

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?  <b>The client had messy hair and was wearing a baggy sweatshirt. She mostly concentrated on her journal and would only talk to others a little. She also only maintained eye contact for a little before she would look away.</b></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. Is your interpretation of the situation link to pathophysiology at all, if so - briefly explain.  <b>The client had been feeling depressed and most likely didn't feel comfortable with me fully to maintain eye contact. I think this is common in most clients with depression. They may have a disheveled appearance and stick mostly to themselves.</b></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?  <b>What may have been the cause of her depression or triggered it? As a nursing student, I can talk to her and provide a listening ear for her. As a nurse, I could do the same and assess her risk for suicide. Some therapeutic techniques I used were active listening and using open-ended questions.</b></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.  <b>I learned that it might take a little more to gain the trust of a client. I might try to relate to her more since she is younger so she'll open up and become even more comfortable with me. I don't think my feelings/values changed. I always believed that mental health is just as important as physical health.</b></p>

Noticing	Interpreting	Responding	Reflecting
<p>Why did you choose this additional assessment? What</p>	<p>If something stood out to you or it was abnormal, explain its</p>	<p>What additional assessment information do you need based upon</p>	<p>What is something that you learned? What is something that you might do</p>

<p>did you notice during your additional assessment of the client? Were there any assessments that were abnormal or that stood out to you?  <b>I chose this assessment due to the client feeling down and depressed. I noticed that she did become a little withdrawn while I asked some of these questions, but she did open up and explain what she felt or what changes she was experiencing.</b></p>	<p>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 link to pathophysiology at all, if so - briefly explain.  <b>I believe this patient was open to talking about her depression and what changes she had been going through with her mood, sleep, and enjoyment of doing things she used to like.</b></p>	<p>your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse?  <b>Ask the client what coping mechanisms she would try. Help the client develop appropriate coping mechanisms and encourage her to talk to the doctor or someone she trusts about her feelings.</b></p>	<p>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.  <b>I learned that depression can be seen in all ages. I don't think any of my values changed. I always believed that depression is serious. It can be caused by something or have no reason at all, but it is not something that is taken lightly.</b></p>
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# Mental Status Exam

<b>Client Name</b>		<b>Date</b> 03/29/0202			
<b>OBSERVATIONS</b>					
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 type="checkbox"/> Normal	<input type="checkbox"/> Intense	<input type="checkbox"/> Avoidant	<input checked="" 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 type="checkbox"/> Full	<input type="checkbox"/> Constricted	<input type="checkbox"/> Flat	<input type="checkbox"/> Labile	<input checked="" type="checkbox"/> Other
Comments: The patient would maintain eye contact for a little and then look away. The patient smiled when she talked to others but stopped when she stopped conversing and went back to journaling.					
<b>MOOD</b>					
<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:					
<b>COGNITION</b>					
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:					
<b>PERCEPTION</b>					
Hallucinations	<input checked="" type="checkbox"/> None <input type="checkbox"/> Auditory <input type="checkbox"/> Visual <input type="checkbox"/> Other				
Other	<input checked="" type="checkbox"/> None <input type="checkbox"/> Derealization <input type="checkbox"/> Depersonalization				
Comments:					
<b>THOUGHTS</b>					
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 checked="" type="checkbox"/> None <input type="checkbox"/> Grandiose <input type="checkbox"/> Paranoid <input type="checkbox"/> Religious <input type="checkbox"/> Other				
Comments: The patient does not have any suicidal thoughts currently.					
<b>BEHAVIOR</b>					
<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 checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Other					
Comments: The patient was willing to answer questions and only engaged a little in					
<b>INSIGHT</b>	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor    Comments:				
<b>JUDGMENT</b>	<input checked="" type="checkbox"/> Good <input 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 + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
=Total Score: 8

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