Mental Status Exam

Client Name [illegible] Genessa	Date ~~3/10/23~~ 3/10/23

OBSERVATIONS

Appearance	☐ Neat	☑ Disheveled	☐ Inappropriate	☐ Bizarre	☐ Other
Speech	☐ Normal	☐ Tangential	☐ Pressured	☐ Impoverished	☐ Other
Eye Contact	☐ Normal	☐ Intense	☐ Avoidant	☐ Other	
Motor Activity	☐ Normal	☐ Restless	☐ Tics	☐ Slowed	☐ Other
Affect	☐ Full	☐ Constricted	☐ Flat	☐ Labile	☐ Other

Comments:

MOOD

☑ Euthymic ☐ Anxious ☐ Angry ☐ Depressed ☐ Euphoric ☐ Irritable ☐ Other

Comments:

COGNITION

Orientation Impairment	☑ None	☐ Place	☐ Object	☐ Person	☐ Time
Memory Impairment	☑ None	☐ Short-Term	☐ Long-Term	☐ Other	
Attention	☑ Normal	☐ Distracted	☐ Other		

Comments:

PERCEPTION

Hallucinations	☑ None	☑ Auditory	☐ Visual	☐ Other
Other	☐ None	☐ Derealization	☐ Depersonalization	

Comments:

THOUGHTS

Suicidality	☐ None	☑ Ideation	☐ Plan	☐ Intent	☐ Self-Harm
Homicidality	☑ None	☐ Aggressive	☐ Intent	☐ Plan	
Delusions	☐ None	☐ Grandiose	☑ Paranoid	☐ Religious	☐ Other

Comments:

BEHAVIOR

☑ Cooperative	☐ Guarded	☐ Hyperactive	☐ Agitated	☐ Paranoid
☐ Stereotyped	☐ Aggressive	☐ Bizarre	☐ Withdrawn	☐ Other

Comments:

INSIGHT	☑ Good	☐ Fair	☐ Poor	Comments:
JUDGMENT	☑ Good	☐ Fair	☐ Poor	Comments:

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Reflection Assignment

3/10

Noticing	Interpreting	Responding	Reflecting
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? I noticed the client was very shy but cooperative. The client tends to feel anti-social but since I made her laugh she stated she felt "more comfortable" to engage in an interview. When talking to the client I did not notice anything abnormal.	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. The client mentioned that she feels like she has PTSD and trauma from social situations. If the client feels like she cannot engage in social situations, it may lead to depression and suicidal ideations more	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? As a nursing student I can communicate with the client to determine what tool I can use to assess her depression and suicidal ideations. I used the PHQ-9 depression tool. The client was open to talking about hobbies and what made her feel better about herself. I was one of the few she opened up to, I used active listening, silence, and confidence when I was communicating with the client.	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.** Clients hide what they feel deep down and need trusting staff to talk to. I see that with most clients they feel hopeless and unable to apply themselves in group activities. Other clients thrive in 1-1 interactions.

3/10

Noticing	Interpreting	Responding	Reflecting
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? The client was talking openly about her depression so I used the PHQ-9 depression scale. The client had a hard time rating the way she felt with numbers. There were no other assessments that seemed abnormal.	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. The client would color by the nurses station quietly and then became overwhelmingly sad out of no where. 10 minutes later she was laughing and having fun with the other clients.	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? I would look into her behavior and suggest a psychiatrist to exam her for a potential depression disorder. Using the ASQ scale could help identify more signs of depression.	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. I learned/witnessed many clients go from being sad (or angry) to completely being fine a few minutes later. I wouldn't do anything differently with this patient. I would need to know more about the client and mental health to provide the care she needs.

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 + 3 + 4 + 6

=Total Score: 13

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**
☐	☑	☐	☐

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