

Reflection Assignment

Noticing	Interpreting	Responding	Reflecting
<p>What did you notice during your mental status examination of the client? Were there any assessments that were abnormal or that stood out to you?</p> <p>One thing I noticed during the mental status assessment was C.P.'s openness to assess want and willingness to answer questions about the issues he has been experiencing with anxiety and drug use.</p>	<p>If something stood out to you or it was abnormal, explain it's potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so - briefly explain.</p> <p>As I alluded to in the previous question, C.P.'s openness about his drug use stood out to me. I think the potential cause of his is due to his desire to enter drug rehabilitation as the same specificity.</p>	<p>What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse? What therapeutic communication techniques did you utilize?</p> <p>Based upon my interpretation I think additional information regarding C.P.'s drug use would be helpful in addressing his desire to quit and potential for future drug use.</p>	<p>What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction.</p> <p>One thing I might be differently in the future is ask the screening questions in a discreet way. For example, I may ask "Are you seeing things that aren't there?" Instead of "Are you having hallucinations?"</p>

Noticing	Interpreting	Responding	Reflecting
<p>Why did you choose this additional assessment? What did you notice during your additional assessment of the client? Were there any assessments that were abnormal or that stood out to you?</p> <p>I chose the dx drug use questionnaire because C.D. mentioned his drug use contributing to some of his anxiety and the symptoms in the initial mental status exam.</p>	<p>If something stood out to you or it was abnormal, explain its potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so - briefly explain.</p> <p>One part of the screen that I thought was interesting was that while C.D. had experienced many shortcomings due to his drug use, it never affected his work or work performance.</p>	<p>What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse?</p> <p>I think it would be beneficial to dive deeper into why C.D.'s drug use affected all parts of his life aside from work performance. This may provide the health care team with valuable info that could contribute to helping his path to sobriety.</p>	<p>What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction.</p> <p>I think something I did well was ask the drug questions in a good balance and assessed the extra info C.D. provided in his responses.</p>

Mental Status Exam

Client Name <i>C.D.</i>	Date <i>1/13/13</i>
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OBSERVATIONS

Appearance	<input checked="" type="checkbox"/> Neat	<input type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Other
Speech	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured	<input type="checkbox"/> Impoverished	<input type="checkbox"/> Other
Eye Contact	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant	<input type="checkbox"/> Other	
Motor Activity	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics	<input type="checkbox"/> Slowed	<input type="checkbox"/> Other
Affect	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile	<input type="checkbox"/> Other

Comments:

MOOD

Euthymic
 Anxious
 Angry
 Depressed
 Euphoric
 Irritable
 Other

Comments: *Related to other individual on unit*

COGNITION

Orientation Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object	<input type="checkbox"/> Person	<input type="checkbox"/> Time
Memory Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Long-Term	<input type="checkbox"/> Other	
Attention	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Distracted	<input type="checkbox"/> Other		

Comments:

PERCEPTION

Hallucinations	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual	<input type="checkbox"/> Other
Other	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization	

Comments:

THOUGHTS

Suicidality	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan	<input type="checkbox"/> Intent	<input type="checkbox"/> Self-Harm
Homicidality	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent	<input type="checkbox"/> Plan	
Delusions	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid	<input type="checkbox"/> Religious	<input type="checkbox"/> Other

Comments:

BEHAVIOR

Cooperative
 Guarded
 Hyperactive
 Agitated
 Paranoid
 Stereotyped
 Aggressive
 Bizarre
 Withdrawn
 Other

Comments:

INSIGHT
 Good
 Fair
 Poor
 Comments:

JUDGMENT
 Good
 Fair
 Poor
 Comments:

DRUG USE QUESTIONNAIRE (DAST-20)

Name: C.D. DOB _____ Date: 1/13/23

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question. *Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.*

In the statements "drug abuse" refers to:

- the use of prescribed or over the counter drugs in excess of the directions and
- any non-medical use of drugs.

The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

No	Questions	Response	
1.	Have you used drugs other than those required for medical reasons?	<u>Yes</u>	No
2.	Have you abused prescription drugs?	<u>Yes</u>	No
3.	Do you abuse more than one drug at a time?	<u>Yes</u>	No
4.	Can you get through the week without using drugs?	<u>Yes</u>	No
5.	Are you always able to stop using drugs when you want to?	Yes	<u>No</u>
6.	Have you had "blackouts" or "flashbacks" as a result of drug use?	<u>Yes</u>	No
7.	Do you ever feel bad or guilty about your drug use?	<u>Yes</u>	No
8.	Does your spouse (or parents) ever complain about your involvement with drugs?	<u>Yes</u>	No
9.	Has drug abuse created problems between you and your spouse or your parents?	<u>Yes</u>	No
10.	Have you lost friends because of your use of drugs?	<u>Yes</u>	No
11.	Have you neglected your family because of your use of drugs?	<u>Yes</u>	No
12.	Have you been in trouble at work because of drug abuse?	Yes	<u>No</u>
13.	Have you lost a job because of drug abuse?	Yes	<u>No</u>
14.	Have you gotten into fights when under the influence of drugs?	<u>Yes</u>	No
15.	Have you engaged in illegal activities in order to obtain drugs?	<u>Yes</u>	No
16.	Have you been arrested for possession of illegal drugs?	Yes	<u>No</u>
17.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	<u>Yes</u>	No
18.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)?	<u>Yes</u>	No
19.	Have you gone to anyone for help for a drug problem?	<u>Yes</u>	No
20.	Have you been involved in a treatment program specifically related to drug use?	<u>Yes</u>	No

SCORE: 16

DAST Scoring: Each "Yes" response = 1 point, except questions 4 & 5. For questions 4 & 5 only, a "No" response = 1 point.

A score of 6 points or more = substance abuse problem (abuse/dependence).