

## Noticing

1. 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?
  - a. I noticed that my client started to get anxious and angry towards some people in the facility. She started to get distracted easily so she would not participate in the group activities.

## Interpreting

2. 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 similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so briefly explain.
  - a. There was another girl that she did not really like and could not get along with. I think since their first interaction wasn't the best, everything that the other girl does kind of rubs her the wrong way. That causes her to be angry about certain actions that she sees from the other girl, and she was also annoyed with her. I've had experiences where I don't like some people at school. I do get annoyed, but I did my best to ignore the situation. My client was not able to ignore the situation.

## Responding

3. 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?
  - a. I kind of had to observe her to see what the full story was at first. I wasn't sure what was going on at first, but as the day went on and more interactions were made, I was able to come up with some kind of conclusion as to what was going on there. As a nursing student, I could try to just kind of distract her for the day and make up random conversations. As a nurse, I think I would try to go and solve the problem between my client and the other client who were having trouble. The therapeutic communications that I would use are active listening, eye contact, sit facing towards the person I am talking to.

## Reflection

4. 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.
  - a. I learned that you really have to talk to the clients in order to understand why they might be acting this way. I think that I would try to get to know my client better in the future. It was really sad to see the girls and listen to their own life stories and what brought them into the facility. It helped me to be more open-minded and not judge others based on their physical appearance.

### Noticing

5. 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?
  - a. I chose this additional assessment because I thought it related to my client the most. I noticed that my client was very cooperative and answering very honestly. My client stated that she usually can't really sleep well or eat well at the facility. She also doesn't have much of an attention span, and she loses focus.

### Interpreting

6. 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 similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so briefly explain.
  - a. She stated that she is having trouble sleeping and eating. I personally had a similar situation where I wasn't able to sleep or eat as well in a different environment. I think that since people are so used to their home, it is hard to find the relaxation somewhere else.

### Responding

7. 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?

- a. I asked her what kind of food she typically eats at the facility and how much sleep she usually gets in a day there. As a nursing student, I can educate her on how important it is to have a healthy, balanced diet. As a nurse, I think that I could give her some supplements, such as melatonin, to help her sleep.

### Reflecting

8. 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.
  - a. I learned that everyone is struggling with something. Noone really lives a normal and perfect life as portrayed in a movie or tv show. I think that I could ask more in depth of how they feel after not being able to sleep or eat well, so that I could get a better understanding of how their minds would be like that day.

## Mental Status Exam

Client Name <u>Emily</u>		Date	
<b>OBSERVATIONS</b>			
Appearance	<input checked="" type="checkbox"/> Neat	<input 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 checked="" type="checkbox"/> Normal	<input 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:			
<b>MOOD</b>			
<input type="checkbox"/> Euthymic <input checked="" type="checkbox"/> Anxious <input checked="" 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 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 type="checkbox"/> Normal	<input checked="" 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:			
<b>BEHAVIOR</b>			
<input type="checkbox"/> Cooperative	<input checked="" type="checkbox"/> Guarded	<input type="checkbox"/> Hyperactive	<input checked="" type="checkbox"/> Agitated <input type="checkbox"/> Paranoid
<input type="checkbox"/> Stereotyped	<input checked="" type="checkbox"/> Aggressive	<input type="checkbox"/> Bizarre	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Other
Comments:			
<b>INSIGHT</b>	<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Comments:			
<b>JUDGMENT</b>	<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 + 1 + 8 + 0  
=Total Score: 9

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"/>