

<b>Noticing</b>	<b>Interpreting</b>	<b>Responding</b>	<b>Reflecting</b>
<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 patient was open and eager for conversation. The patient's speech and motor activity was slowed and eye contact was normal. The patient seemed disheveled but was able to hold a conversation.</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>I did notice during my time with the patient that she would constantly reflect on the negative aspects of her current situation outside of the facility. This is a negative coping mechanism that could lead to fatal outcomes if not changed. I sometimes find myself in situations where the negative outcomes seem to outweigh the positive outcomes, however if positive coping mechanisms are used, then situations become easier to handle mentally.</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>I felt at times during my assessment that my patient didn't feel as if she had anyone to speak to about her issues. She felt unheard by staff and that there was no way to help her. As a nursing student, I wanted to listen to her concerns and try to give the best advice or offer resources that are available to the patient to help her and her situation. As a nurse, I would try to contact services outside of the facility to help her after discharge. Active listening, open body language, eye contact.</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>Each patient and situation is different. Some might seem similar, but there isn't one the same. In the future, I plan to talk to more than one patient and note any differences between situations. I felt communication with the patient was something I did well and felt confident doing. I felt like I learned that everyone's situation is different and might be difficult to handle depending on financial/mental/physical status.</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 PHQ-9 for my patient. While with my patient, she was filling out a questionnaire as part of an assignment from her case manager. The questions on the PHQ-9 were very similar to the ones she was answering, so this was a easy tool to use with my patient. Each answer given by the patient was normal to her reasoning for being at the facility. The patient was positive with ways she would like to use coping mechanisms outside of the facility following discharge.</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>Out of the 9 questions on the PHQ-9, 7 questions she rated a 3 (nearly every day). The last question “If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people”, the patient stated, “extremely difficult.”</p>	<p>What additional assessment information do you need based upon interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse?</p> <p>I would further explain each question, asking the patient if there were any triggers or situations that made each scenario difficult for her. For example, she stated that nearly every day, she has little interest or pleasure in doing things. I would want to know if there was something that made it an everyday occurrence, or she just felt that way in the moment when asking the question.</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. Described any changes in your values or feelings based on this interaction.</p> <p>When using this tool, I learned that some people struggle with little day-to-day tasks that may not seem “so little” to everyone else. Some people have environmental/ physical/ emotional/ mental triggers that ultimately affect their daily lives.</p>

## Mental Status Exam

Client Name <u>Kayla H.</u>		Date <u>1/27/23</u>	
<b>OBSERVATIONS</b>			
Appearance	<input type="checkbox"/> Neat	<input checked="" type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate
Speech	<input type="checkbox"/> Normal	<input type="checkbox"/> Tangential	<input type="checkbox"/> Pressured
Eye Contact	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant
Motor Activity	<input type="checkbox"/> Normal	<input type="checkbox"/> Restless	<input type="checkbox"/> Tics
Affect	<input checked="" type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat
Comments:			
<b>MOOD</b>			
Euthymic	<input checked="" type="checkbox"/> Anxious	<input checked="" type="checkbox"/> Angry	<input type="checkbox"/> Depressed
Comments: <u>later in the day, wanting to leave</u>			
<b>COGNITION</b>			
Orientation Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Place	<input type="checkbox"/> Object
Memory Impairment	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Short-Term	<input type="checkbox"/> Long-Term
Attention	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Distracted	<input type="checkbox"/> Other
Comments:			
<b>PERCEPTION</b>			
Hallucinations	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Auditory	<input type="checkbox"/> Visual
Other	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Derealization	<input checked="" type="checkbox"/> Depersonalization
Comments:			
<b>THOUGHTS</b>			
Suicidality	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Ideation	<input checked="" type="checkbox"/> Plan
Homicidality	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Intent
Delusions	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Grandiose	<input type="checkbox"/> Paranoid
Comments: <u>Hx of being paranoid, but during assessment</u>			
<b>BEHAVIOR</b>			
<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated
<input checked="" type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn
Comments: <u>Pt. stated "people don't get me"</u>			
<b>INSIGHT</b>	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
<b>JUDGMENT</b>	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments: <u>Hx of poor judgement</u>			

slowed

leave

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 +      +      +       
=Total Score: 22

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input checked="" type="checkbox"/>
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