

UMKC MSN Student Clinical Evaluation Form

STUDENT: KIRSTEN MARSHALL

COURSE: \_\_\_\_\_

0-Unmet	1- Novice	2- Advanced Beginner	3- Competent	4- Proficient
Minimal ability to use advanced health assessment and diagnostic reasoning skills, regarding history taking and physical assessment	Ability to demonstrate acceptable performance in comprehensive history- taking and physical exam. Able to formulate a medical diagnosis and develop an appropriate treatment plan, using advanced clinical decision making and using evidence based practice guidelines. Requiring continuous supervision.	Ability to demonstrate acceptable performance in comprehensive history- taking and physical exam. Able to formulate a medical diagnosis and develop an appropriate treatment plan, using advanced clinical decision making and using evidence based practice guidelines. Requiring moderate supervision.	Ability to demonstrate acceptable performance in comprehensive history- taking and physical exam. Able to formulate a medical diagnosis and develop an appropriate treatment plan, using advanced clinical decision making and using evidence based practice guidelines. Requiring minimal supervision.	Ability to demonstrate acceptable performance in comprehensive history- taking and physical exam. Able to formulate a medical diagnosis and develop an appropriate treatment plan, using advanced clinical decision making and using evidence based practice guidelines. Working independently.

COMPETENCY		RATING	Please Comment
<b>Critical Thinking:</b> Critical thinking is the rational and reflective process of making judgments. This process includes analysis and differentiation of complex data sets as a basis for independent and collaborative health care decision-making.			
1. Uses data gathered and applies the critical thinking process to formulate patient assessment and plan		0 1 2 3 (4)	EXCELLENT! 
2. Individualizes the plan to fit the patient and family needs		0 1 2 3 (4)	
3. Knows limit of competence		0 1 2 3 (4)	
4. Stretches to reach new level of competence		0 1 2 3 (4)	
5. Demonstrates ability to accurately gather appropriate subjective and objective data in a timely manner		0 1 2 3 (4)	
<b>Communication:</b> The ability to use complex, ongoing, interactive written and verbal processes by which information is exchanged between individuals, groups, and/or systems.			
6. Utilizes all the appropriate documents for decisions		0 1 2 3 (4)	UNABLE TO CHART IN EHR HOWEVER I REVIEWED DOCUMENTATION
7. Reports to the preceptor in a complete and organized manner		0 1 2 3 (4)	
8. Charts all pertinent patient information and care clearly and concisely		0 1 2 3 (4)	
9. Communicates the need for assistance, guidance or instruction		0 1 2 3 (4)	
<b>Service Delivery:</b> The ability to apply theory and research in advanced clinical practice, or to the education of professional nurses, or in managing organizations and environments.			
10. Uses national standards of care and clinical guidelines for basis of decisions		0 1 2 3 (4)	
<b>Technology Utilization:</b> The ability to deliver health care services using a broad range of technological devices.			
11. Uses the internet, PDA, EMR and other devices to be prepared in the clinical area		0 1 2 3 (4)	
<b>Professional Role Development:</b> The ability to enact the subroles of the nurse in advanced practice.			
12. Accepts responsibility and is honest		(Met) Unmet	VERY WELL PREPARED! AND DEREGATED, WE HAD A VERY LONG DAY, EXTENDED, KIRSTEN SORTED TO STAY!!
13. Dress and conducts self professionally		(Met) Unmet	
14. Is on time and respectful of others roles		(Met) Unmet	
15. Practices within the scope of practice for a registered nurse		(Met) Unmet	
16. Practices within the scope of practice of a student		(Met) Unmet	
17. Practices within the scope of advanced practice nurse		0 1 2 3 (4)	
18. Exhibits qualities of clinical expert, educator, leader, consultant and researcher		0 1 2 3 (4)	
19. Demonstrates leadership, resourcefulness, ingenuity, works independent of supervision or extra effort		0 1 2 3 (4)	



COMPETENCY		RATING	Please Comment
<b>Global Perspectives:</b> The ability to integrate individual, micro- and macro-system attributes into the delivery of health care.			
20. Articulates, understands and applies State and Federal laws	0 1 2 3 4		
21. Inquires and applies the expected policies and procedures of your clinical setting	0 1 2 3 4		
22. Adheres to goals of organization and ability to work with others	0 1 2 3 4		
<b>Health Care Systems:</b> The ability to evaluate and function in the complex array of relationships and settings in which health care may be delivered			
23. Takes into consideration insurance, formularies, referral preferences in patient plan	0 1 2 3 4		
24. Understands the appropriate criteria used to properly charge for services	0 1 2 3 4		
<b>Collaboration:</b> Participate in the development of relationships in which each party contributes equitably to the decision making			
25. Recognizes when collaboration, consultation and/or referral is appropriate	0 1 2 3 4		
26. Collaborates with preceptor on all decisions made	0 1 2 3 4		
27. Accepts criticism constructively	0 1 2 3 4		
<b>Ethics:</b> Participate in interdisciplinary endeavors to identify the structures related to rights, duties and responsibilities			
28. Maintains patient confidentiality written and verbally	Met Unmet		
29. Follows the HIPPA guidelines	Met Unmet		
30. Completes work on time, utilization of time positively, minimum of wasted time	Met Unmet		
31. Maintains patient and practice privacy	Met Unmet		
32. Practices within the standards of the ANA Code of Ethics	Met Unmet		
<b>Cultural Sensitivity:</b> The incorporation of values to provide services to individuals and groups with respect for human dignity and the uniqueness of the client unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems			
33. Utilizes the patient's cultural, ethnic and religious beliefs in care plan development	0 1 2 3 4		
<b>Research:</b> The ability to critically evaluate and synthesize research results providing the scientific basis for advanced practice nursing			
34. Offers and discusses the current research that supports clinical decisions	0 1 2 3 4		
<b>Theory:</b> The ability to analyze a variety of theories and determine applicability to personal advanced practice nursing			
35. Utilizes nursing and other theories to organize the critical thinking process used in care	0 1 2 3 4		
<b>Teaching/Learning:</b> The ability to assume the teaching role in both formal and informal teaching. Teaching/Learning is a dynamic, lifelong interactive process that has formal and informal elements. Formal teaching occurs between two or more people including a teacher and learner. The teacher (1) assumes the role of content resource and (2) designs and manages the process that will facilitate the learner(s) in the acquisition of new knowledge, attitudes, and or skills. Informal teaching/learning process may involve one or more persons who may or may not be identified as a teacher or a learner. It consists of unplanned, spontaneous activities that enable a person to acquire new knowledge, attitudes or skills			
36. Initiates patient/family education appropriately	0 1 2 3 4		
37. Incorporates health promotion education appropriate for age	0 1 2 3 4		
38. Provides clinic staff and nurses education formal and informally	0 1 2 3 4		
39. Demonstrates being an active adult learner, self motivated	0 1 2 3 4		

GLOBAL THINKER GREAT EXPLAINING/TEACHING PATIENTS

KEEP IN MIND INPATIENT COSTS AND FORMULARIES EACH HOSPITAL IS DIFFERENT ALSO AFFORDABILITY FOR DIFFERENT INPATIENT MEDICATIONS.

AS MEMBER OF TEAM.

Evaluation Conducted By: Angela E. TONYA NYLOR Date: 10/5/21 Final: PASS/FAIL/OTHER

## N5572M Evaluation of Student Clinical Performance

Date of Evaluation: 10/5/21

Clinical Site: Royal Oaks Hospital

Student Name: KIRSTEN MARSHALL

Preceptor Name: TONYA N TYLER

Semester: FALL 2021

Preceptor Contact Information:

TTYLER@COMPASSHN.ORG (660) 281-9795

1. Incorporate knowledge of epidemiology, psychobiological etiology, and population-based differences of mental health disorders in the diagnosis and treatment of patients.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

2. Utilize psychiatric interviewing skills and additional data collection methods to develop a differential diagnosis list of mental health disorders and subsequent treatment plan.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

3. Diagnose psychiatric disorders from the collection and synthesis of assessment data according to current DSM criteria.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

4. Develop a treatment plan for mental health problems and psychiatric disorders based on biopsychosocial theories, evidence-based standards of care, and practice guidelines.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

5. Treat acute and chronic psychiatric disorders and mental health problems as part of a collaboration with the multidisciplinary mental healthcare team.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

6. Prescribe psychotropic and related medications to treat symptoms of psychiatric disorders and improve functional health status.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A



7. Evaluate clinical outcomes to determine the effectiveness and appropriateness of the plan of care and make adjustments as needed.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

8. Integrate appropriate tests and other procedural data that contribute to the final treatment plan.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

9. Provide psychoeducation to individuals to promote knowledge, understanding, and effective management of mental health problems and psychiatric disorders.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

10. Engage patients in activities that promote mental health and prevent development or worsening of mental health problems.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

11. Incorporate cultural differences in the evaluation and treatment of patients.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

12. Provide leadership in the mental health care system

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

13. Advocate for the patients in addition to the advanced practice psychiatric nursing role.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

14. Apply technology to the delivery and evaluation of the mental health care provided.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure N/A

*Addendum: Please complete if appropriate to setting/services/population.*

1. Manage psychiatric emergencies by determining the level of risk, while initiating and coordinating effective emergency care. *SAFETY MONITORING*



Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

2. Treat acute psychiatric disorders and mental health problems in both outpatient and inpatient settings. ~~N/A~~

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

3. Manage the phases of the nurse practitioner -patient relationship with individuals, groups, and families.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

4. Apply therapeutic communication strategies based on theories and research evidence.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

5. Use self-awareness to enhance the therapeutic relationship.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

6. Monitor personal emotional reaction and behavioral responses towards patients.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

7. Maintains professional boundaries to preserve the integrity of the therapeutic process.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

8. Conduct individual, group, and/or family psychotherapy.

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

9. Coordinate comprehensive mental health care management of individuals and families including collaboration with and referrals to other health care providers and appropriate community agencies. ~~TX TEAM~~

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

10. Integrate the teaching role of the advanced practice nurse into the health care of individuals and families dealing with mental illness.

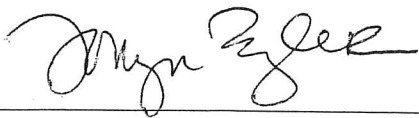
Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

11. Evaluate the effectiveness of care provided, including efficiency, cost, and appropriateness with the individual and family

Early beginner-----2-----3-----4-----5-----6-----7-----8-----9-----Ready for licensure (N/A)

Comments/suggestions for improvement:

Preceptor signature



Date

10/5/21





## Progress Report Overview

Student: Kirsten Marshall

Activity: Student Portfolio

Start Time: 09/08/2021 10:41:15

End Time: 09/23/2021 09:25:35

Total Time: 06:14:14

### Actions

Order at 09/23/2021 09:16:00

Order at 09/23/2021 09:20:19

Order at 09/23/2021 09:23:36

Order at 09/23/2021 09:24:58

Note at 09/23/2021 09:13:30

Patient at 09/08/2021 11:06:19

# Student Portfolio Documentation

go

Student: Kirsten Marshall  
Activity Start: 09/08/2021 10:41:15  
Activity Completion: 09/23/2021 09:25:35  
Activity Completion: 06:14:14

## Patient Data



Patient:  
Age/Sex: 17 yo M  
Location: General Hospital

DOB: 10/01/2003  
MR#: MR20045  
Admit Date: 09/08/2021

## Orders

Order at 09/23/2021 09:13

Category	Prescriptions
Author	Kirsten Marshall
Provider	Logan Curry, NP
Item	284548SY1
Item Detail	Geodon (as ziprasidone hydrochloride monohydrate) 40 MG Oral Capsule
Alternate Name	Ziprasidone
Include DEA/NPI number	false
Quantity	80
Route	Oral
Details	Must take with food, at least 350 calories.
Frequency	BID
Status	Active
Dosage	40 mg
Days Supply	30
Substitution Allowed	Yes
Starts on	09/15/2021 09:13
Ends on	09/15/2022 09:13

## Med Label

MAN/LOT	RX EXP	EXP DATE	DUE	STORAGE	CONT SUB	INSTRUCTIONS
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Order at 09/23/2021 09:16

Category	Prescriptions
Author	Kirsten Marshall
Provider	Logan Curry, NP
Item	352272SBD1
Item Detail	Escitalopram 10 MG Oral Tablet [Lexapro]
Alternate Name	Escitalopram
Include DEA/NPI number	false
Quantity	30
Route	Oral
Frequency	QAM
Status	Active
Dosage	10 mg
Days Supply	30
Substitution Allowed	Yes
Starts on	09/15/2021 09:16
Ends on	09/15/2022 09:16

Med Label

MAN/LOT	RX EXP	EXP DATE	DUE	STORAGE	CONT SUB	INSTRUCTIONS
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Order at 09/23/2021 09:20

Category	Screening/Measurements
Author	Kirsten Marshall
Provider	Logan Curry, NP
Item	Mood Disorder Questionnaire
Include DEA/NPI number	false
Details	Complete the MDQ with psychological testing
Frequency	ONCE
Schedule	Once
Status	Active
Starts on	09/15/2021 09:20
Ends on	09/15/2021 09:20

**Med Label**

MAN/LOT	RX EXP	EXP DATE	DUE	STORAGE	CONT SUB	INSTRUCTIONS
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Order at 09/23/2021 09:23

Category	Dietetics
Author	Kirsten Marshall
Provider	Logan Curry, NP
Item	Supplemental Shake
Include DEA/NPI number	false
Details	Please provide a high caloric shake with breakfast and at night to eat before taking Geodon.
Frequency	BID
Schedule	1d
Status	Active
Starts on	09/15/2021 09:23
Ends on	09/15/2021 09:23

**Med Label**

MAN/LOT	RX EXP	EXP DATE	DUE	STORAGE	CONT SUB	INSTRUCTIONS
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**Notes**

Note at 09/08/2021 10:42:55

**Mental Health Assessment****Basic Information**

Date:

09/08/2021 10:42:55

Author:

Kirsten Marshall

Location:

General Hospital



## Demographics

Age:

17

Gender:

Male

Ethnicity:

Black or African American

Marital status:

Single

Employment status:

Part-time

Occupation:

Store Shopper at Kohl's

## Clinical History

Presenting chief complaint:

"I tried to overdose"

History of current illness:

The patient was brought to outside hospital ED after ingesting 150mg Ritalin in a suicide attempt. Pt was monitored for cardiac arrhythmias and given 1 liter of NS. Poison control was notified and released requiring no further intervention. Pt was then transferred to Royal Oaks for psychiatric hospitalization to treat current symptoms.

The most recent exacerbation of increased "depression and fear" started 10 days earlier after pt and a "friend got into it." Last Friday, pt endorsed having suicidal ideation that continued throughout the weekend in which pt and family had an argument. Pt stated "I let my emotions get the best of me," and "I make bad choices." Pt states that he has been "feeling low" and is "not sure" of triggers. Pt states he wants to "be happy," but has difficulty expressing what that means. The outside hospital reports the pt as stating, "I looked up the dosage (of Ritalin) and I knew it wasn't going to kill me." There the patient required IM Ativan for agitation and "banging his head on the glass wall," and yelling to staff, "am I going to have to hurt somebody?" He also endorses another instance of needing acute agitation medications during an inpatient stay in July, 2021. Additional notes from the outside hospital state that pt's behavior and statements were erratic, one-moment pt would state he was going to "kill himself" when he got to the next facility, then that pt was feeling "less discouraged because, because he checked his phone and realized that many friends have tried to contact him, expressing concern." Pt was admitted to Royal Oaks during the early morning hours, there have been no reports of behavioral issues since arrival.

Current Mood is "scared of losing friends "

- DEPRESSION: Patient denies sleep difficulty w/ initial/late insomnia, endorses feelings of hopelessness, worthlessness, and guilt. The patient endorses decreased energy and appetite. Patient reports concentration is fair and some irritability with periodic verbal and physical outbursts. Suicidal ideation is current with a plan to overdose with passive intent. He denies any homicidal ideations.
- MANIA: The patient endorses periods of increased energy lasting 30 min to an hour, denies the decreased need for sleep, euphoria, impulsivity, mind racing
- ANXIETY / PANIC DISORDER: patient endorses excessive worrying about "people not forgiving" him that is difficult to control. These worries do not result in poor sleep while contributing to fatigue.
- PANIC: The patient described one episode of difficulty breathing, and heart-racing after being informed that his grandfather passed away.
- EATING D/O: denies any restriction, bingeing, purging, laxative use
- OCD: denies repetitive patterns, thoughts/behaviors
- PTSD: Denies nightmares, flashbacks, hypervigilance, avoidance, disassociation
- PSYCHOSIS: denies auditory or visual hallucinations, delusions, thought broadcasting, thought insertion, delusions of reference, catatonia, or disorganized speech or behavior
- ADD/ADHD SYMPTOMS: denies excessive careless mistakes, difficulty sustaining attention, difficulty listening or following through on directions, difficulty with organization, frequently losing things, being easily forgetful, increased distractibility. The patient endorses being fidgety but denies difficulty sitting still, talking excessively, or blurting out answers/ interrupting others.
- DEFIANT/CONDUCT SYMPTOMS: Patient endorses losing temper easily, getting easily annoyed but denies frequently arguing with adults, defying rules, annoys others, spiteful. cruelty to animals, property destruction, fire-setting, getting in fights, stealing, lying, running away, truancy/skipping school. Mother endorses property destruction by putting holes in walls when angry.
- DMDD: patient denies low frustration tolerance, persistently irritable, school and home, the pattern of 3 or + outbursts a week over 12 months, severity out of context.
- PERSONALITY d/o: patient denies a series of unstable relationships but endorses in mood and throughout the interview, a fear of abandonment, going great lengths to avoid being alone, push/pull- love/hate, unstable self-image/empty, lack of goals/plans, and intense unstable anger.

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#### Past psychiatric history:

The patient's first contact with psychiatry was at 8 years old when he was diagnosed and treated for ADHD. The patient-reported history of mood disturbance began in 8th grade at 12 years old when pt was hospitalized for anger toward "family and brother," and first experienced suicidal ideation. This is the patient's fourth hospitalization this year, equalling five in total. Pt's first overdose attempt was in April of 2021, on Trazadone, and was subsequently hospitalized at Lakeland psychiatric hospital in Missouri. He has a previous diagnosis of ADHD, MDD, Anxiety, and DMDD. His therapist recently moved out of state and has an appointment in two weeks to initiate treatment with a new therapist. He sees a psychiatrist for medication management.

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#### History of suicidal acts and self-harm:

A suicidal attempt by overdosing on Trazadone in April 2021 did not require medical intervention and was hospitalized in Lakeland psychiatric hospital. Current hospitalization after taking 150mg Ritalin. Pt denies any other self-harm actions.

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#### History of violence/ Assaulting others/ Legal problems:

There are pending charges of assault from April of 2021; the stated allegations are that he grabbed a young woman's arm while at her house. Several years ago pt infiltrated brother's profile to create a Snap Chat account that was used to obtain and send illicit photos of self and peer-aged girls that led to the arrest of brother for underage sexual images.

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#### Substance use history:

- SUBSTANCE USE: No clinically significant history of alcohol, cannabis or recreational drug use.
  - TOBACCO: none
  - ALCOHOL: No use > 6 months. Denied past h/o blackouts, DUIs, relationship, legal or occupational problems related to substance use.
  - MARIJUANA: No use in > 6 months
  - OPIOIDS: none
  - BENZODIAZEPINES: none
  - COCAINE: None.
  - METHAMPHETAMINE: none
  - HALLUCINOGENS & OTHER DRUGS: none.
- 

#### Mental illness and substance abuse in family members:

Scant information on biological family. Mother was homeless and had hyperthyroid, a possible diagnosis of bipolar disorder.

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### Psychosocial History

#### Childhood/ Developmental history:

The patient was adopted at 10 weeks; was raised and continues to live with married adopted parents. Two adopted younger sisters still reside in the home and two older adopted brothers that no longer live at home. Pt's mother endorses difficulty concentrating, an unspecified learning delay, and being behind in both emotional and executive functioning milestones while meeting all physical milestones at the typical age.

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#### Current significant family and/or peer group relationships:

Patient endorses a supportive relationship with his parents and sisters. He states his brothers are "not supportive, and don't come around much."

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#### Financial status, housing, employment, leisure time issues:

Father is a physician and mother does not work but has a college education. They have a stable home and income to support their needs. The patient works s at Kohl's and previously as a busser at Olive Garden. The patient enjoys video games

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## Medical Information

### Current medical problems:

☒ None

### Other:

History of head injury during foot ball, no hospitalizations required.

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### Current significant pain problems:

None

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### Current medications:

Ziprasidone: 40 mg BID (last filled 08/10/21) endorses adherence but does not take with food.  
Escitalopram: 10mg qAM (last filled 08/02/21) endorses adherence  
Melatonin: 2-6mg qHS (last filled 07/30/21) endorses periodic use  
Loratadine 10 mg q am (last fill 07/07/21)

### Previous medications:

Vyvanse 40 mg qAM (last filled 04/15/21) Not taking  
Aripiprazole 10 mg daily (last filled 04/15/21) Not taking  
Hydroxyzine Pamoate 50mg PRN Anxiety (last fill 02/15/21) Not taking  
Trazadone 50 mg q HS (Last fill 04/15/21) Not taking

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### Current nicotine and caffeine use:

None

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### Allergies and adverse drug reactions:

*clonidine*  
Kolnadine: reports "hallucinations;" Abilify: "weight gain"

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## Review of Systems (ROS)

### Constitutional:

Denies excessive daytime sleepiness, trouble getting or staying asleep. Reports low energy. denies excessive weight changes.

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### HEENT:

n/a

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### Skin:

n/a

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**Cardiovascular:**

n/a

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**Respiratory:**

n/a

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**Gastrointestinal:**

n/a

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**Genitourinary:**

n/a

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**Neurological:**

Denies HA, seizures

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**Musculoskeletal:**

n/a

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**Hematologic:**

n/a

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**Lymphatics:**

n/a

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**Psychiatric:**

See HPI

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**Endocrinologic:**



n/a

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## Mental Status Exam

### Orientation and consciousness:

☒ Oriented x3

### Appearance and behavior:

☒ Cooperative and reasonable

☒ Grooming appropriate

### Speech:

☒ Normal rate/Rhythm

### Language:

☒ Intact

### Mood and affect:

☒ Affect is congruent with mood

☒ Affect blunted/Restricted/Constricted

☒ Mood depressed

### Perceptual disturbance (hallucinations, illusions):

☒ None

### Thought process and association:

☒ Normal, coherent

### Thought content (delusions, obsessions etc.):

☒ No unusual thought content

### Suicidal or violent ideation:

☒ Suicidal ideation active with plan, contracts for safety

### Insight:

Limited

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### Judgment:

Impaired

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### Memory:

Intact

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### Fund of Knowledge:

Average

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### Mental status comments:

Patient appears to be at stated age, well dressed, appropriate hygiene, presents guarded, calm. Considered a vague historian, prevaricating the truth AEB lack of details in previous hospitalizations, extent of behavioral outbursts in the home, and current legal troubles that began several months ago. Patient appears well nourished and above average height. No remarkable features were apparent. There are no abnormal movements noted on exam. Gait is normal. Muscle tone is within normal limits. Patient is alert, oriented to person(name), place, situation, eye contact is fair. Speech is normal rate, normal tonal variation, and appropriate volume. Patient describes mood as "scared of losing friends." Affect is congruent. Thought process goal-directed, thought flow is linear, associations intact. Attention and concentration are adequate. Fund of knowledge and language average based on vocabulary. Cognition and memory are grossly normal AEB orientation to person, place, date. Patient reports current president and previous in the correct order, demonstrates abstract reasoning by translating "taking the bull by the horns," as "getting things done." Concentration impaired AEB inability to spell the WORLD backward. Patient is not experiencing hallucinations or delusions. Patient endorses the presence of suicidal ideation, denies homicidal ideation. Impaired insight and judgment AEB current suicidal attempt and difficulty connecting actions with detrimental outcomes.

#### Assessment of Danger to Self

☒ No significant risk

Q15SP Int SI endorsed.

#### Suicide risk checklist:

- ☒ Suicide ideation
- ☒ Suicide plan
- ☒ Access to means to implement a plan
- ☒ History of previous attempts or gestures
- ☒ Sense of hopelessness
- ☒ Recent or impending loss of job and/or financial support
- ☒ History of violence
- ☒ History of impulsivity

#### Protective factors:

- ☒ Therapeutic alliance with a mental health professional

#### Assessment of Danger to Others

☒ No significant risk

#### DSM 5 Diagnosis

#### Diagnosis:

F33.1 Major Depressive Disorder, recurrent, moderate; F31.1 Bipolar II, depressed, moderate (provisional); F90.1 Attention Deficit and Hyperactivity Disorder, predominately hyperactive/impulsive presentation

#### Categorize disorder:

- ☒ Neurodevelopmental disorder
- ☒ Bipolar and related disorder
- ☒ Depressive disorder

Rule out: Int  
Sent for psychological testing

#### Contextual factors:

Relevant contextual factors include the patient's recent graduation from high school after attending a all boys boarding school last year. Patient expressed concern and apathy regarding next steps in life

#### Registration

Registration at 09/08/2021 11:06

#### Patient Information

#### Patient Image



First Name	Johnathan
Sex	M
Current Gender Identity	MA
Date of Birth	10/01/2003
Medical Record Number	MR20045
Marital Status	SI
Language	English
Patient Race/Ethnicity	BA
Street Address	123 Main Street
City	Anytown
State/Province	MO
Employment Status	EP

#### Guarantor Information

Relationship	SE
First Name	Johnathan
Street Address	123 Main Street
City	Anytown
State/Province	MO

#### Encounters

ACTIVE	LOCATION	CHECK IN DATE	CHECK OUT DATE	CARE TEAM	DESCRIPTION	STATUS
true	General Hospital	09/08/2021 10:41	01/01/0000 00:00	Richard Chamberlain, MD	Portfolio Documentation	



CASE LOG TOTALS

[Go To Main Menu](#)

**OPTIONAL FILTERS**

Date Range: From 9/6/2021 To 9/11/2021 [Clear Filters](#)

Semester: --All--

Course: --All--

Clinical Site: --All--

Preceptor: --All--

Item Filter #1: --None--

Item Filter #2: --None--

Click for a list of cases where that category was marked. Cases with a "Not Approved" status are not included in these totals.

Total Cases Entered: 12

Total Unique Patients: 12

Total Days with Cases: 4

Total Patient Hours: 10.9 (+ 6.6 Total Consult Hours = ~17.5 Hours)

Average Case Load per Case Day: 3

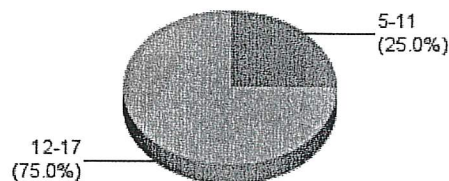
Average Time Spent with Patients: 55 minutes

Rural Visits: 0 patients

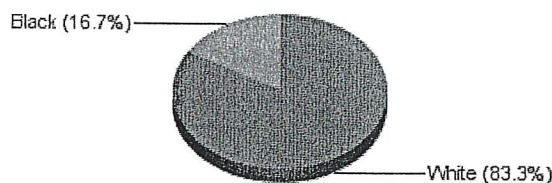
Underserved Area/Population: 0 patients

Group Encounters: 0 sessions

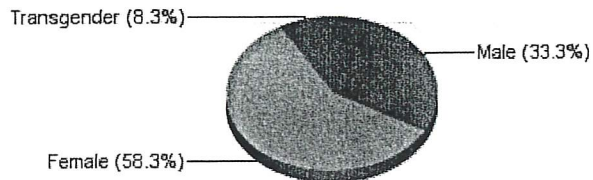
AGE	Ct	Hrs
<2 yrs:	0	0.0
2-4 yrs:	0	0.0
5-11 yrs:	3	0.8
12-17 yrs:	9	10.2
18-49 yrs:	0	0.0
50-64 yrs:	0	0.0
>=65 yrs:	0	0.0
Unmarked:	0	0.0



RACE		
White Non-Hispanic:	10	
Black:	2	
Hispanic:	0	
Asian:	0	
Amer Indian/Alaskan:	0	
Hawaiian/Pacific Isl:	0	
Other Race:	0	
Unmarked:	0	

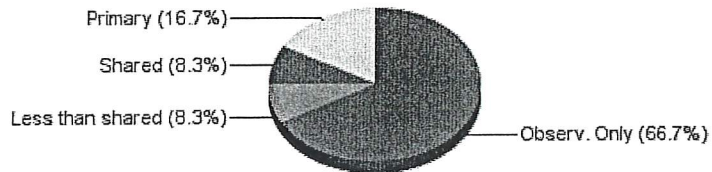


GENDER		
Male:	4	
Female:	7	
Transgender:	1	
Unmarked:	0	



#### STUDENT PARTICIPATION

Observ. Only: 8   
 Less than shared: 1   
 Shared: 1   
 Primary (>50%): 2   
 Unmarked: 0



#### TOP 25 ICD-10 DIAGNOSIS CATEGORIES (View All Categories) (View All Full Codes)

TOTAL	DESCRIPTION [Click category for detail]
6	<u>F43</u> - REACTION TO SEVERE STRESS, AND ADJUSTMENT DISORDERS
5	<u>F33</u> - MAJOR DEPRESSIVE DISORDER, RECURRENT
4	<u>F91</u> - CONDUCT DISORDERS
3	<u>F90</u> - ATTENTION-DEFICIT HYPERACTIVITY DISORDERS
2	<u>F31</u> - BIPOLAR DISORDER
1	<u>F32</u> - MAJOR DEPRESSIVE DISORDER, SINGLE EPISODE
1	<u>F41</u> - OTHER ANXIETY DISORDERS
1	<u>F84</u> - PERVASIVE DEVELOPMENTAL DISORDERS

#### TOP 25 CPT BILLING CODES (View All)

TOTAL	DESCRIPTION
7	90791 - PSYCHIATRIC DIAGNOSTIC EVALUATION
3	99232 - SUBSEQUENT HOSP CARE 2+ KEY COMPONENTS:EXPAND PROB FOCUS INT HX;EXPAND PROB EXAM;MED DEC MOD COMPLEX
2	99233 - SUBSEQUENT HOSP CARE 2+ KEY COMPONENTS: DETAILED INTERVL HX; DETAILED EXAM;MED DECISION HIGH COMPLEX

#### OTHER CHECKBOX QUESTIONS

Telehealth: 0

\*\*\*Report generated 9/23/2021 9:28:38 AM CT\*\*\*

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*Handwritten signature: J. R. Gier 10/5/21*

Pediatric	Inpatient/Crisis	Last Edited (CT)	Approval Status	Status Comments
10	10	9/10/2021 10:10:44 AM	Pending	
11	11	9/10/2021 10:10:55 AM	Pending	
11	11	9/10/2021 10:11:04 AM	Pending	
10	10	9/10/2021 10:11:17 AM	Pending	
42	42			

*MyrZue* 10/5/21



STUDENT - Marshall, Kirsten Straub

DATE RANGE - 9/5/2021 TO 9/10/2021

COURSE - All

PRECEPTOR - All

Your daily time logs, most recent first, formatted in **hours**.

Date	Course	Preceptor	Shift Time Duration
9/10/2021	N5572M Adv. Nursing Practice: Synthesis Practicum	TYLER, Tonya	10
9/9/2021	N5572M Adv. Nursing Practice: Synthesis Practicum	TYLER, Tonya	11
9/8/2021	N5572M Adv. Nursing Practice: Synthesis Practicum	TYLER, Tonya	11
9/7/2021	N5572M Adv. Nursing Practice: Synthesis Practicum	TYLER, Tonya	10
Totals			42

*Major 3000 10/5/21*