

Week 5 Assignment 3 Weekly Reflection

by Office user

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Week 5 Assignment 3: Weekly Reflection

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Week 5 Assignment 3: Weekly Reflections

Care for patients with mental disorders could be complicated depending on the nature of the presenting symptoms and patients' history. During the previous week, I encountered a patient who was admitted to the unit with agitation. It was reported that the patient was self-harming before being brought to the unit. While I have built significant confidence in handling patients with psychiatric disorders, I had moments of attention lapse that led to missing some essential aspects of care. In this regard, this paper will address the care provided to the patient, focusing on the aspects that I missed and the lessons I learned.

On presentation, P.K., a 21-year-old patient, was agitated, with a significantly labile mood and history of adverse childhood experiences. Recently, the patient dropped out of college after losing both parents to COVID-19, factors that precipitated self-harming behaviors. As a psychiatric-mental health nurse, I ought to have understood effective approaches to addressing the crisis. Acute agitation is an emergency that requires prompt and appropriate interventions (Lawrence et al., 2022). As supported by evidence, verbal de-escalation should be initiated as the first-line approach to addressing agitation before considering restraints (Miller, 2021; Roppolo et al., 2020). However, I did not explore or use these recommendations when handling P.K.'s case. His agitation prompted me to ask for assistance in restraining him. I considered the decision appropriate because I thought he was a threat to self and others but did not consider the severity of his agitation. However, restraints should have been the last resort because the patient's agitation had not resulted to aggression or violence. As noted by Roppolo et al. (2020), agitated patients with overt verbal or physical activity should be calmed through verbal de-escalation, with medication or restraints being used only if the patient does not respond adequately. I acknowledge that a previous encounter with an agitated patient who became violent towards the

staff influenced my decisions. The physical restraints did not calm the patient but exacerbated his agitation leading to rapid tranquilization.

From the episode, I acknowledged the importance of collecting and understanding all the relevant background information on the patients. In addition, I should have used screening tools to assess the patient's agitation. According to Miller (2021), structured screening tools such as the Positive and Negative Syndrome Scale – Excited Component provide a structured approach to understanding the severity of agitation. Consequently, the tools would have enhanced my professional judgment in the selection of the best management approach. In retrospect, the scenario provided a foundation for learning and effective handling of similar situations. I appreciate that building rapport with the patient during the initial contact and introducing humor could have helped in calming the patient. Moreover, I have learned the importance of collaborating with other clinicians during crisis. Collaborative efforts could bring different perspectives and ensure the consideration of the best treatment approach. Overall, I have appreciated the lessons learned from the missed aspects of care. Incorporating the lessons into my future practice would enhance patient-centeredness in delivering care to my patients.

References

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