

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>During my mental status exam, I first noticed how anxious she appeared. She was very fidgety and restless, but her speech and voice were calm and normal. She has facial drooping when she talks and stated how it was from a traumatic brain injury and often has other symptoms like dizziness and forgetting things.</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 cause of facial drooping was due to a head injury from domestic violence abuse, the lip droops while she talks but is not constantly. I believe the restlessness and anxiety can be from being a new admission, plus her history. Her head injury was a year ago, and I have seen other patients be restless and anxious like this from previous abuse, and I think this is her reasoning as well. She has a history of sexual and domestic abuse.</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 information she gave us, I feel as if I need to look into her medical records. Usually, I do my own assessments of patients and try to make my own observations before looking into the chart. However, this patient claims to not know why she was in a "psych ward" and only has problems due to her traumatic brain injury. As a nursing student, I watched how the nurse did her new admission and used active listening skills by nodding and maintaining eye contact. As a nurse, I would try to have her open up more on emotional thoughts because she seems restless and has suicidal ideation. Therefore, maybe by letting her open up and talk, she can see why she needs help herself without me having to say why she needs to be there. I think if I could communicate and use open</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>If I could do something differently, I would look into the chart before doing the new admission and my assessment on this patient. I feel like additional knowledge is needed for this situation to know how to diagnose and identify personality disorders. I am learning how to, but I need more experience, of course, but I believe she has symptoms of head injury and an underlying personality disorder.</p>

questions, she may open up more and see how she does need help and seems as if she wants it as well.

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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> <p>I chose to do the suicide risk screening tool because she stated she had thoughts of stabbing herself. I noticed how anxious she was and how she was feeling hopeless. She stated she has a constant headache, dizziness, terrible memory, facial drooping, and back pain from a head injury, making her miserable and not want to live.</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 do think the brain injury is causing some of the symptoms, but she seemed to be going in and out of understanding our assessment. I believe this may be due to an underlying personality disorder. I haven't experienced anything like this before, but I have been learning. The patterns of thought with suicide in patients have had restlessness and anxiety in some situations I have experienced thus far.</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>Additional information needed is a depression screening. As a nursing student, I ensured she understood she is safe here from here ex, whom she is scared of, and encouraged her to participate in therapy. I watched the initial assessment, gave her a journal that they give patients, and explained some ideas on what to use it for and how she can use it for anything. As a nurse, I would put her in a room close to the nursing station.</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 how to remain therapeutically open with my body language during new admission processes. She was talking about a difficult situation and experiences that were hard for her to talk about. My body language is important, especially as a nursing student watching because I am an extra person in the room, which could make her feel more uncomfortable. Additional knowledge needed for situations like this is experience, and better communication skills and assessments come with that. I felt empathy for this girl as she talked about her past. I</p>

also try to remember that you have to care for your patients, but there is a line that can't be crossed, especially in mental health, when it comes to showing that you care.