

Mental status exam

Client initials: JN

Date: 3/29

Observations

Appearance: disheveled

Speech: normal

Eye contact: other – not avoiding but liked to look around

Motor activity: other – fidgets

Affect: flat

Mood: calm and cooperative

Cognition

Orientation impairment: none

Memory impairment: none

Attention: distracted

Comments: often paid attention to what other people were doing in their surroundings

Perception

Hallucinations: none

Other: none

Thoughts

Suicidality: ideation, plan

Homicidally: none

Delusions: none

Behavior

Cooperative, hyperactive

Insight

Fair

Judgement

Good

MSE: reflection

Noticing: I recognized that the client had trouble focusing during the interview. We were in a smaller sized room with several other people that were all doing their own things. I can understand how it may be hard to tune out the background noise. The client was admitted because of suicidal ideation with a plan but was not currently feeling suicidal.

Interpreting: I asked the patient if they had trouble focusing in school to which they replied yes. The patient was 12 years of age and stated they were diagnosed with ADHD at age 10. The patient had been in this room with crayons and a notebook to work on independently for the past 45 minutes. I can understand getting bored and wanting to pay attention to my surrounds. I do not struggle with focusing, however, when there is a lot of environmental stimuli it is harder to focus.

Responding: I knew the client had been in this room for two hours by the time we had our interview. JN was instructed to work independently for the past 45 minutes. I feel like this client would do better in a lower stimulus environment with a busier task. As a nursing student I could offer to sit with the client in a different activity room and utilize my resources to find a puzzle online or another brain activity. I remained patient with the client when they were distracted and gave them plenty of time to respond to questions.

Reflecting: The next time I have the opportunity to interview a client I will make it a priority to get the client to a low stimulus environment so we both can stay focused on our conversation. I feel like I did well with speaking to the client, they seemed to enjoy my presence and talking to someone.



Suicide Risk Screening Tool

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 **STAT** 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



ASQ: reflection

Noticing: I noticed the same thing during this assessment with the last one, the patient had trouble focusing. They did not seem to be uncomfortable with the questions and opened up about the way they have been feeling. The client was calm our entire interview and as I stated previously, they seemed to enjoy talking to me.

Interpreting: I do not think anything stood out to me in particular with this interview besides the trouble focusing. I know that the patient's ADHD make it harder for them to focus as well as the environment we were in. I gathered the patient had not talked to another person about their feelings recently because they stated they felt lonely.

Responding: I would like to assess the client's emotional support system to ensure they have someone they can talk to once they leave the facility. As a nursing student, I can listen to the client and give them my full attention.

Reflecting: I feel like I did well with this assessment by asking open-ended questions and offering self. I have come to understand how much adolescents struggle in school when they do not come from a solid home life. I think I made the patient's day by sitting with them and talking to them and it really is the little things that go a long way. In the future I will assess client's emotional support systems.