

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> <div data-bbox="326 625 560 1081" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I noticed that the client was very forthcoming with her information. She seemed sad that she was expressing her feeling. She was super fidgety when admitting that she had a drug problem. She noticed that it got worse se after she had her last baby.</p> </div>	<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> <div data-bbox="621 766 886 1142" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>What stood out to me was that she said she felt that there were bugs that were crawling on her. She was the first client that I have had that has experienced this. This could be cause due to her drug abuse. This has no pathophysiology.</p> </div>	<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> <div data-bbox="956 695 1218 1142" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>I need more of her background story to help her figure out what triggers her drug use. As a nursing student I can use therapeutic communication and sit and listen when the client to wanting someone to listen to where they are coming from.</p> </div>	<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> <div data-bbox="1284 766 1533 1163" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>Something that I learned is that everyone will deal with e everything differently. When this client feels pressured I life she turns to drugs to help ease her worries. Something that I did well was asking the client the difference between her drinking problem and her drinking problem. And sat and listened when she explains each. I need more understanding of the effects each type of drug has on the body. I knew people had drug issues, but I gained knowledge that it can ruin someone's relationships.</p> </div>

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<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> <div data-bbox="337 636 586 1163" style="border: 1px solid black; padding: 5px;"> <p>I chose this assessment because my client had a drug problem, and this helped me gain insight into how much it affects her daily living. I noticed that she was more forthcoming the more question I asked as she got comfortable with me. What stood out was she was embarrassed when she answered "yes".</p> </div>	<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> <div data-bbox="651 724 927 1184" style="border: 1px solid black; padding: 5px;"> <p>The client was aware of her surroundings. She did say she feels bugs crawling on her at times. She is paranoid that the cops are always after her so she is not very trusting. This was abnormal because that is not normal to feel these bugs on your skin when there is nothing there. This does not link to pathophysiology.</p> </div>	<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> <div data-bbox="1000 590 1273 1190" style="border: 1px solid black; padding: 5px;"> <p>I need more insight on this. How often does she feel bugs crawling on her? What triggers it? As a nursing student, I can ask this question to help control this issue so it can help her get on the road to recovery. As a nurse, I can administer medicine to help her if she has some prescribed.</p> </div>	<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> <div data-bbox="1325 737 1573 1163" style="border: 1px solid black; padding: 5px;"> <p>Something that I learned is that people deal with these issues differently. Some people can turn to food and other turn to drugs to drown out their problems. Something I would do differently is to ask more questions about what causes the client to turn to drugs. I need more insight of the right questions to ask so I do not offend anybody. My values have changed in regarding that some drug users truly want help to stop there drug problems so they can go back to their old ways prior to their drug use.</p> </div>

-hears voices say
"cops are out to
get you"

-hasnt slept

-not taking
meds lead
to it

-started
when she
had her
child

-started
at 24

under
age drink

rehab

-Thinks ppl set her
up
-postpartum psychosis
-has bugs crawling on her

-hallunc ✓

Mental Health Assessment Tools

DRUG USE QUESTIONNAIRE (DAST-20)

DOB: _____

Date: _____

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

SCORE: 8

10 yes 9 no

DAST Scoring: Each "Yes" response = 1 point, except questions 4 & 5. were not
For questions 4 & 5 only, a "No" response = 1 point.

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

Presley
King

Mental Status Exam

Client Name		Date	
OBSERVATIONS			
Appearance	<input type="checkbox"/> Neat	<input checked="" 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: Pt's hair was a mess in a bun but speech was normal			
MOOD			
<input type="checkbox"/> Euthymic <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input checked="" type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input type="checkbox"/> Irritable <input type="checkbox"/> Other			
Comments: Pt was sad about mother dying			
COGNITION "Adult"			
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: Pt has no memory loss			
PERCEPTION			
Hallucinations	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Auditory	<input checked="" type="checkbox"/> Visual <input type="checkbox"/> Other
Other	<input type="checkbox"/> None	<input type="checkbox"/> Derealization	<input type="checkbox"/> Depersonalization "bugs crawl on me"
Comments: hears people say "bugs are after you" started 3 years ago			
THOUGHTS			
Suicidality	<input type="checkbox"/> None	<input checked="" 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 checked="" type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input type="checkbox"/> Other
Comments: feels like people are after her			
BEHAVIOR			
<input checked="" type="checkbox"/> Cooperative	<input checked="" type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Agitated <input checked="" type="checkbox"/> Paranoid
<input type="checkbox"/> Stereotyped	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
Comments: Guarded but answered all questions G			
INSIGHT	<input checked="" type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor Comments: she knows what's happening
JUDGMENT	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor Comments:



Suicide Risk Screening Tool

NIMH TOOLKIT

Ask Suicide-Screening Questions

Ask the patient:

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

If yes, how? _____

When? _____

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

- 5. 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 **S1A1 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