

Reflection assignment

MSE

Noticing

During the mental status exam, I noticed he was in a “very good” mood; however, his affect was slightly flat. I think medication had something to do with his flat affect, however. The client was alert and oriented to person, place, time, and situation. One abnormal part of the MSE that stood out to me for him was when he said his short-term memory is being affected by his addiction to alcohol. He said it's little things like not remembering the name of the Pavilion, where he will be going once they have a bed available.

Interpreting

Something that stood out to me was when he said he had no thoughts of suicidal ideation (passive or active) when he attempted suicide on 9/14 (8 days ago). I might have suggested he was in denial; however, he is aware of how much support he has behind him now, and he knows he can lean on those people when he needs them. I also thought it was a unique correlation when he said he felt anxious he would have the hiccups. He said he's had hiccups intermittently for the last two days.

Responding

Based on his conversation with me, I could give him a few assessments that would benefit his plan of care. His addiction to alcohol and his attempted suicide just eight days ago are a few topics I could choose as a nursing student to interview him on. The additional tools I decided on were the CAGE questionnaire and the asQ screening tool. I interviewed the client for the MSE, the CAGE question, and the asQ screening tool. Based on the answers given to me as a nurse, I could create beneficial goals for the client and provide them with outside resources when they leave the hospital. During the interview, I utilized active listening, good eye contact, open-ended questions, accepting, silence, focusing, restating, and summarizing.

Reflecting

Well, one thing I learned while doing the MSE is that you only check the box for the orientation impairment part when an impairment is present. For some reason, I was reading it like you check them off when they are alert and oriented to person, place, time, and object. Next time, I will be sure to look at the electronic health record of the person I am interviewing. I didn't have time because I switched the person I was supposed to interview at the last minute to get experience with a different assessment tool. I did a great job communicating to the client that I care because of the attention and time I gave him, plus all the therapeutic communication techniques I used. I need to become more knowledgeable on understanding what derealization and depersonalization mean. This interaction made me more comfortable and confident with interviewing clients.

Assessment Tool

Noticing

I chose this assessment because the client admitted that he wouldn't have thought about attempting suicide if it wasn't for his addiction to alcohol and the amount of alcohol he had been consuming. I noticed that the client understood what was causing his issues and what he needed to do to turn his life around. I also noticed how much hope he has since he is fully aware of how many people are in his corner rooting for him. One thing I enjoyed seeing was that he knew it would be a tough road ahead of him and that he didn't want to go home quite yet because he knew it was too early and that he wouldn't be successful in his sobriety. After he told me the usual amount of alcohol he consumed in a day, I was expecting the answers he gave me. He answered yes to all four questions on the CAGE questionnaire, which is technically abnormal across the board but typical for an alcoholic, I'm assuming.

Interpreting

In my opinion, his answers didn't stand out to me because I was expecting his answers to be yes. I have had someone close to me get sober from alcohol, and I understood what he was describing. An ex-boyfriend of mine decided to get sober, and it was difficult for him to be around certain friends or alcohol in general for the first three months of his sobriety. He presented with symptoms such as headaches, tachycardia, sweating, nausea, loss of appetite, and insomnia. While he was drinking, he never went as far as to attempt suicide, though. With any addiction, whatever the substance, the body becomes dependent on that substance. Once you cease feeding the body that substance, the body will begin to go through withdrawal of that substance. Alcohol withdrawal symptoms could include hand tremors, seizures, tachycardia, sweating, nausea and vomiting, loss of appetite, headaches, and insomnia.

Responding

While I was asking him the questions from the CAGE questionnaire, he mentioned how he had tried to commit suicide on 9/14/23 (8 days ago). From this bit of information, I knew an additional assessment was necessary. As a nursing student, I utilized the asQ screening tool to screen his chance of suicide risk. I asked him all of the questions that were on the asQ screening tool to evaluate if he was currently still a threat to himself. As a nurse, I could provide him with a variety of resources that he could utilize once he left the hospital, and I could also take the time to talk to him while in the hospital. I could find out possible underlying causes of his drinking and how that led to him wanting to commit suicide.

Reflecting

I learned about two new assessment tools I hadn't used before and got first-hand experience asking questions on those specific assessments. Something I would do differently is look up any past psychological history on the client before asking the client those questions. I didn't have time to look up the information because I switched clients at the last minute. I chose to do a second assessment tool rather than just sticking with the required one based on the conversation he and I had on the first assessment I did, the CAGE questionnaire. I believe I asked the questions from the two new assessments well and decided to do a second one. I would also like to be more knowledgeable about the asQ screening tool. At the bottom, it says that if the answer to question five is yes, then a "STAT safety/full mental health evaluation" needs to be done. Is that something we have, or a tech or nurse will give the client? This interaction made me more comfortable and confident with interviewing clients.

