

Reflection Assignment – Shiann Manint

<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 that stood out to you?</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>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>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>At first, my client was very willing to answer questions and easy to observe for motor activity and speech. The one thing that was hard to determine on my client was the behavior. It changed throughout the day. In the morning, they were a little guarded but cooperative. Throughout the day they became more withdrawn and hyperactive. They had to walk in the hallway for a while after coming back inside. The only assessment that stood out to me was the thoughts. After asking client the reason for them being the Pavilion, they</p>	<p>The only thing that stood out to me doing the assessment was the client did not have an hallucinations or internal thoughts telling them to it. From experience at the hospital, a lot of the suicidal patients that I have had have experienced internal thoughts telling them to kill themselves. My interpretation does not link anything to pathophysiology.</p>	<p>Before doing the mental status exam I wish I had an idea of what my client was there for. Whether it was for suicidal ideations or behavioral issues because it felt odd asking a bunch of questions and my client getting frustrated when it did not apply to them. As a nursing student, I did my best to listen to my client and only ask questions based on what I thought would benefit the client. I used active listening, eye contact, I tried to keep my arms open and not crossed when talking to her.</p>	<p>I learned a lot through the mental status examine. My client did have a flat affect which kind of surprised me. They did not show a lot of emotion unlike some of the other clients that were there. I did realize from doing the assessment that I need to work on the questions I asked. Somewhere not very helpful with asking questions. A lot of the time I could get the assessment by just watching them interact with the other clients.</p>

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<p>stated it was for a suicide attempt. The thing that stood out to me the most was there was no voices or hallucinations that would convince the client to do this. It was just a thought that had popped into their head, and they went with it. While being in the room with the client on the iPad with the doctor, the client mentioned how they had been thinking about but also mentioned a voice. From looking at the client’s chart, their uncle has schizophrenia and both biological parents have a mental illness.</p>			
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<b>Noticing</b>	<b>Interpreting</b>	<b>Responding</b>	<b>Reflecting</b>
<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>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>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>What is something that you learned? What s 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 chose the suicide</p>	<p>The only abnormal</p>	<p>I do not believe there</p>	<p>I learned that not</p>

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<p>risk screening tool because my client was admitted for a suicidal attempt and ideations. I know my client was admitted over a week ago but I felt this tool was useful since it targets specific questions about suicide. I noticed during this assessment that my client was mostly looking away when I would ask questions, but they were also eating breakfast. She was very curious as to what I was doing there and what other things we can do for school. Nothing really stuck out to me with the assessment. I knew there were answers that had yes and no. The only thing that stood out to me was her plan to kill herself. I do not know why but it was a bit of a shock to hear a young person talk about how they would kill themselves.</p>	<p>part of the assessment was having all the yeses. My client hadn't been at the facility for too long only for 7 days which would mark all the questions a yes. Since they got admitted for attempted suicide. I personally have not experienced a lot of suicidal attempts from outside of work. At work I have sat for patients who have ideations or have attempted. This experience was much more different since I work at a hospital and not a mental health facility. I do not think suicidal thoughts are linked to anything in our body to determine if it was a disease that cause these thoughts. I did not notice anything in the client's chart that would lead to these thoughts. The client does have bipolar, and schizophrenia does run in the family.</p>	<p>was another more assessments that needed to be done upon my interpretation besides doing a physical assessment to see any cuts. As a nursing student, the only I could do at that time would have been a physical assessment with just my eyes, but my client was wearing a two sweatshirts and jeans. They were wearing a t-shirt but there were no markings on their arms. As a nurse, I could have asked to do a physical assessment to determine the depth of the cuts and the healing process of them.</p>	<p>every person who is suicidal will do an attempt or even have a plan on how they would do it. I would like to ask different questions in the future to further determine how long they have had thoughts and whether the thoughts alter their lives and how it alters them. Having more knowledge of how to care of patients who have a mental illness will help me gain a better idea of how to ask better questions and learn more about them. I do believe asking more personal questions about their life did help me feel more comfortable around them. I asked them how their family was and their thoughts on them. What their favorite activity was and favorite movies and shows. I did find out that they do like to read but the facility had took them away since they were not age appropriate.</p>
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