

## 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 patient was very open and positive during the conversation. The patient seemed very happy and making good progress during her treatment.</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>Informed during my time with the patient and throughout the day, the patient talked a lot about being involved in theatre and how she really enjoys that. She likes to color and read for her positive coping skills. She said that her family is wonderful and are a big part of her life.</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>Felt at times during group that the patient was being lumped with other girls who were being rude to a fellow patient, even though she wasn't. As a nursing student, I wanted to talk with her to see how she felt about the situation. As a nurse, I would try to do everything in my patient's best interests and be an available resource for her. Some therapeutic communication techniques I used included, active listening, eye contact, and open body language.</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?</p> <p>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 learned that every patient's situation and treatment are different. They might have similar reasons to why they are at the pavilion, but all have different backgrounds and history. In the future I would like to talk to more than one patient. I felt like I did well with communicating with the patient and was comfortable. I learned that no same situation will have the same outcome and all treatments are different.</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 NIMH Suicide Risk Screening Tool for my patient. The patient was open about what was going on with her. SD Choosing this tool was easy. Even though it's a short tool, the patient's answers were within reason and normal for being at the facility. The patient had a positive attitude all day and is continuing to use her positive coping skills she has learned.</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>Other than the first question on the tool and the reason the patient is at the pavilion, nothing stuck out during our interaction.</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 would ask the patient if she has any triggers that make life harder. As a nursing student and as a nurse I would want to ask if there are triggers so that myself and anyone else working with her know and understand.</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 is that everyone has different struggles and for different reasons. In the future I want to just ask the question and not feel bad for asking it.</p>

## Mental Status Exam

Client Name <i>GI</i>	Date <i>2/3/23</i>
<b>OBSERVATIONS</b>	
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:	
<b>MOOD</b>	
<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input checked="" type="checkbox"/> Other	
Comments: <i>Calm, cooperative</i>	
<b>COGNITION</b>	
Orientation Impairment	<input type="checkbox"/> None <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Object <input checked="" type="checkbox"/> Person <input checked="" 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 type="checkbox"/> Normal <input checked="" type="checkbox"/> Distracted <input type="checkbox"/> Other
Comments:	
<b>PERCEPTION</b>	
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:	
<b>THOUGHTS</b>	
Suicidality	<input type="checkbox"/> None <input checked="" type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input checked="" 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:	
<b>BEHAVIOR</b>	
<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:	
<b>INSIGHT</b>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor    Comments:
<b>JUDGMENT</b>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor    Comments:



# Suicide Risk Screening Tool

## Ask Suicide-Screening Questions

Ask the patient:

- 1. In the past few weeks, have you wished you were dead?  Yes  No
- 2. In the past few weeks, have you felt that you or your family would be better off if you were dead?  Yes  No
- 3. In the past week, have you been having thoughts about killing yourself?  Yes  No
- 4. Have you ever tried to kill yourself?  Yes  No

If yes, how? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When? \_\_\_\_\_  
\_\_\_\_\_

If the patient answers Yes to any of the above, ask the following acuity question:

- 5. Are you having thoughts of killing yourself right now?  Yes  No

If yes, please describe: \_\_\_\_\_

### Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (\*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
  - "Yes" to question #5 = acute positive screen (imminent risk identified)
    - Patient requires a STAT safety/full mental health evaluation.
    - Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - "No" to question #5 = non-acute positive screen (potential risk identified)
    - Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

### Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741