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**FACULTY OF PHARMACY, NURSING AND HEALTH PROFESSIONS**

**PSYCHIATRIC NURSING (NURS353)**

**STUDENT NAME:**

**Bayan Ghieth-1171677**

**CASE STUDY.**

**INSTRUCTOR:**

Hussien Awawde.

**Week of experience:** 4  **Student:** Bayan Ghieth

**Date of admission:** 12\11\2020  **Patient (Initials):** Q.Al-D

**Psychiatric diagnosis:** paranoid delusion **Ward:** admission

1. **Identification:**

**Age:** 23 Y.O **Sex:** male  **Address:** jenin

**Religion:** muslim **Education:** law student

**Occupation: Marital Status:** single.

**2- Current problems and chief complaint:**

Patient reported that he brought to the hospital because he attempt to kill his family by burning the house after an aggressive fight with his father and threatening him in killing, and a multiple aggressive behavior lasted for 3 months against his family, patient claims” ابوي بدوش يعطيني مصاري فحرقتله داره". He has been arrested in jenin district jail for 45 days.

**3- History of the psychiatric illness and admission (hospitalization, medication,**

**therapies and compliance with prior care plans):**

The first admission for this patient to the hospital was in November 2020 which is because aggressive behavior against his family and claiming that his family will hurt him and his father hates him, patient went to "مركز العيزرية" to be treated after releasing him from the jail and then he returned to the aggressive behavior. At first he was seeing sheikh for his aggressive behavior, patient said that they weren’t helping. Patient said that that his brother has been admitted to this hospital in 2010 by their father, he said "مكنتش مستغرب لما حطني هون مهو حط اخوي قبلي" .

**4- Personal history**

**(Development, education, work history, life events, pre-morbid personality, sociability,**

**neurotic trait)**

Patient is the second youngest kid in the family, single, has been normally delivered (vagginaly), he said that his mother told him that she has some troubles while delivery. Patient didn’t have any history of any medical or communicable diseases in his infancy. Patient starts walking and talking normal range of it. Patient had a good academic performance in school and he had a lot of friends in the school and the neighborhood since he was kid, he had never been under violence neither from his family or friends, patient said that his relationship with his mother since he was kid wasn’t good, and his older brother has been always jealous of him. He had a good average in tawjihi (76%), then he started studying law at Al- Amrecia university, still has 9 hrs not completed, patient started experiencing smoking marijuana and drinking alcohol when he was 15year old, and been addicted to it in 2016-2017, patient had a lot of friends and relationships during school and university, he had a lot of love relationships with girls.

he said" كان عندي كتير صحاب ومعارف, بعد ما دخلت هون بطل حدا يسأل", in 2018 patient had a car accident and had a spleenectomy, he said that his father didn’t pay him any attention after his accident. In july 2020 he retairned to smoking drugs and drinking alcohol and that’s what he believes make everything worse.

**5- Family history and genogram:**

Patient family consist of his 55 y.o father, and 45 y.o mother , and 2 brothers and 2 sisters, patient has been born in 25\1\1998, as patient said they were a normal family with normal social life style, nothing special and nothing abnormal, his parents had a normal relationship between each other, no violence or abusive environment. Patient has family history of DM and HTN, which his father has hypertension and his mother had diabetes. His father is contractor and a wood seller, his mother is a medical secretary. Family has a history of aggressive behavior which his brother has been admitted to the hospital after an aggressive fight with his father.

**6- Medical History and admission (allergies, medical illnesses, surgery, medications)**

Patient has no allergies of any kind of medication or food, patient has no medical history of chronic diseases, in 2018 he had a car accident and had a spleenectomy procedure and a platen fixing for his jaw. Family medical history of DM and HTN.

**7- Social habits and living patterns describe any changes due or after illness:**

**Psychological (e.g. self concept, esteem, coping and defenses…. Etc**

1. **Self concept and self esteem.**

Patient seems to have a high self esteem and and confidence, he sees his self as a successful man and doesn’t deserve to be here.

**C. Defense mechanisms:**

**Sleep pattern:**

Patient has a good sleep pattern in the hospital he sleeps a continuous 10 hrs during nights without any nightmares.

**Eating- Nutritional Patterns:**

Patient has no allergy of any kind of food, he eats a 3 meals per day in the hospital without any complains of food kind or who is serving it. Patient has no GI diseases.

**Drugs and substance use:**

Patient on hospital medication cardix.

**Elimination:**

Normal elimination without any problem or any drains need.

**Rest-Exercise**

Patient is active in normal range not hypo not hyper.

**8- Mental Status Examination**

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| **MENTAL STATUS** | **(Describe)** |
| **APPEARANCE: General health, grooming, contact**  **with external environment** | A good body posture, clean, with no grooming, his clothes were suitable for the season, there was a good eye contact between me and him, clear coherent speech with moderate volume and rate. There was no something abnormal observed during the interview. |
| **Activity/ behavior**  **Hyperactive, Agitation, psychomotor**  **retardation , Calm\_\_\_, Tremors, Tics, Unusual**  **movements/gestures,, Catatonia,, Akathisia,,**  **Facial movements(jaw/lip smacking) ,,**  **Other\_\_\_\_\_\_\_\_** | Patient was calm, rest, balanced normal activity, normal facial expressions related to the words the patient said with no abnormal and involuntary movement. |
| **ALERTNESS: Level of consciousness, concentration,**  **and vigilance** | patient was conscious, oriented, focused and understand everything I say. |
| **THOUGHT FORM: Loose associations ,**  **tangentiality , perseveration , blocking ,**  **derailment** | Patient was focused, answer with an understandable words associated to the topic and the question with no blocking or preservation. |
| **THOUGHT CONTENT: Delusions of grandeur ,**  **persecution , somatic delusions ,**  **thought control , insertion , withdrawal ,**  **broadcasting , preoccupation, obsessions , and**  **phobias** | Patient was very confident and satisfied of everything he done. Patient believe that if he came out from the hospital his father will hurt him and bring him back again. Patient think that GOD ia bad and unfair and everything it’s his fault. |
| **SPEECH: Volume, rate, rhythm; paraphrasia and**  **neologisms** | He ‘s speech is clear , coherent ,understandable ,moderate not rapid , the volume of his sound was soft, with a short answers to the questions and no abnormal characteristics of speech. |
| **PERCEPTION: Hallucinations : auditory ,**  **(command?) , visual , olfactory , tactile ;**  **Illusions , misperceptions , derealization ,**  **depersonalization , fluid boundaries** | Patient haven’t heard any sounds or saw abnormal things. |
| **MOOD: (What patient reports about how they feel)** | His mood is good, comfortable, kind of happy, sleep well, not anxious and has some friends in the hospital. |
| **AFFECT: Range, intensity, lability, appropriateness** | he was shifting from one effect to another depending on the subject that we were discussed ,he has appropriateness affect his facial expression fit to his speech when he was talking about sad thing his face was sad , when we talking about happy thing he was smile . |
| **VEGETATIVE SIGNS: Suicidality, decreased**  **interest X, guilty/worthless, decreased energy ,**  **decreased concentration , appetite increase x or**  **decrease , weight gain or loss ,**  **psychomotor retardation or agitation , sleep**  **disturbance: increase or decrease (DFA ,**  **EMA interrupted sleep )** | Patient has no suicidal thoughts, he has energy to live and experience new things, satisfied about himself, full concentrated person and observe everything around him, like if a leaf fall from the tree, patient has no sleep disturbances sleeps in an adult average sleep hrs. |
| **COGNITION: Orientation to day, date, year, place,**  **person; memory for 3 words after 5 minutes (mini-**  **mental status if indicated.)**  **Memory: recent and remote** | Patient is conscious, oriented to the day, date, place and purpose of being in hospital, has a good short and long term memory as I gave him a sentence to memorize it and ask him again after a while about it and he remember it, he also remembers his moms birthday and his teachers name in primary school. |
| **INSIGHT/JUDGMENT: Awareness of condition, own**  **role in difficulties** | Patient is not aware about his illness and doesn’t believe that he is ill. I gave an example if he saw |
| **Current suicidal ideation X, intent , plan ;**  **means available ; previous suicide attempt(s) :**  **precipitants, method, lethality, dates** | Patient has no suicidal thoughts, never has tried to do it. |
| **Current homicidal ideation , intent , plan ,;**  **means available ; assault history , legal**  **history , predatory behavior (sexual stalking,**  **kidnapping,) fire-setting** | Patient tried to kill his family by burning the house. Patient has a history of aggressive behavior against his family especially his father. |

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| **Insight** | Patient said that he is not ill and he didn’t do anything wrong and he would do it again if his father continue to treat him like this. |

**Treatment and therapies:**

**Present treatment and observed side effect:**

Patient on two regular medications:

1. Zyprax:

1\*2, orally

1. Depalept:

1\*1, I.V, 500mg

**15) List all possible nursing diagnosis for the care:**

1. Impaired judgment r\t paranoid thinking.
2. Defensive coping mechanism.
3. Dysfunctional family system.
4. Lack of trust r\t paranoid thinking.
5. Impaired ability to make decisions, and problem-solving.
6. Self-risk r\t drugs and alcohol use.
7. Risk for other-directed violence.

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| Patient problem | Nursing diagnosis | Nursing goals | Nursing implementation | rational | Evaluation. |
| Patient think that his family and other people will hurt him in any time. | Risk for Defensive coping mechanism against the environment. | -Patient will identify one action (at least) that helps client feel more in control of his or her life.(STG)  -Patient will state that he feels safe and more in control with interactions with environment/ family/ work. | -Explain to patient what you are going to do before you do it.  -Use a nonjudgmental, respectful approach with the patient.  -Diffuse angry verbal attacks with a non- defensive stand. | -Prepare the patient before any activity or communication to prevent any misinterpreting leading to aggressive reaction.  -To avoid any misinterpreting.  - Non-defensive and non-judgmental attitude provides an atmosphere in which feelings can be explored more easily. |  |

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| Patient problem. | Nursing diagnosis. | Nursing goals. | Nursing implementation. | Rational. | Evaluation. |
| Patient has a history of violence behavior. | Risk for other-directed violence. | -Patient will recognize signs of increasing anxiety and agitation and report to staff for assistance with intervention.(STG)  -Patient won’t harm himself or others.(LTG) | -Remove all dangerous objects from client’s environment.  - Close observation for patient attitude and behaviors among others. | -To avoid creating suspiciousness in the individual. -Close observation is necessary so that intervention can occur if required to ensure client’s (and others’) safety. |  |

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| Patient problem | Nursing diagnosis. | Nursing goals. | Nursing implementation. | Rational. | Evaluation. |
| Patient has false thinking and. | Lack of trust r/t paranoid thinking. | Patient will develop trust in at least 1 staff in the period of being in the hospital (STG)  -Patient will recognize and verbalize thar false ideas occur when he wants to believe them.(STG)  -By time of discharge, patient will be able to differentiate between paranoid thinking and reality(LTG). | **-**Be with the patient to offer support during group activities.  -Be honest with the patient and keep all promises.  -Do not argue or deny the belief. Use reasonable doubt as a therapeutic technique: “I understand that you believe this is true, but I personally find it hard to accept.” | **-**the presence of trusted individuals with the patient would make him emotional secure.  -honesty promoting a trusting relationship with the patient.  -Arguing with the client or denying the belief serves no useful intervention , because delusional ideas are not eliminated by this approach, and the development of a trusting relationship may be impeded. |  |