

Reflection Assignment #2 – Shiann Manint

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>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>I noticed that my patient was not looking at me the entire time when asking questions. She often just looked away when talking about something but would keep eye contact when not talking. There was nothing abnormal that I noticed. Her insight and judgement were poor but I expected that since she was already talking about drinking is not an issue.</p>	<p>The only thing that stood out to be was the client not maintaining eye contact during the conversation. The patient could have felt comfortable or annoyed with the fact that I was asking personal questions. She felt closed off. I have yet to have an experience with someone who couldn't maintain eye contact or being super closed off. Last clinical, my patient was very open with their problems and the reason for being at the facility.</p>	<p>I do wish I had more information about my client prior to doing a mental status. I understand that that may not be every situation. Knowing how your client reacts or understands something could help when asking questions. As a nursing student, I can try to get to know my patient better prior to asking serious questions. As a nurse, I would more than likely get report from a previous nurse and would have a better background of my patient. I used eye contact and active listening when talking to my patient.</p>	<p>I learned that I need to become more comfortable with talking about suicide. I went away from asking the patient if she had tried to kill herself. I first asked if she had thought about self-harm. Then I corrected myself and asked if she had ever thought about killing herself. I do think I did well with extending some questions and trying to get more information. I do not think I need more additional knowledge. I do feel like I need to get more confidence when asking about sensitive subjects.</p>

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<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 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 chose the CAGE questionnaire because my client drinks alcohol. I thought this assessment would best fit my client since I was not sure how they thought about their drinking, and I wanted to get better answers on whether they know it is an issue or if they don't think it is an issue. I noticed during this assessment that my patient is not happy with her sister. She stated that her sister will ask her about her drinking, and she said she gets very angry when this happens. The one thing that stood out to me during this assessment was the</p>	<p>The one thing that stood out to be was the patient saying yes to having a drink in the morning. I think this is because the patient does not like going through any withdrawal symptoms or it is help get rid of their hangover. I understand some people can have a drink in the morning and think it is okay. For me, asking that question and the answer is yes makes me think that she does know she has a drinking problem but does not want to face it. Personally, I have not experienced taking care of patient that does have a drink in the morning to</p>	<p>I would like to know how much they drink. There is not a question in the assessment that ask about how many drinks, but I do think it would help in my assessment. I know when doing CIWA on a patient you can ask how many drinks. I do think I should have asked it even though it was not on the form. As a nursing student, I could have asked the question or ask a similar question that would get me to figure out how many drinks or how many times throughout the day does she drink. As a nurse, I would ask the patient not matter what</p>	<p>I learned that I can add questions even though they may not be required. I can ask my patient anything if it pertains to how I can better my care for them. If I must do an assessment on a patient that could go through alcohol withdrawal, I will ask more questions that pertains to how many drinks and how often. I do think I did a good job with expanding a few questions; however, I do need to work on asking questions and being more comfortable asking them. No feelings have changed. I do believe I try to stop myself before asking questions that could</p>

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<p>patient said yes to having a drink in the morning to alleviate withdrawal symptoms or get rid of hangover.</p>	<p>help alleviate problems but I do have personal experience with having a family member that does because they are in denial of their issue.</p>	<p>assessment I am doing if I suspect the patient drink alcohol frequently and could go into withdrawal symptoms during admission.</p>	<p>be uncomfortable for the patient and I need to learn to stop doing that.</p>
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