



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> <p>I noticed that my pt. is still trying to cope with her trauma that has happened in her life. She is still in denial that she is going to get her baby back once she gets out of the facility. I do not think that she understands that she took her baby because there are no stable family members to take care of her.</p>	<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> <p>Something that stood out to me was the fact that my pt. has no longer showing signs of anger or harming herself. She was expressing that "she cannot wait to see her baby once she gets out". With her showing signs of denial makes me nervous because once she finally understands that she probably won't see her baby that she might try to harm herself again.</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?</p> <p>I would want to know more information on the education that my patient has received regarding her baby. If was, or was not possible for her to see it because if not, education needs to be done so the pt. can be evaluated properly for further harm to self.</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.</p> <p>I learned that you cannot trust everything the pt. is telling you. That you need to make sure you get background information on the pt as well. Otherwise, I would have believed the pt. was going to see her baby once getting out of the facility with the way she was expressing her plans once she is released.</p>

Noticing	Interpreting	Responding	Reflecting
<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> <p>I chose to do PHQ-9 because of my pt being young and all over with her emotions. I felt like these questions were simple and easy to where it would not set my pt. off. I noticed that my pt. is very open about her life. I was surprised because of her only being 14 and having a baby.</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 links to pathophysiology at all, if so - briefly explain.</p> <p>Nothing I noticed new from my 1st assessment to when I was asking the PHQ-9 questions. She is still just in denial that DCS will most likely keep her baby.</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?</p> <p>I would like to have a better understanding of her background. I want to know more about her family and how she was raised. This pt. obviously loves her baby and wants to get better so she can provide for her, yet DCS said she will probably not see her. I want to know if her family also suffered from mental health and if that is why DCS took her instead of letting her family have her until she got out of the facility.</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.</p> <p>Something that I learned is that I am not going to agree with every outcome of mental health. I realize that you cannot get to attached to their pt. or else you will be coming into work everyday upset, sad, mad at situations that are happening to you pts.</p>

Reflections

Mental Status Exam

Client Name ST	Date 2/23/2024
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 type="checkbox"/> Normal <input checked="" 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:	
MOOD	
<input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Anxious <input checked="" type="checkbox"/> Angry <input type="checkbox"/> Depressed <input type="checkbox"/> Euphoric <input checked="" type="checkbox"/> Irritable <input type="checkbox"/> Other	
Comments:	
COGNITION	
Orientation Impairment	<input type="checkbox"/> None <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Object <input checked="" type="checkbox"/> Person <input checked="" 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: given photo of group and was distracted with that	
PERCEPTION	
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:	
THOUGHTS	
Suicidality	<input type="checkbox"/> None <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Intent <input checked="" 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: pt. stabbed her own leg when DCS took her baby.	
BEHAVIOR	
<input checked="" type="checkbox"/> Cooperative <input checked="" type="checkbox"/> Guarded <input checked="" type="checkbox"/> Hyperactive <input checked="" type="checkbox"/> Agitated <input type="checkbox"/> Paranoid <input type="checkbox"/> Stereotyped <input type="checkbox"/> Aggressive <input type="checkbox"/> Bizarre <input type="checkbox"/> Withdrawn <input type="checkbox"/> Other	
Comments:	
INSIGHT	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Comments:
JUDGMENT	<input type="checkbox"/> Good <input checked="" 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 + 2 + 1 + 1 + 0 + 0 + 1 + 1 + 0 + 1
=Total Score: 7

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