

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> <ul style="list-style-type: none"> • Patient was very anxious & pacing even though she was forthcoming with her history. • Patient seemed as though she just wanted someone to talk to about what is going on with her emotionally. • She stated that she was angry. • She was very distracted. 	<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> <ul style="list-style-type: none"> • She was angry because she doesn't feel as though the Pavilion helps her. • Pt doesn't think that sitting in a room coloring is going to help her control her urges and emotions. • My niece has been an inpatient at the Pavilion and has said the same thing. She didn't feel as though it helped her being there either. 	<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> <ul style="list-style-type: none"> • I did the PHQ-9 assessment because the patient said that she was severely depressed. • I utilized active listening, silence, repeating, and tried to keep the patient calm. • As a nurse, I could advocate for the patient and see what things I could do to help her feel as though she was making progress with her recovery. 	<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> <ul style="list-style-type: none"> • Sometimes people just need someone to talk to in order to feel they are progressing. • I listened to the patient and tried to make her feel as comfortable as I could with her expressing her feelings. • I feel as though I could use more skills regarding sexual, emotional, and physical abuse in children.

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<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> <ul style="list-style-type: none"> I chose the PHQ-9 because the patient stated that she was severely depressed. She scored a 27 which means she feels nearly every day she is depressed. All her reasons lead to her childhood trauma. 	<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> <ul style="list-style-type: none"> The patient had a lot of childhood emotional and physical abuse and neglect. The sexual abuse was by her stepbrothers. Her mother was a drug addict but she still felt as though she needed to be there for her as well. My dad had a substance abuse problem as I was growing up which lead to a lot of childhood trauma as well. Although he never physically abused us, it was still an emotional roller coaster. 	<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> <ul style="list-style-type: none"> I could have also done the Suicide questionnaire. As a nursing student, I could have done the assessment and asked specific questions regarding the assessment. As a nurse, I could make sure she didn't have access to any harmful items and/or substances to hurt herself. 	<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> <ul style="list-style-type: none"> I learned that she had the intent to commit suicide but she felt bad after she had done it because she saw how much it upset her foster mother. I listened to the patient and allowed her to express herself and discuss her emotions without judgment.

Mental Status Exam

Client Name		L.M.	
Date		2/24/23	
OBSERVATIONS			
Appearance	<input checked="" type="checkbox"/> Neat	<input checked="" type="checkbox"/> Disheveled	<input type="checkbox"/> Inappropriate <input type="checkbox"/> Bizarre
Speech	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Tangential	<input type="checkbox"/> Pressured <input type="checkbox"/> Impoverished <input type="checkbox"/> Other
Eye Contact	<input type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input checked="" type="checkbox"/> Avoidant <input type="checkbox"/> Other
Motor Activity	<input type="checkbox"/> Normal	<input checked="" type="checkbox"/> Restless	<input type="checkbox"/> Tics <input type="checkbox"/> Slowed <input checked="" type="checkbox"/> Other
Affect	<input type="checkbox"/> Full	<input checked="" 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 checked="" type="checkbox"/> Angry	<input checked="" type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other
Comments: <i>Stated she was angry at the place</i>			
COGNITION			
Orientation Impairment	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Place	<input checked="" type="checkbox"/> Object <input 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:			
PERCEPTION			
Hallucinations	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Auditory	<input type="checkbox"/> Visual <input type="checkbox"/> Other
Other	<input type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization
Comments:			
THOUGHTS			
Suicidality	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan <input checked="" 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: <i>Cutting self (arms, neck) overdose - US pills</i>			
BEHAVIOR			
<input checked="" type="checkbox"/> Cooperative	<input type="checkbox"/> Guarded	<input checked="" type="checkbox"/> Hyperactive	<input checked="" type="checkbox"/> Agitated <input checked="" type="checkbox"/> Paranoid
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
Comments: <i>RHD, GAD</i>			
INSIGHT		<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor
Comments:			
JUDGMENT		<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor
Comments:			

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)

Nearly every day
 More than half the days
 Several days
 Not at all

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: 27

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