

# Mental Status Exam

|   |  |
|---|--|
| Client Name <u>M. G.</u>  | Date <u>03-10-23</u>   |
| <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: <u>N/A</u>  |  |
| <b>MOOD</b>   |  |
| <input checked="" type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other |  |
| Comments: <u>N/A</u>  |  |
| <b>COGNITION</b>  |  |
| Orientation Impairment  | <input checked="" type="checkbox"/> None <input type="checkbox"/> Place <input type="checkbox"/> Object <input type="checkbox"/> Person <input 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 checked="" type="checkbox"/> Normal <input type="checkbox"/> Distracted <input type="checkbox"/> Other  |
| Comments: <u>N/A</u>  |  |
| <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: <u>N/A</u>  |  |
| <b>THOUGHTS</b>   |  |
| Suicidality   | <input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input checked="" type="checkbox"/> Intent <input type="checkbox"/> Self-Harm            |
| Homicidality  | <input type="checkbox"/> None <input type="checkbox"/> Aggressive <input checked="" 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: <u>here because of suicidal and homicidal thinking</u>  |  |
| <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: <u>N/A</u>  |  |
| <b>INSIGHT</b>  | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor    Comments: <u>N/A</u>   |
| <b>JUDGMENT</b>   | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor    Comments: <u>N/A</u>   |

## 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>I noticed that my client was cooperative. He did not really hesitate to participate with me. I noticed that he did not seem to mix well with the other boys.</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>He did not seem to be accepted by the other boys wells. This could be due to him not being feminized well with the other boys yet. I can relate to the time that I had transferred schools and was in a new environment, where I had to familiarize myself with people and have them adjust to myself as well.</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 would need to assess his way of coping with his environment and anxiety. As a nursing student I can ensure that he feels comfortable while talking to me. I engaged in the competition they were having in group. As a nurse, I can encourage the group to work together to get to know each other. I would utilize offering general leads to the client.</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>Something that I have learned is that you can help yourself while helping others. When you understand the clients feelings you can better help them. That has definitely changed my feelings.</p> |

**DRUG USE QUESTIONNAIRE (DAST-20)**

Name: M. G. DOB 3-11-08 Date: 03-10-23

The following questions concern information about your possible involvement with drugs not including alcoholic beverages during the past 12 months. Carefully read each statement and decide if your answer is "Yes" or "No". Then, circle the appropriate response beside the question. *Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.*

In the statements "drug abuse" refers to:

- o the use of prescribed or over the counter drugs in excess of the directions and
- o any non-medical use of drugs.

The various classes of drugs may include: cannabis (e.g. marijuana, hash), solvents, tranquilizers (e.g. Valium), barbiturates, cocaine, stimulants (e.g. speed), hallucinogens (e.g. LSD) or narcotics (e.g. heroin). Remember that the questions do not include alcoholic beverages.

| No  | Questions  | Response                             |                                     |
|-----|--|--------------------------------------|-------------------------------------|
| 1.  | Have you used drugs other than those required for medical reasons?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 2.  | Have you abused prescription drugs?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 3.  | Do you abuse more than one drug at a time?   | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 4.  | Can you get through the week without using drugs?  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 5.  | Are you always able to stop using drugs when you want to?  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 6.  | Have you had "blackouts" or "flashbacks" as a result of drug use?  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 7.  | Do you ever feel bad or guilty about your drug use?  | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 8.  | Does your spouse (or parents) ever complain about your involvement with drugs?   | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 9.  | Has drug abuse created problems between you and your spouse or your parents?   | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 10. | Have you lost friends because of your use of drugs?  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 11. | Have you neglected your family because of your use of drugs?   | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 12. | Have you been in trouble at work because of drug abuse?  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 13. | Have you lost a job because of drug abuse?   | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 14. | Have you gotten into fights when under the influence of drugs?   | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 15. | Have you engaged in illegal activities in order to obtain drugs?   | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 16. | Have you been arrested for possession of illegal drugs?  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 17. | Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?                               | <input checked="" type="radio"/> Yes | <input type="radio"/> No            |
| 18. | Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)? | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 19. | Have you gone to anyone for help for a drug problem?   | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |
| 20. | Have you been involved in a treatment program specifically related to drug use?  | <input type="radio"/> Yes            | <input checked="" type="radio"/> No |

SCORE: 7

**DAST Scoring:** Each "Yes" response = 1 point, except questions 4 & 5. For questions 4 & 5 only, a "No" response = 1 point.

A score of 6 points or more = substance abuse problem (abuse/dependence).

| 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 this assessment because my client uses drugs. He vapes, which stood out to me. My client has used vape and other medication together before. And would not go a day without hitting his vape.</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>The vaping stood out to me. Vaping provides a short term light headedness. The client could be using the drug to escape his thoughts of suicide and homicidal. Like when I go to sleep when things get challenging to escape it for a period of time.</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 need an additional assessment on his anxiety level. This will help me to determine his triggers and interventions to help reduce them. As a nurse, I can perform interventions to help the client reduce his anxiety and control it.</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>I believe that engaging with the boys group activity is something that I did well and enjoyed. It helps the boys get comfortable with us students to open up and interact with us.</p> |