

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 the mental status examination, I noticed that sometimes TS lacked depth in reality. When he was speaking about his family, I found discrepancies. He stated that he had six children, all twins. So, I asked if that meant he had 12 children. He responded, saying that was impossible and that there were only six girls, all twins. I also found that he has an unhealthy attachment to his eldest brother and often attacks the women he is involved with. He states he blacks out because they make him angry. His brother's current mate is not the only woman he has attacked. He said that he stabbed his brother's ex-wife.</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>Again, upon speaking to TS, I found that he has an unhealthy attachment to his brother, and his brother's relationships are a source of contention. I also found that he is very juvenile. He immediately took a liking to my peer and followed her around. He would tell her she dropped something to get her to bend over. He thought she was 18 and a relationship between the two was appropriate.</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>With TS, I found that asking a mixture of open and closed-ended questions was appropriate based on his mental and intellectual delays. Reminding him where we were was also essential to bring him back to reality. I reminded him that following WB was inappropriate as she tried to do her job. I would also like to explore the relationships TS has within his family to see if his diagnosis is genetic or is affected by nurture.</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 learned to go in with an open mind. Despite knowing the diagnosis and that he was a registered sex offender, I should have gone in without judgment. I should have been more open to conversation but aware of his diagnosis. I also should practice more therapeutic approaches.</p>

Mental Status Exam

Client Name TS	Date 09/01/2023
OBSERVATIONS	
Appearance	<input checked="" type="checkbox"/> Neat <input type="checkbox"/> Disheveled <input type="checkbox"/> Inappropriate <input type="checkbox"/> Bizarre <input type="checkbox"/> Other
Speech	<input type="checkbox"/> Normal <input type="checkbox"/> Tangential <input type="checkbox"/> Pressured <input type="checkbox"/> Impoverished <input checked="" type="checkbox"/> Other has speech delay
Eye Contact	<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Intense <input type="checkbox"/> Avoidant <input checked="" type="checkbox"/> Other does fleet delay
Motor Activity	<input type="checkbox"/> Normal <input type="checkbox"/> Restless <input type="checkbox"/> Tics <input type="checkbox"/> Slowed <input checked="" type="checkbox"/> Other
Affect	<input type="checkbox"/> Full <input type="checkbox"/> Constricted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input checked="" type="checkbox"/> Other congruent
Comments: TS was making toilet paper flowers	
MOOD	
<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:	
COGNITION TS was kind and helpful to peers	
Orientation Impairment	<input type="checkbox"/> None <input type="checkbox"/> Place <input type="checkbox"/> Object <input type="checkbox"/> Person <input type="checkbox"/> Time
Memory Impairment	<input type="checkbox"/> None <input type="checkbox"/> Short-Term <input type="checkbox"/> Long-Term <input checked="" type="checkbox"/> Other
Attention	<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Distracted <input type="checkbox"/> Other
Comments: By talking to TS it is clear that there is a mental and intellectual delay.	
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 checked="" type="checkbox"/> Derealization <input checked="" type="checkbox"/> Depersonalization
Comments: TS seems to believe he has a wife and children. When asked, he states he has six children, all twins.	
THOUGHTS	
Suicidality	<input checked="" type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input type="checkbox"/> Self-Harm
Homicidality	<input checked="" type="checkbox"/> None <input type="checkbox"/> Aggressive <input type="checkbox"/> Intent <input type="checkbox"/> Plan
Delusions	<input type="checkbox"/> None <input type="checkbox"/> Grandiose <input type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
Comments: TS speaks in great detail of having six daughters	
BEHAVIOR	
<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 checked="" type="checkbox"/> Other	
Comments: TS took a liking to one of my classmates (WB) making her feel uncomfortable.	
INSIGHT	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:
JUDGMENT	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input 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)

	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 + 2 + 8 + 6
=Total Score: 16

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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

- In the past few weeks, have you wished you were dead? Yes No
- In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
- In the past week, have you been having thoughts about killing yourself? Yes No
- Have you ever tried to kill yourself? Yes No

If yes, how? TS stated he attempted suicide by cutting and hanging. He did so after he stated he was falsely accused of sexual assault of a minor younger than 11.

When? Within the last year

If the patient answers **Yes** to any of the above, ask the following acuity question:

- 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