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This week we were able to care for another child. The patient was a 12-year-old male who was admitted for aggressive behavior. The patient was also diagnosed with bipolar disorder, but that was not the direct reason for his admission. Through most of the day he was asleep, so we had to wait for him to wake up. At one point, he started screaming in his sleep. I was not sure why he did it, but it made me question if there are other factors like abuse at home that played a role in his condition. The patient had other comorbidities like seasonal allergies, eczema, and constipation. Lastly, his condition made it so that he would become combative when it came to bathing, so for the six days he was in the hospital he did not bathe. When he woke up, we were able to take his vitals and perform a physical assessment. I think we were only able to do this because he was in a depressive phase. While examining the patient, I smelled him and he showed signs of poor hygiene. If we had more time, we would have attempted to convince him to bathe.

The greatest challenge I experienced during the day was researching the possible cause of the patient's abnormal labs. Certain results, like increased fasting glucose levels, low creatinine, and increased RBC count, perplexed us. We eventually came to the conclusion that it could have been because of his poor nutrition and lack of exercise.

In terms of professional growth this week, I was able to improve my skills of interacting with children. I say this because I had to implement the skills I've observed from other providers when speaking to people with mental disorders. This included lowering the stimuli in the room, speaking in a softer tone, and getting to the level of the person you are talking to. These actions all made the patient less apprehensive.

The greatest accomplishment of the week was the fact that I was able to get the patient to participate while we assessed him. Based on his notes stating that he often declined his medications and he also had aggressive tendencies, I thought we would not get to interact with him at all. We were eventually able to check his lungs, heart, skin, and abdomen.

In terms of technical skills, I was able to perform a focused abdominal exam. I also examined the patient's lungs and heart, but they were not focused exams. I was able to note that he had clear sounding lungs bilaterally, no cardiac murmurs, and his abdomen was soft, nontender, and had active bowel sounds. We performed a focused abdominal exam because his chart stated that he was suffering from constipation.

For an evaluation of my interpersonal communication skills, I would say that they have improved, as stated before. I was able to communicate with the patient effectively enough that he allowed us to evaluate him.

An area that I noticed needs improvement was my ability to ask relevant questions in regard to a patient's current condition. Although I was able to obtain objective information, I failed to ask the patient about his subjective symptoms and when he last had a bowel movement.

This week, the bible verse that I focused on was Philippians 4:13. The verse states, "I can do all things through Christ who strengthens me." This scripture made me think about older patients who go through depressive episodes like my patient this week. If they knew about this verse and internalized what it said, this could possibly keep them from committing suicide or give them the motivation to get out of bed.