

Cover Sheet /10 points

Other demographic data: *DCFS, caucasian*

Gender: *M* Age: *13*

Student Name: *Katie Grumbain* Date: *2/29*

DSM-IV Diagnoses

Axis I:
 Axis II:
 Axis III:
 Axis IV:
 Axis V:

CARE PLAN Mental Status Exam findings (be sure to be VERY descriptive, write your finding in the boxes) PAGE 2?

1. Appearance	<input checked="" type="checkbox"/> casual dress, normal grooming and hygiene <input type="checkbox"/> other (describe):
2. Attitude	<input type="checkbox"/> calm and cooperative <input checked="" type="checkbox"/> other (describe): <i>TS, easily agitated</i>
3. Behavior	<input type="checkbox"/> no unusual movements or psychomotor changes <input checked="" type="checkbox"/> other (describe):
4. Speech	<input checked="" type="checkbox"/> normal rate/volume w/out pressure <input type="checkbox"/> other (describe):
5. Affect	<input checked="" type="checkbox"/> reactive and mood congruent <input type="checkbox"/> normal range <input checked="" type="checkbox"/> depressed <input type="checkbox"/> tearful <input type="checkbox"/> blunted <input type="checkbox"/> other (describe):
6. Mood	<input type="checkbox"/> euthymic <input type="checkbox"/> irritable <input checked="" type="checkbox"/> depressed <input type="checkbox"/> anxious
7. Thought Processes	<input checked="" type="checkbox"/> goal-directed and logical <input type="checkbox"/> disorganized <input type="checkbox"/> other (describe):
8. Thought Content	Suicidal ideation: <input type="checkbox"/> None <input type="checkbox"/> passive <input type="checkbox"/> active if active: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> plan <input type="checkbox"/> intent <input checked="" type="checkbox"/> means <input type="checkbox"/> homicidal ideation: <input type="checkbox"/> None <input type="checkbox"/> passive <input type="checkbox"/> active if active: yes <input type="checkbox"/> no <input checked="" type="checkbox"/> plan <input type="checkbox"/> intent <input type="checkbox"/> means <input type="checkbox"/> delusions <input type="checkbox"/> phobias <input type="checkbox"/> obsessions/compulsions <input type="checkbox"/>
9. Perception	<input checked="" type="checkbox"/> no hallucinations or delusions during interview <input type="checkbox"/> other (describe):
10. Orientation	Oriented <input checked="" type="checkbox"/> time <input checked="" type="checkbox"/> place <input checked="" type="checkbox"/> person <input checked="" type="checkbox"/> self <input type="checkbox"/> other (describe):
11. Memory/ Concentration	<input checked="" type="checkbox"/> short term intact <input type="checkbox"/> long term intact <input type="checkbox"/> other (describe): <input type="checkbox"/> distractible/ inattentive
12. Insight/Judgement	<input type="checkbox"/> good <input type="checkbox"/> fair <input type="checkbox"/> poor

13. Coping Mechanisms (what are they and are they + or -)

Don't forget!

Due March 20

**refer back to rubric*

Cover Sheet 2 /10 points

CARE PLAN Cover Page Continued

Medications – see attached

Allergies: NKA

Factors that lead to treatment:

- 1)
- 2)
- 3)

Significant psychiatric history: be specific

Family history:

Strengths:

Support system:

Discharge Plans – Create your own plan for this client
where are they going after here

CARE PLAN Medication Sheet #1

Medication Sheet – Must have 4 medications submitted.

Medication Name

Generic name

Brand trade

Drug classification/type:

Reason/ reasons why the med. is prescribed for YOUR client:

Pharmacokinetics

Dosage/Route:

Desired action ("how" it works):

Recommended Dosage:

Expected therapeutic effects for this client:

List at least 2 specific assessments to make before and after giving this med:

1)

2)

Common Adverse Effects ("die from"):

5)

6)

7)

8)

Side effects ("bother some"):

4)

5)

6)

Possible drug/drug interactions:
 Possible drug/food interactions:

Nursing Interventions for Adverse Effect:

1)

2)

3)

4)

Interventions for Side effects:

1)

2)

3)

CARE PLAN Medication Sheet #2

Medication Sheet – Must have 4 medications submitted.

Medication Name

Generic name

Brand trade

Drug classification/type:

Reason/ reasons why the med. is prescribed for YOUR client:

Pharmacokinetics

Dosage/Route:

Desired action ("how" it works):

Recommended Dosage:

Expected therapeutic effects for this client:

List at least 2 specific assessments to make before and after giving this med:

1)
2)

Common Adverse Effects ("die from"):

1)
2)
3)
4)

Side effects ("bother some"):

1)
2)
3)

Possible drug/drug interactions:
Possible drug/food interactions:

1)
2)
3)

Interventions for Side effects:

Nursing Interventions for Adverse Effect:

1)
2)
3)
4)

CARE PLAN Medication Sheet #3

Medication Sheet – Must have 4 medications submitted.

Medication Name

Generic name

Brand trade

Drug classification/type:

Reason/ reasons why the med. is prescribed for YOUR client:

Pharmacokinetics

Dosage/Route:

Desired action ("how" it works):

Recommended Dosage:

Expected therapeutic effects for this client:

List at least 2 specific assessments to make before and after giving this med:

1)

2)

Common Adverse Effects ("die from"):

1)

2)

3)

4)

Side effects ("bother some"):

1)

2)

3)

Possible drug/drug interactions:
 Possible drug/food interactions:

Nursing Interventions for Adverse Effect:

1)

2)

3)

4)

Interventions for Side effects:

1)

2)

3)

* If nothing was offered

w/ journal #3 Due Tues
MSE Cover sheet /10 points

MENTAL STATUS EXAM -- 50 points

Student Name Katie Chamberlain Date 2/29

Includes cover sheet, medication sheets for 4 psychiatric medications, and MSE Content of Examination pages.

IDENTIFYING DATA

Pt. Initials: MD

Date of Admission: 2/23 Previous psych admissions: none listed

Date of interview: 2/29 Gender: F Age: 73

Diagnosis:

Axis I: Major Depression
Axis II: Obsessive-compulsive personality disorder (my impression)

Axis III:
Axis IV:
Axis V:

Chief Complaint on Admission: (quotations)

Factors for seeking treatment:

got "depressed" and "weak" after not eating and barely sleeping in a hospital waiting room when her sister had an MI and was in intensive care. Has hx of chronic back pain. sleeping in the waiting room chair didn't help.

MSE Medication Sheet

Medication Sheet – Must have 4 medications submitted.

Medication Name

Generic name

Brand trade

Drug classification/type:

Reason/reasons why the med. is prescribed for YOUR client:

Pharmacokinetics

Dosage/Route:

Desired action (“how” it works):

Recommended Dosage:

Expected therapeutic effects for this client:

List at least 2 specific assessments to make before and after giving this med:

1)

2)

Common Adverse Effects (“die from”):

9)

10)

11)

12)

Side effects (“bother some”):

7)

8)

9)

Possible drug/drug interactions:
Possible drug/food interactions:

1)

2)

3)

Interventions for Side effects:

1)

2)

3)

4)

Nursing Interventions for Adverse Effect:

MSE /35 points
 ** This section must be type out with each roman numeral as a separate detailed paragraph.
 Describe all behavior fully and articulately. Your clinical instructor should be able to identify your client (without the need for initials) based on your accurate description. Do NOT use within normal limits, yes/no, appropriate or other vague terms.

Content of Examination

I. Appearance, Behavior, Attitude

- a. Appearance in relation to age
- b. Attractiveness
- c. Clothing, appropriateness for age, etc.
- d. Hygiene
- e. Odor
- f. Overall physical health

Motor Status

- a. Gait (confined to wheelchair (neuropathy))
- b. Handshake
- c. Any abnormal movements
- d. Movements, coordination
- e. Movements, pace and energy
- f. Posture slumped over
- g. Activity can raise herself around
- h. Facial expression

II. Characteristics of speech

- a. Amount of speech
- b. Clarity of speech
- c. Liveliness of speech
- d. Pressure of speech
- e. Rate of speech
- f. Rhythm of speech
- g. Volume of speech
- h. Repetition
- i. Coherent/incoherent
- j. Logical association/disordered

III. Emotional State: Affective Reactions

- a. Attitude toward nurse
- b. Affect, appropriateness
- c. Affect, range
- d. Affect, stability
- e. Specific feelings and moods
- f. Emotional trends, Depth/intensity/persistence
- g. Shallowess, flattening or blunting of affect
- h. Dissociation or Disharmony
- i. Emotional Reactions
- j. a. constant
- k. b. fluctuating
- l. c. Ease of Readiness of occurrence to stimuli
- m. d. Degree of intensity
- n. e. Playacting
- o. f. Emotional Deterioration

seems to not follow the questions of the social worker avoided talking about feelings and much rather

she goes from talking about her problems w/ her sister to her apart next and the anxiety of it not being clean

VI. Memory

- a. Recall of Remote Past Experiences
- b. Recall of Recent Past Experiences
- c. Recall of Immediate Impressions
- d. General Grasp Recall
- e. Family and Significant Others
- f. Position in the family
- g. Others in the family
- h. Living arrangement
- i. Roles in family

single
 something forgets simple words
 this frustrates her and makes her stupid 24

V. Orientation and Awareness

- a. Level of Consciousness responds to: (verbal, touch, noxious, unresponsive)
- b. Orientation
- c. Person
- d. Place
- e. Time
- f. Situation

cleanliness of her apart next
 takes pride in it
 refuses to stay out of her
 daughters have because it will not go to bed until house is clean

Hallucinations

- a. Auditory
- b. Visual
- c. Olfactory
- d. Gustatory
- e. Tactile

a lot but slow/steady
 moves better w/ her wheelchair

Delusional

- a. Reference or persecution
- b. Nihilistic
- c. Grandeur
- d. Somatic

around with general care, better w/ her wheelchair

Ideation

- a. Self-Destructive/suicidal
- b. Suspicious/paranoid
- c. Homicidal

"triggers numb" - confined to wheelchair (neuropathy)

Thought

- a. Clarity of thought
- b. Content of thought
- c. Flow of thought
- d. Logical
- e. Coherent
- f. Relevant
- g. Patterns

her program in appropriate out messy, brown hair

IV. Content of Thought, Special Preoccupations and Experiences

felt was need to repeat part to get through
 disjointed
 woman of patient to get through we understand

She is almost certain of the depression cause

has a better perspective

She is looking up and to other tops sometimes elevates attention but keeps

Knowledge about illness (state specifics)

- a. Performance in relation to education
 - b. Attention and concentration - keeps
- Intelligence
- X. Written Summary (put on cover sheet):
 Be specific. Describe all behavior fully and articulately.
 Your clinical instructor should be able to identify your client
 (without initials) based on your accurate description.

Medications (OTC and prescribed - used for coping)

- Street drugs
- Exercise
- Food
- Alcohol
- Tobacco

Denies

(in general and for the last year)

Addictive/Coping habits - how much, how often, how long

- e. Social Judgment
- d. Capacity for Abstract Thinking
- c. Reasoning and Judgment
- b. Calculations
- a. General Information

reads paper everyday to keep informed

VII. General Intellectual Evaluation

- g. Interpersonal ability
- f. Other support services - none, ridiculed 10 yrs ago
- e. Significant others

a. Understands and realizes significance of symptoms

- b. Does the patient consider her/himself to be ill?
- c. Possible explanation of symptoms (who helped to formulate)

Suggestions for treatment

IX. Summary

Developmental Stage (Erickson)
Coping devices and defense mechanisms

- a. Effectiveness
- b. Usefulness
- c. Appropriateness
- d. Assets, resources, strengths & interests

Does acknowledge depression but is more concerned about pain