

Reflection & Assessment 3

Mental Status Exam

During my client's mental status examination, I noticed he was a little withdrawn and didn't want to tell me everything. He kept his answers short but was cooperative with all the questions I had for him. His affect was flat, but he said, his mood was "good" and "positive". His affect didn't match his mood, which seemed abnormal. At the time of the exam, he did not have any current active or passive thoughts of suicide; however, three days prior, he did have active thoughts of suicide before being admitted. His eye contact was normal; however, he looked very tired because his eyes looked dark and sunken.

I didn't think him being a little withdrawn or not telling me everything was abnormal. Not everyone feels comfortable speaking to a stranger about their personal issues. Especially not younger people, and he was 19 years old. I interviewed my client before lunch, so he could have been low on energy or tired of his appearance. I noticed after lunch that he looked a little more energetic and willing to talk to other Lakeview individuals. The flat affect could have been due to some medications he might have been on also.

The client expressed that he has had past thoughts of suicide but has no passive or active thoughts of suicide. I could have gotten more information about his history of suicidal ideation and current thoughts by utilizing the ASQ (suicide risk screening tool). He also expressed that he has a history of drug abuse and overdosing on various prescription medications that are not prescribed to him. I could obtain more information on his drug use/abuse using the DAST-20 (drug use questionnaire). As a nursing student, I could interview him for both assessments, obtaining more information on suicide risk and drug abuse. I obtained more information on the client by interviewing him on the DAST-20. I could give the client resources about suicide hotlines and other resources in the community he could utilize when feeling suicidal. I could also give him resources about NA groups and other resources related to drug abuse in the community. I used therapeutic techniques such as active listening, good eye contact, silence, asking open-ended questions, restating, clarification, and focusing.

I learned that my client is likely a candidate for Ehlers-Danlos syndrome, having several symptoms. I was so busy in the morning that I didn't get to look at my client's electronic health record before interviewing him. Having some background knowledge of the individual would benefit me before performing the assessment tools. I will make it a priority in the future to look at the electronic health record, no matter how busy I am. I asked the questions on the Mental Status Exam a lot smoother, and I sounded a little more fluid when asking the questions. I think additional knowledge will come with time, I'm not sure of anything specific I need to know now. With each interaction, I gained more confidence and knowledge about nursing in the mental health field.

Additional Assessment – DAST-20

I chose to utilize the DAST-20 because the client reported using prescription drugs to overdose in the past. I noticed during the assessment that the client stated he didn't have any parents even though he has foster parents. I also noticed that he seemed a little disappointed in himself when I asked him how his drug use/abuse has affected his relationships with family and friends. The client only said "no" 5 times, meaning there were 15 yeses, so there were several abnormal findings in the assessment, indicating the client has a substance abuse problem.

Since he had admitted to me that he had abused drugs, I didn't think the 15 yeses were abnormal. I did find it a little abnormal when I asked him if his parents complained about his drug use; he answered that he didn't have any parents. I also had to clarify question 15 for him because he initially said "no." I asked him if he had ever bought any prescription drugs off the street, and he said "yes," changing his answer to question 15. The lie about his parents ended up being because they made him move out of the house at age 16, and he has been couch-hopping since then, so he doesn't really claim them anymore. I don't think any pathophysiological issues explain either of those abnormalities.

Additional assessment information I could have asked about was the age at which he began using drugs and if he knows of any history of drug or alcohol abuse in his biological parents. I also could have utilized the ASQ (suicide risk assessment tool) to get more information on his past/current thoughts of suicidal ideation and his method or plan of suicide. As a nursing student, I could have interviewed him for the ASQ; however, I had already completed my second tool, so I did not perform the ASQ. I just interviewed him for the DAST-20. As a nurse, I could provide the client with suicide information, such as the hotline and resources in the community he can take advantage of if he is ever having suicidal thoughts.

I learned that I need to ask the client to clarify when they say they don't have any parents. Something I might do in the future is check the electronic health record before I interview the client. If I had done this, I might have learned that he had foster parents before interviewing him and not afterward like I did. I think I asked the questions on the DAST-20 a lot smoother, and I sounded a little more fluid when asking the questions. I think additional knowledge will come with time, I'm not sure of anything specific I need to know now. With each interaction, I gained more confidence and knowledge about nursing in the mental health field.