

PROCESS RECORDING DATA FORM

Student Name: Stevi Ward

Date of Interaction: 6/27/25

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?
This client was a 31-year-old single male who lives in Columbus, Ohio. He was from Afghanistan originally and was admitted to 1 South for delusions and acute psychosis. He was found trying to break into a hotel room looking for a girl who he claimed he met in the park and he said that she was trying to commit suicide in the room. He was then brought to the hospital by the police, which lead to an involuntary admission. He denied any suicidal or homicidal ideation and any alcohol or drug use, but did have very disorganized thinking.
- List any past and present medical diagnoses and mental health issues.
This client's chart showed no past medial history. His current medical diagnosis was psychosis with hospitalization due to psychotic symptoms. He had no previous hospitalizations due to medical or mental health issues. His urine screen did come back positive for marijuana (THC). He also admitted to occasionally smoking cigarettes.
- Self-assessment of thoughts and feelings prior and during the therapeutic communication interaction.
Pre-interaction:

Before this interaction, I felt anxious and did not know what to expect. This client was in the back unit of 1 south and I had never interacted with a client back there so I was a little nervous. I did not know what I could say to him compared to how I would talk to the other clients because everyone has different triggers. I just wanted him to feel as if he could talk to me about anything that he might feel he needed to. He was very smiley when he was interacting with others so that helped me to feel a little better about the interaction.

Post-interaction:

After the interaction, I felt very relieved and glad that I spoke to him. He also was very happy that I made time to sit down and talk to him, which made it a lot easier to do. After I talked to him initially, we then talked many different times throughout the day which made the day go by a lot faster and easier because we both felt comfortable. I then got to learn more about his life and his background, and why he was hospitalized. This interaction also helped me to talk to more of the clients on the unit.

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

In the back of the unit, the “milieu” is different than in the front of the unit. The clients in the back are allowed to roam around their part of the unit and have access to the tv area and tables to play cards or read. They also only do one or two groups per day in the back unit. Sometimes, clients from the back unit are allowed to go to the groups in the front unit as a trial to see if they are mentally ready to be around a busier environment. The open milieu I think encouraged my client to want to be more social and I also think it made him happier to interact with 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).
Disturbed Thought Process, Risk for Self-Directed or Other-Directed Violence, Impaired Social Interaction, Insomnia
- Provide all the related/relevant data that support the top mental health priority nursing problem. (at list 5)
Reporting auditory hallucinations, having delusions, reporting 3 hours of sleep per night, positive urine screen for marijuana, and disorganized thinking.
- Identify all potential complications for the top mental health priority problem. Identify signs and symptoms to monitor for each complication. (at least 5 complications)

Self-harm- Unexplained cuts, scars in various stages of healing, avoidance of activities where skins may be visible

Harm to others- threatening language, aggressive gestures, pacing

Impaired judgement- making poor decisions, impulsivity, disregard for safety

Medication Incompliance- frequently missing doses, throwing away or hiding pills, refusal to take medications

Social isolation- avoidance of social interaction, withdrawal from family or friends, depressed mood

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.

Ensure a safe environment for the client daily and PRN- rationale: to promote client safety

Assess vital signs Q4H- rationale: to monitor generalized change in health status

Administer Paliperidone 24hr 3mg PO QHS- rationale: for schizoaffective disorder

Administer Benztropine 1mg IM Q6H PRN- rationale: for dystonia (Nurse's Pocket Guide, 2022)

Administer Hydroxyzine Pamoate 50mg PO Q6H PRN- rationale: for anxiety

Administer Nicotine Gum 2mg Buccal Q2H PRN- rationale: for nicotine cravings

Administer Olanzapine 5mg IM Q6H PRN- rationale: to decrease symptoms of schizophrenia

Administer Trazodone 50mg PO QHS PRN- rationale: for insomnia

Create a detailed safety plan with the client upon discharge- rationale: to promote client safety

Educate client on the importance of medication compliance daily and upon discharge- rationale: to ensure client stays safe and healthy

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2022). Nurse's pocket guide: Diagnoses, prioritized interventions, and rationales (16th ed.). F.A. Davis Company.

- Identify a goal of the **therapeutic** communication.
A goal of the therapeutic communication that I used with my client was to make him feel heard and that he could tell me anything without me judging him. I also wanted him to feel safe and that I respected him.

IMPLEMENTATION

- Attach Process Recording. **-On last page**

EVALUATION-Reflecting

- Identify strengths and weaknesses of the therapeutic communication.

Strengths: (provide at least 3 and explain)

1. **Using silence- When my client was telling me about his family in Afghanistan and how he misses them I used silence so that I could him the time to really think about how he was feeling.**
2. **Offering self- I made sure that my client knew that I was there to spend time will him and was interested in whatever he wanted to talk about.**

3. **Making observations- When my client was talking about how he loves his family I would make sure that he knew he seemed very happy while talking about them.**

Weaknesses: (provide at least 3 and explain)

1. **Giving false reassurance- When my client was talking about how he does not have many people close to him to depend on in the U.S. I told him that it will all end up being okay. I should have asked why he felt this way instead.**
2. **Indicating the existence of an external source of power- I should have asked what my client meant when he said that he did not feel good enough for being in the U.S. rather than asking what made him say that.**
3. **Making stereotyped comments- Instead of telling my client that it will all work out I should have said something more sincere so that he knew I was interested and wanted to hear more about what he was talking about.**

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

Loud environment- It was hard for my client and I to have a long and focused conversation because there was a lot going on in the area that we were talking in. There were other clients around us as well as the TV and other things happening, so it was distracting for both of us.

Language barrier- My client was from another country so he did not speak the best English. There were some things that one of us would say that the other did not completely understand.

Delusions- My client was admitted for having delusions so that could have been a barrier to how we communicated. I did not know what he was thinking or what was going on in his head so that could have made a difference for him in the conversations that we had.

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

Unemployment- Because my client is unemployed, it was/is hard for him to be able to afford the medications that he is prescribed. It is also hard for him to be able to afford the necessities that he needs in his day-to-day life.

Uninsured- My client is uninsured; therefore, it is less likely for him to reach out for help if he needs it medically. With him having a current mental health problem, it is important for him to have different medical resources, such as medications, counseling, and any other services that might be in his benefit.

From Afghanistan- This client was from Afghanistan, so it can make it difficult for him to have access to healthcare and he also did not speak or understand English 100%. The language barrier that he has here can also affect him in different ways. My client stated that he is very lonely here and that he wants to go back to Afghanistan.

- What interventions or therapeutic communication could have been done differently? Provide explanation.
 - o **I could have better educated my client on the importance of medication compliance and that even though you might feel better sometimes, you cannot abruptly stop taking your medications. I also could have given my client some coping mechanisms that might help him. I could have also tried to help my client with better ways to deal with living in a different country than his family and how to still keep a relationship with the people that are important to him.**

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)
Standing towards the client (waving) Nonverbal	Client sitting facing me (smiling) Nonverbal	Wondering if the client is wanting to communicate	Trying to make the client comfortable enough so that we can talk
"Hi, how are you?" (smiling) Nontherapeutic-making stereotyped comments	"Hi, I am okay" (grinning)	Glad he answered me, thinking what to say next	Focusing on how the client was feeling and how to further the conversation
"Why just okay?" (looking concerned) Nontherapeutic-requesting an explanation	"I am just very lonely here" (looking sad)	Feeling bad he feels this way because he seems like a happy person	Reflecting on how the client says that he feels
"Tell me more about why you are feeling this way." (small frown) Therapeutic-encouraging description of perceptions	"I moved here a couple of years ago from Afghanistan. I have no one here from my family and I just want to go back home." (looking directly at me)	Thinking that I would probably feel the same way if I was in his shoes	Reflecting on the client feels in order to be the most helpful
Eye contact, nodding Nonverbal Therapeutic- accepting	"I miss my family every day, the U.S. is not like where I am from." (looking	Wishing I could give him ways to get through this	Focusing on how his feelings are affecting his mental status

Nursing Process Study

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Nursing Process Study
