

Require each Clinical + 1 assessment as follows

Mental Status Exam

| | | | | | |
|--|--|--|--|---------------------------------------|------------------------------------|
| Client Name <i>CD</i> | | Date | <i>13/23</i> | | |
| 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 | | | | | |
| <input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Other | | | | | |
| Comments: <i>irritable w/ another individual on the unit</i> | | | | | |
| 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 | | | | | |
| <input checked="" type="checkbox"/> Cooperative | <input type="checkbox"/> Guarded | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Agitated | <input type="checkbox"/> Paranoid | |
| <input type="checkbox"/> Stereotyped | <input type="checkbox"/> Aggressive | <input type="checkbox"/> Bizarre | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Other | |
| Comments: | | | | | |
| INSIGHT | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | Comments: | |
| JUDGMENT | <input checked="" type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | Comments: | |

Need to answer questions

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>The pt was very open and forthcoming with information. The pt was willing to answer questions and cooperative during the interview process. There was nothing abnormal from the assessment or stood out to me. I did not think the pt would be as forthcoming with this kind of information, but this is not abnormal.</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>The only thing that really stood out to me was how the pt was very open with all the answers to the questions and often offering more info than was asked. This is not something abnormal, I just did not expect this.</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 on the initial assessment, I chose to complete the Drug use questionnaire which indicated that the pt does have a substance abuse problem or previous history of substance abuse.</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>What I learned from this interaction it was easier to interview the pt than I thought it was going to be because the pt is here due to the depression and substance abuse.</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>The pt was very open about their drug use so that is why I choose to do the Drug Use Questionnaire. The patient did score 16 which is considered to a substance abuse problem. The patient was open to answer the questions and did seem to have a little bit of shame that he was dependent of drugs and had a hx of drug use.</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>Nothing really stood out. I have not had a similar experience I can relate to previously.</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>As a nurse I would be proficient in these questionnaires as well as interviewing psych pts.</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>When discussing the interaction happened with the pt. Our clinical instructor gave me a couple of tips on how to ask specific questions in a way the pts can give answers which encompass the questions.</p> |

Mental Health Assessment Tools

DRUG USE QUESTIONNAIRE (DAST-20)

Name: CD DOB _____ Date: 11/13/23

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