

PROCESS RECORDING DATA FORM

Student Name: Jameson Lee

Date of Interaction: 06/10/2025 & 06/11/2025

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?
 - 24 years old
 - Male
 - Single (has a girlfriend)
 - Voluntary admission
 - Patient's girlfriend called the police when patient tried to kill himself by 1st running into traffic, then 2nd pouring gasoline onto himself and had intentions to light himself on fire.
 - This event was preceded by the patient not taking his psychotic medications for 1 week.
 - Has 3 kids
 - 2 step-children
 - 1 biological child
- List any past and present medical diagnoses and mental health issues.
 - Pure hyperglycemia
 - Type 2 diabetes
 - With diabetic neuropathy
 - Hypertriglyceridemia
 - Obesity
 - Major depression
 - Bipolar disorder
 - Suicidal ideation
 - Borderline personality disorder
 - History of suicide attempts
 - Anxiety
 - Post Traumatic Stress Disorder
 - Physical, sexual, mental and emotional abuse
 - Victim and witness to domestic violence
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction:

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- My thoughts and feelings prior to our interactions was that the patient had been through a lot. I felt that since he had a little support system, and addiction to substances that it would be difficult for him to get rid of his suicidal thoughts when going through withdrawal.

Post-interaction:

- After talking with my patient, I realized how much motivation he had to get sober and to improve his mental health. He talked about all the rehabilitation places he wanted to get into. He also opened up how he did some traumatic things to his girlfriend and how he wanted to fix their relationship as well.
- Describe what is happening in the “milieu”. Does it have an effect on the client?
 - The milieu of the unit was very supportive. Most of the patients were in the day room talking amongst themselves, watching tv, playing games, and coloring. Some of the patients wanted to stay in their room and sleep but everyone was invited, and encouraged to come to group therapy for every session. The milieu had an effect on my client because he found acquaintances that he related to, and he felt less alone than he had been feeling.

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).
 - Ineffective coping
 - Risk for substance abuse
 - Risk for suicidal behavior
 - Ineffective impulse control
 - Risk for impaired parenting
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
 - Suicide level 1
 - Felt anxious
 - Suicidal ideation upon admission
 - Every day smoker of marijuana & cigarettes
 - Non-compliant with psych medications for 1 week
 - Financial issues causing him stress
 - Homeless
 - Anxious/stressed about girlfriend potentially being pregnant
 - Has little/ no support system
 - Positive for marijuana
 - History of past suicide attempt
 - History of anxiety
 - History of PTSD
 - History of major depression
 - History of bipolar disorder
 - History of suicidal ideation

- History of borderline personality disorder
- History of physical, sexual, and mental emotional abuse
- Victim & witness to domestic abuse
- Mother has a history of bipolar disorder
- Father has a history of depression
- Rated depression 9/10
- Rated anxiety 7/10

- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)
 - Injury caused from self-harm
 - Cuts, burns, scars, infection
 - Increased hopelessness
 - Increased depression, social isolation, low self-esteem
 - Substance use/abuse
 - Hallucinations, withdrawal symptoms, red conjunctiva, euphoric feeling
 - Suicide attempt
 - Sudden calmness or mood improvement, giving away personal belongings, withdrawal socially, increased risk-taking behaviors
 - Noncompliance with medications
 - Abnormal lab values (such as lithium), hiding/refusing medications, return of psychiatric symptoms, psychosis, hallucinations

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 for suicidal thoughts or ideation daily. If the response is yes, ask if they have made a plan.
 - This is to assess if they have an increased risk of self-harm, and if closer supervision is needed.
 - Assess for anxiety daily.
 - This is important to assess for because if he is having increased anxiety this can cause suicidal ideation.
 - Use therapeutic communication with each interaction/ each conversation.
 - This will allow the patient and nurse to establish rapport, which is the basis for a trusting nurse-patient relationship.
 - Maintain very close observation on this patient. The nurse should lay eyes and check on the patient at least every 15 minutes.
 - This is to ensure that the patient has not done any self-harm to themselves. It is also to make sure the patient did not escape.
 - Communicate with the patient to discuss a plan to be made to keep them safe if they are having any thoughts of suicide or self-harm daily.

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- This is important so that the patient will be able to reach out for help before self-harming or suicide occurs.
- Administer Buspirone (Buspar) 5 mg PO BID (0900, 2100).
 - This medication is to manage anxiety disorder, which is important to manage to decrease thoughts of suicidal ideation (Deglin et al, 2022).
- Administer Lamotrigine (Lamictal) 25 mg PO BID (0900, 2100).
 - This medication is to manage bipolar depression, which is important to manage and to decrease thoughts of suicidal ideation (Deglin et al, 2022).
- Administer trazadone (Desyrel) 150 mg (2200) daily.
 - This medication is to manage major depression, which is important to manage to decrease thoughts of suicidal ideation (Deglin et al, 2022).
- Administer Escitalopram (Lexapro) 20 mg PO at 0900 daily.
 - This medication is to manage depressive disorder, and generalized anxiety. This is important to manage and decrease thoughts of suicidal ideation (Deglin et al, 2022).
- Administer Benztropine (Cogentin) 0.5 mg IM Q6H prn.
 - This medication is used to treat drug induced extrapyramidal effects if they were to occur (Deglin et al, 2022).
- Administer Hydroxyzine Pamoate (Vistaril) 50 mg Q6H prn.
 - This medication is to treat anxiety as needed for when it occurs situationally (Deglin et al, 2022).
- Educate about smoking cessation prior to discharge.
 - This is important because smoking marijuana can cause impaired judgement that may lead to suicidal thoughts, or actions.
- Educate about compliance with psych medications prior to discharge.
 - This is important because if the patient is not compliant with their psych medications, then their depression and bipolar, and other mental illnesses are not controlled and this can cause their suicidal ideation to return.
- Educate for resources about homelessness and financial situations prior to discharge.
 - This will help alleviate some stress and anxiety that can help decrease his suicidal ideations.
- Discuss healthy coping mechanisms related to relieving stress prior to discharge.
 - This is important because it will help my patient rely on healthy alternatives when feeling stressed, rather than self-harm, or drug use.
- Identify a goal of the **therapeutic** communication.
 - A goal of therapeutic communication for my patient is to verbalize feelings and thoughts of suicide to nursing staff rather than acting on these feelings.

IMPLEMENTATION

- Attach Process Recording.

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

- A strength of the therapeutic communication is that my patient was able to open up to me about his drug use and how he wants to quit for his girlfriend and children since he believes he had put them through so many traumatic things in the past regarding suicide.
 - This is important to therapeutic communication because he was able to identify behaviors and practices in his life that had led him to the psychiatric unit. By changing these behaviors, he realized that he could give his life, and his loved ones a happier experience if he would change his ways. This gives him motivation to go to rehabilitation and quit his drug use.
- Another strength from our therapeutic communication was that my patient and I were able to build trust and rapport. This helped my patient feel safe enough to confide in me about his feelings of suicide and why he tried to take this action in the first place.
 - This is important because it encouraged him to express his thoughts and feelings. He was able to be vulnerable with me because I sat down and took time to color with him, then we walked the halls. This led me to gain his trust and he was able to confide in me about things he was struggling with.
- Another strength from our therapeutic communication was that it helped enhance my assessment. Since I was able to talk to him, I could assess him more with different questions I was asking. Such as his home life, and the status of his girlfriend and children.
 - This is important because while talking to my patient I was able to assess if he had any suicidal thoughts at the moment. He was able to confide in me and tell me that since he was back on his medication regimen, and added some more, that he felt more like himself and that he hasn't had any more suicidal thoughts. If I did not build rapport and trust within our relationship then I would not have gotten an honest answer out of him.

Weaknesses: (provide at least 3 and explain)

- A weakness that happened during our communication was that during the second day of clinical my patient got increasingly angry and upset because he did not know where he was going for rehab upon discharge. Since he was upset, I did not engage in a conversation with him because I did not want to add to his anger, or annoy him.
 - This was a weakness because if I had used some therapeutic communication I could have offered him some resources, or insight as to help him destress. I should have sat with him, or even walked with him since I knew he could have used someone to be with him during this hard time.
- Another weakness during our therapeutic communication was that he was talking to another patient about how he had stopped smoking cigarettes and started vaping. He was explaining how

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it was better to vape than smoke cigarettes because it was cheaper, and “it wasn’t as bad for you.”

- This was a weakness in our communication because I should have taken this opportunity to educate these patients how any form of nicotine, and inhalant is bad for our bodies. However, I did not want to be seen as the bad guy, so I simply did not say anything. I feel like this behavior had encouraged these actions, so I should have educated them.
- Another weakness during our therapeutic communication was that during some tough parts of these conversations I did not know what to say. Some topics came up that I had no experience in, and did not know what the right thing to say was. I felt guilty that I just did not say anything.
 - This is a weakness during my communication because I should have recognized that it is okay to use silence as a therapeutic technique. I nodded and was listening to my patient talk. I believe that I shouldn’t have felt so guilty and that I should realize that being an active and listening ear is still helpful to the patient.
- Identify any barriers to communication. (provide at least 3 and explain)
 - A barrier to communication was that my patient was talking about things that I had never dealt with before so I was unsure what to say.
 - This was a barrier because my patient was talking about his drug use, getting arrested, and his girlfriend potentially being pregnant. These are all things that I have never experienced before so I felt that I did not have anything to say because I could not relate.
 - Another barrier to communication was the noisiness of the day room from other patients. This is good to have patients conversing and talking amongst themselves to build connections, but when my patient would talk quietly, I was unable to hear what he was saying for some things.
 - This was a barrier to our communication because there were parts of the conversation that I was unable to hear and I did not want the patient to have to keep repeating his words, because I thought this could be triggering for him. Therefore, sometimes I would just nod as though I had heard him. This was not therapeutic since I was unsure of some of the things he had said. I should have asked him to go to another area so I could hear him better.
 - Another barrier to communication was that my patient was feeling a lot of stress and anger from not being able to find an open bed in a rehab center.
 - This was a barrier to our communication because I was scared to talk to him and add to this stress. So instead, I talked to another patient. This could have made the patient feel abandoned. Next time I will apply therapeutic communication techniques such as active listening to help the patient express his feelings.
- Identify **and** explain any Social Determinants of Health for the client.
 - Economic stability- the patient expressed that he did not have any money for transportation to a rehab, and also did not have money to pay his rent for the month.
 - Housing stability- the patient expressed that since he had not paid his rent, he thought he was going to be evicted and have nowhere to go.
 - Social isolation- the patient expressed to me that he had not seen his kids, mom, or children for a while. Since he was having a depressive episode, he had isolated himself. Therefore, he was not

getting the support he needed. This isolation caused him to use drugs, stop taking his medication, and attempt suicide from feeling hopeless.

- History of abuse- since my patient has a history of abuse, it is harder for him to trust people. This causes him to distance himself to try to protect himself from getting hurt.
- What interventions or therapeutic communication could have been done differently? Provide explanation.
 - A therapeutic communication technique that could have been done differently was that I could have educated the patient on how vaping is not any better than smoking cigarettes. I did not want to come across as the bad guy and seem like I was scolding them. But I could have said something such as “I understand why you would think that, but actually vaping is still dangerous because it exposes your body to so many toxins. What are some other ways that you could use to cope with stressful situations?”
 - When the background noise of the other patients talking in the day room, I should have explained to my patient that I could not hear him, and I should have asked if he would like to walk around and talk so that I could hear what he was saying. This is a much better alternative to nodding and not knowing what he was truly saying.
 - When not knowing what to say to my patient, I should have used active listening instead of finding another patient to talk to. This could have made the patient feel abandoned, so next time I will try to use active listening and let the patient express his feelings.

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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	Client'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)
Coloring with patient in silence	I think I messed up. (staring at coloring page)	Curious to what he will say next.	Therapeutic: active listening, providing an open ear to listen to the patient express their feelings.
What makes you say that? (Using SOLER techniques)	I tried to kill myself by running into traffic, but there were no cars. So, I poured gasoline on myself, and asked my girlfriend for a lighter. (hands are in lap together)	Feels bad for the patient. He must have felt so hopeless and alone.	Therapeutic: asking open-ended questions to understand what the patient was feeling.
That must have been traumatic for both of you. (Using SOLER techniques)	Yeah, I can't believe I put her through that. I hope she'll forgive me.	Wonders what led him to have feelings of suicide. Hopeful that she will forgive him.	Therapeutic, restating how the patient feels to let him know his feelings are valid and understood.
Do you have any kids? (Using SOLER techniques)	Yeah, I have 3. My girlfriend also told me she might be pregnant last night. (smile on his face)	Worried that he might not want another child.	Therapeutic: exploring and establishing rapport with the patient.
When will she find out for sure? (Using SOLER techniques)	She can't, she's not mentally stable enough yet. (looking down, frowning)	Worried that another baby may be too much for the both of them.	Therapeutic: active listening, trying to assess how he feels about having another child.
What makes you say that? (Using SOLER techniques)	After she had our baby last time, she got really bad depression. (looking down, frowning)	Feels bad for the patient and his girlfriend that they are under all this stress.	Therapeutic: exploring his feelings as to why he feels his support system may not be in peak mental health either.
Would it be a good thing if she was pregnant? (Using	Yes, but last time she tried to kill herself too. (looking down,	Glad to know he wants another baby, but sad to hear his	Therapeutic: asking open-ended questions, trying to assess how he feels about

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SOLER techniques)	frowning)	girlfriend went through major depression during post-partum.	having another child.
How did you sleep last night? (Using SOLER techniques)	Good, as well as I could have. (straight face)	Glad he got a good night's sleep.	Therapeutic: establishing rapport with patient to build a therapeutic relationship.
It must be hard to sleep in a new place. (Using SOLER techniques)	*Nods* Yeah, I was stressed about finding a rehab to go to.	Hoping that he will find a rehab for when he is discharged.	Therapeutic: restating his feelings to make him feel understood.
Coloring while sitting across from patient	Do you want to take a walk with me? (smiling)	Glad that he feels comfortable to invite me on his walk.	Therapeutic: building trust and rapport with the patient to gain his trust.
Nods Yeah, does walking help you relax? (smiling at patient)	Yeah, it helps me take my mind off things. (nodding head)	Glad that he knows what makes him feel better and relieves stress.	Therapeutic: exploring, he is establishing healthy coping mechanisms.
Do you live with your girlfriend and kids? (Using SOLER techniques)	No, she lives in Bellevue. I have my own apartment, but I'm about to get evicted. (looking down)	Wondering why he does not live with his girlfriend if they have kids together, but I don't want to pry.	Therapeutic: exploring, assessing the patient while making conversation.
Will you stay with your girlfriend when you are discharged. (Using SOLER techniques)	Yes, after rehab I'll stay with her until I get back on my feet. (nodding head)	Glad to know he'll have a place to go to when he is discharged.	Therapeutic: probing, establishing a plan of safe action for discharge.
You seem tense. Is something worrying you? (Using SOLER techniques)	I get scared because I feel like I see the police a lot. (nodding head)	Wondering what had happened previously for him to be anxious about the police.	Therapeutic: stating feelings verbally, helping him analyze his feelings when feeling stressed.
Does that make you feel paranoid? (Using SOLER techniques)	Yes, I feel like people are watching me. I've been arrested a lot. (eyes wide open)	Wondering what he had done in the past to be arrested so many times.	Therapeutic: restating and acknowledging his feelings to help him feel understood.
Do you think she triggered you because she is wearing blue? (Using SOLER techniques)	*Nods* Yeah, I think so.	Understanding why he was triggered before, because so many nurses are wearing blue.	Therapeutic: exploring, helping the patient identify his triggers.

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Reference:

Deglin, J. H., Vallerand, A. H., & Sanoski, C. A. (2022). *Davis's drug guide for nurses* (18th ed). F. A. Davis Company: Skyscape Medpresso, Inc.