me to assume that she was saying it was hard to sleep outside.</p>
<p>“How does that make you feel?”</p> <p>Nonverbal: turned slightly more facing her and keeping eye contact</p>	<p>Patient wrote, “maybe force me to go into a nursing home or senior citizen home, so she able leave me alone &amp; cry the river just like I done.”</p>	<p>I wanted her to elaborate and explore her feelings on the situation.</p>	<p>Therapeutic Technique: <i>Exploring</i></p> <p>Evaluation: It was effective because it encouraged the patient to think further about how she feels about her daughter kicking her out and being used.</p>
<p>“It’s ok to cry. It can be a good outlet for bottled up emotions. Is that where you would like to go when you leave here? A nursing home or assisted living facility?”</p> <p>Nonverbal: sat relaxed and made eye contact</p>	<p>Patient wrote, “Honest, I been sleep in jeep weeks before accident because she been play w/ my mind.”</p>	<p>I wanted to assure her that it’s ok to cry and that there is no shame in doing so. I wanted her to think about other living arrangements such as a nursing home and if that is something that she was truly considering or just</p>	<p>Therapeutic Technique: <i>Seeking clarification and validation</i></p> <p>Evaluation: This was not effective in the conversation because she did not answer the questions if living in a facility was truly what she wanted to consider.</p>

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		something she was saying out of anger of the situation.	
<p>“That must be difficult. Do you only have one daughter and granddaughter, or do you have other family that might allow you to stay with them?”</p> <p>Nonverbal: Continued with relaxed, open posture, and eye contact.</p>	<p>Patient shook her head “no” and wrote, “1 daughter who is 26 yr, 2 granddaughters and 2 grandsons ages 6, 5, 4, and 9 months.”</p>	<p>I was wondering if there was other family besides the daughter that could help support her, even if it is only with emotional and mental support if they can’t help with housing.</p>	<p>Nontherapeutic technique: <i>Interpreting</i></p> <p>Evaluation: This was nontherapeutic because I implied how it must be to have to sleep in a vehicle. I then asked if she had other family that would allow her to stay with them when she didn’t answer the questions about considering moving into a facility.</p>
<p>There are case managers here that assist with discharge planning. If a nursing home or assisted living facility is something that you are interested in, they would be able to inquire about it to see if you are approved. If not, they might have information about other resources that might be helpful.</p> <p>Nonverbal: Sat relaxed open postured, and made eye contact.</p>	<p>Patient did not respond.</p>	<p>I wanted to make her aware that the hospital has people that specifically help with getting patients’ information about resources available to them. I didn’t want to make any promises that they would be able to find her living arrangements but wanted her to know that there might be options available that they could seek information about if she was interested. I didn’t want to push a nursing home or assisted living facility because I didn’t know if she would be approved. Also, I didn’t want to lower her self-esteem by pushing her to go somewhere she wasn’t comfortable going to.</p>	<p>Nontherapeutic technique: <i>Giving advice</i></p> <p>Evaluation: This could not be effective and non-therapeutic because I told the patient that she should seek help from case management for housing assistance. This potentially discourages her from independent thinking. She mentioned a nursing home first, so I wanted to make her aware that there are staff there to help with discharging planning. I didn’t want to give false hope or make any promises, but wanted her to know that they could give her information on resources that might be of assistance.</p>
<p>Nonverbal: gave</p>	<p>The patient pointed</p>	<p>I changed the subject</p>	<p>I paused by using the</p>

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<p>silence when she didn't respond immediately</p> <p>"Do you have any hobbies or things you like to do?"</p>	<p>to her ear and gestured with her hands driving.</p>	<p>by asking her about hobbies. I felt like she was uncomfortable with the current conversation and was trying to get her to open up again.</p>	<p>therapeutic technique "using silence" to try to get her to think and consider seeking help from the case managers for assistance when discharged.</p> <p>Evaluation: The technique was not effective because she didn't proceed to offer her thoughts on accepting or inquiring about more information about assistance that might be available for her.</p>
<p>"You like to listen to music and drive?"</p> <p>Nonverbal: eye contact and relaxed open posture.</p>	<p>Patient laughed and crossed off the word listen and wrote "feel."</p>	<p>I wasn't sure what she was gesturing at me when she pointed to her ear. I didn't think about her being deaf when I asked her if she liked listening to music.</p>	<p>Not therapeutic or non-therapeutic.</p> <p>Evaluation: Was seeking clarification of her gestures to make sure there wasn't miscommunication.</p>
<p>"You got me!"</p> <p>Nonverbal: I shrugged my shoulders, slightly shook my head, and laughed with her.</p>	<p>Patient continued to laugh and nodded her head "yes."</p>	<p>I was glad I didn't seem to have offended her by asking her if she listens to music even though I felt awkward about it.</p>	<p>Not therapeutic or non-therapeutic.</p> <p>Evaluation: Patient and I were able to laugh together about my misunderstanding. I was embarrassed by my mistake, but glad that she didn't seem to be offended by it.</p>
<p>"What other things do you like to do to help relieve stress or anxiety?"</p> <p>Nonverbal: smiled, open posture, and eye contact</p>	<p>Patient wrote, "I'm an outdoor person. I work as an uber eats and uber driver."</p>	<p>I wanted the patient to think about ways she can reduce her anxiety and stress.</p>	<p>Therapeutic technique: <i>Formulating a plan of action</i></p> <p>Evaluation: Patient stated that she likes to be outdoors, and I used this to suggest it as a coping strategy that she could try.</p>
<p>"That's a good way to interact with people. I also enjoy being outside. Being outside when the weather is beautiful can be very comforting and relaxing."</p> <p>Nonverbal: I nodded,</p>	<p>Patient mouthed the words, "I'm going to the bathroom." I sat and waited for the patient, but she never returned from her room.</p>	<p>I promoted that going outside is a good coping strategy that she could use to reduce anxiety. When she didn't return from the bathroom, I wasn't sure if she didn't return because she</p>	<p>Evaluation: Overall, I think the conversation went well. She was comfortable enough to tell me about some personal information on our first interaction. I'm hoping that I was able to get her to consider asking case management for information on resources that might help her. I also hope she</p>



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**References:**

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/>