

Noticing	Interpreting	Responding	Reflecting
<p data-bbox="298 338 527 510">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> <div data-bbox="298 537 527 821" style="border: 1px solid black; padding: 5px;"> <p data-bbox="315 552 511 730">I chose this assessment due to my patient being a suicide risk. No, there was not any abnormal assessment that stood out to me.</p> </div>	<p data-bbox="553 338 816 579">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> <div data-bbox="553 600 805 905" style="border: 1px solid black; padding: 5px;"> <p data-bbox="570 615 789 783">If the assessment were abnormal, there would have been a high chance for this patient to commit suicide or harm themselves. I have not been in a situation where the patient had an active plan of suicide.</p> </div>	<p data-bbox="826 338 1081 474">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> <div data-bbox="834 506 1070 905" style="border: 1px solid black; padding: 5px;"> <p data-bbox="850 520 1053 667">Based on this information, as a nurse, we can do a room search to ensure there is no object that could harm the patient.</p> </div>	<p data-bbox="1097 338 1328 583">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> <div data-bbox="1097 636 1317 905" style="border: 1px solid black; padding: 5px;"> <p data-bbox="1114 651 1300 842">Something that I learned was how to fill out these assessments. This was my first time going off this assessment as a reflection. This was a great way to get one-on-one practice with the patient.</p> </div>

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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>During the mental status examination of this client, one of the things was abnormal, and it stood out that this patient tried to come to Miss Westside before coming here. Also, the patient was hesitant to make eye contact, and there was silence between her sentences while answering me.</p> </div>	<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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>The potential cause of this patient could be her trying to commit suicide again or do something that can be harmful to herself.</p> </div>	<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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Some additional assessment information I can use based on my interpretation of this patient is suicide risk assessment. While talking to this patient, I used the listener role as therapeutic communication.</p> </div>	<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> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>While talking to this patient, I learned that high need more patience while listening to others. Something that I might do differently in the future is that until the patient is done talking, then say what I have to say. After this conversation, I have not changed my values or feelings based on this interaction.</p> </div>



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



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 10

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	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>