

<b>Noticing</b>	<b>Interpreting</b>	<b>Responding</b>	<b>Reflecting</b>
<p>What did you notice during your <b>mental status examination</b> of the client? Were there any assessments that were abnormal or stood out to you?</p> <p>I noticed the client showed signs of restlessness by the way they were pacing back and forth in the hallway. They also would peek around doorways and count the numbers on the doors. The tangential speech the client demonstrated and saying unintelligible things between responses was also an abnormal finding.</p>	<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. If your interpretation of the situation links to pathophysiology at all, briefly explain.</p> <p>The restlessness and appearance of speaking to someone who wasn't there point to the client experiencing hallucinations. The client would stop before each doorway and peek into the rooms before proceeding down the hall. The most similar experience I can relate this to is speaking with someone who was intoxicated and experiencing tangential thoughts and speech.</p>	<p>What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What could you do as a nurse? What therapeutic communication techniques did you utilize?</p> <p>I would want to assess what the client was seeing and hearing, and what was making them behave in a paranoid matter. I interpreted the paranoid hallucinations based upon the verbal and nonverbal communication during the interaction. I carried on with the interview and ignored the client's hallucinations. As a student nurse, I can communicate that I don't hear/see what they do, but that it must be frightening. As a nurse, I could speak with a provider about these hallucinations. For therapeutic communication, I used open body language and allowed for silence.</p>	<p>What is something that you might do differently in the future? What is something 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 how difficult it can be to not share personal information to build rapport or gain trust. I need practice and guidance in how to find the boundary of where and how to shut down client questions. I did a good job of consciously approaching the client to not produce more anxiety/paranoia for them so that they could see me approaching and I used a calm voice. After the interaction, I am less intimidated by working with client's experiencing a mental health crisis.</p>

<b>Noticing</b>	<b>Interpreting</b>	<b>Responding</b>	<b>Reflecting</b>
<p>Why did you choose this <b>additional assessment</b>? What did you notice during your <b>additional assessment</b> of the client? Were there any assessments that were abnormal or that stood out to you?</p> <p>I chose the PHQ-9 because this client indicated some conflicting emotions during the mental status examination, and I wanted to know how impacted they are by the paranoia they're experiencing. During this assessment, I noticed the client was making less eye contact. As I was finishing up the questions, I noticed the client making an effort to end the interview. The responses I obtained indicate gross impairment in activities of daily living and the symptoms support depression.</p>	<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. If your interpretation of the situation links to pathophysiology at all, briefly explain.</p> <p>There wasn't anything that particularly stood out during this assessment, besides the change in demeanor, until the client abruptly ended the assessment with "ok, thanks for walking with me, bye!" Based on the change in demeanor from the first assessment and the nature of the questions, I inferred discomfort with the types of questions being asked. The answers were short and direct which tells me they likely made the client uncomfortable</p>	<p>What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What could you do as a nurse? What therapeutic communication techniques did you utilize?</p> <p>Based on my suspicion of depression, I want to ask the client about past suicidal ideation, given they indicated none currently. I would also want to know how they addressed these thoughts and feelings in the past. As a student, I can communicate findings to the nurse and recommend education and resources for the client. I accepted the conclusion and terminated the interview. As a nurse, I would provide complimentary alternative therapy such as breathing or relaxation exercises, provide resources, and expand more upon the client's answers to the assessment questions.</p>	<p>What is something that you might do differently in the future? What is something 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 how clients can be in tuned with the purpose or intentions of certain questions. In the future, I would expand upon their responses such as how severely their activities of daily living are impacted by their responses. I met the client where they were and asked the questions in direct and concise ways without judgement. I need some more guidance and knowledge about appropriate next steps after the interview, and how I might conclude the interaction if the client hadn't done so for me.</p>

