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Description automatically generated**KING UNIVERSITY MSN/NP PROGRAM CLINICAL SOAP NOTE FORMAT PSYCHIATRIC MENTAL HEALTH**

**Student:** Tonya Buchanan **Course:** 5079LAB

**Date:** 6/4/2022

**SOAP Note #1**

**Type of Visit:**

* New/ Initial Psychiatric Intake

Start Time: 9:00 AM End Time: 10:00 AM

Billing Codes: 90791

# Patient Information

**Initials:** MM **Age:** 15 **Gender:** Male **DOB:** 07/03/2006

**Accompanied by:** Self, parents in waiting room

**Informed Consent Given:** Parents and student

# Subjective Data

## *CC: “*I want to get better at managing my emotions and learn to cope without using drugs.”

*HPI:*

*Onset:* December 2019.

*Location:* When with friends.

*Duration:* 2.5 years.

*Character:* Suicidal ideations, depression, drug use, anxiety.

*Aggravating/Associated:* Alcohol, marijuana, benzodiazepines, nicotine.

*Relieving:* More drugs.

*Temporal:* Worse with COVID and having to do schoolwork virtually.

*Severity:* Hospitalized twice for suicide attempt.

*Past Medical History:* None

*Psychiatric History:*

*Inpatient:* 2019, 2020

*Therapy:* Only while inpatient, student refused outpatient care.

*Past Psych Diagnoses:* ADHD, anxiety, depression, substance use disorder, suicidal ideations.

*Past Medication Trials:* Zoloft, Wellbutrin, Prozac

*Developmental History:*

*Developmental delays?* None

*How were they managed?* N/A

*What therapies were used, and did they help?* N/A

*Medications: (Provide full RX, OTC & Supplements)*

Melatonin 10 mg one at bedtime for sleep

Methylphenidate ER 27 mg one every morning for ADHD

Meloxicam 7.5 mg one every morning unsure reason

Sertraline 100 mg one every evening for depression

## *Allergies & Reactions:* No food, environmental, latex, or drug allergies.

## *Preventative Care:* Yearly dental and vision checks.

## *Immunizations & Travel:* Immunizations up to date, including flu and COVID. No travel outside of the United States.

## *Family History:*

## Mom-living, 42, HTN, GAD

## Father-living, 46, previous substance use disorder

## Brother-living, 17, healthy

## Maternal Grandmother: deceased at 72, MI

## Maternal Grandfather: living, 75, alcohol use disorder

## Paternal Grandmother: living, 84, CAD, HTN

## Paternal Grandfather: living, 86, nicotine and alcohol use disorder

*Social History:* Was doing well at school till COVID. School was virtual for a year and then when school was to be held in person, he developed anxiety each time he attempted to walk down the halls of his school. He would often call parents to come pick him up early.

*Trauma History:* 2 suicide attempts, no history of abuse or neglect.

**Review of Systems (ROS)**

*General Constitutional:* States he is healthy other than alcohol and drug use.

*Skin, Hair & Nails:* No tattoos or piercings, short haircut.

*Chest and Lungs:* Parents deny murmurs, congenital heart defects, chest pain, shortness of breath, edema, cyanosis, fatigue, fainting spells, or exercise intolerance. Parents deny recent blood transfusion or anemia.

*Heart & Blood Vessels:* Student denies shortness of breath, cough, hemoptysis, pleuritic chest pain, or wheezing. Parents deny history of asthma, lung disease, or history of bronchitis or pneumonia.

*Nutrition/Diet:* No diet restrictions. *Gender Related:* Sex with 2 partners of opposite sex.

*Pregnancy/Birth Control:* Denies using condoms.

**Psychiatric Review of Systems (PROS)**

*General Constitutional:* Student is dressed appropriately, good hygiene, hair is clean and well kept.

*Mood:* “I feel sad and frustrated that I cannot manage symptoms on my own.”

*Sleep:* Endorses difficulty falling asleep. Uses melatonin to help him become sleepy. Denies waking once fallen asleep.

*Feelings:* Hopelessness, helplessness, sad.

*Interests:* Has lost interest in all things. He reports that he has no hobbies and not happy with living.

*Energy:* Has some energy when he takes his Concerta.

*Concentration:* Trouble concentrating unless he takes his Concerta.

*Appetite:* Denies overeating or undereating. Endorses good appetite. *Self-Harm/Suicide Risk:* Endorses constant suicidal ideations. Worse in the mornings. He has a plan and has intent which brought his parents to the decision of finding help for him in this residential facility. He has been hospitalized for suicide attempts; one by drinking a bottle of whiskey and the other was a drug overdose.

*Homicidal Thoughts:* Denies homicidal thoughts.

*Psychosis:* Denies delusions, hallucinations, hearing sounds or voices, preoccupation with religion.

*Eating Disordered Behavior:* Denies disordered eating, using laxatives to lose weight, over-exercising to lose weight.

*Attention and Behavior:* Endorses lack of organization, concentration, impulsivity.

*Precipitating Factors:* Endorses worsening symptoms when he is bored and has nothing to occupy his time.

**Objective Data**

**Vital signs:**

**Temp**: 98.6 **HR:** 86 **RR:** 18 **BP:** 110/64 **Pain scale:** 0/10

**HT:** 5’6” **WT:** 150 **BMI:** 24.2

*Physical Exam:* Deferred to psychiatrist and nurse upon their visit.

*Mental Status Exam (MSE):* Alert and oriented X 4. Appearance, behavior, speech appropriate.

*Movement:* No tremors or tics, normal gait and stance, no involuntary movements.

*Speech:* Speech is clear and organized.

*Mood:* Mood is somber. He is sad but hopeful that he will gain good coping skills at facility. Anxiety is constant and is increasing. Some depression.

*Affect:* Congruent with mood.

*Language:* No speech abnormalities, no dysphonia or stuttering.

*Cognition:* Patient oriented X 4. No disorientation, short term memory impairment, or diminished cognitive function. Student endorses concentration difficulties.

*Thought Process:* No deficiency on evaluation of connectedness.

*Thought Content:* Some content impairment, suicidal ideation. Denies homicidal and paranoid ideations. No poverty of thought, thought insertions, obsessions, delusions, hallucinations.

*Insight and Judgement:* Impaired insight and judgement.

**Assessment** (List as many diagnoses as indicated, DSM-5 and any other medical diagnosis) Include ICD 10 code - [http://www.icd10data.com/ICD10CM/Codes](http://www.icd9data.com/2013/Volume1/default.htm)

1. Major Depressive Disorder (F33.1)

2. Anxiety Disorder Unspecified (F41.9)

3. Sedative Use Disorder (F10.20)

4. Cannabis Use Disorder (F12.20)

Differentials: (this includes any diagnoses considered when forming final diagnosis listed above)

1. Dysregulated Mood Disorder (F34.81)

2. ADHD (F90.0)

3. Social Anxiety Disorder (F40.1)

**Plan**

*Include specific plan, including medications with dosing and titration considerations Lab work ordered:* None ordered at this time. PCP will send over records and psychiatrist will review.

*Therapy recommendations:* Individual, group, and family therapy one time weekly to process mood regulation, coping skills, and safety planning.

*Holistic options:* Daily adventure therapy outdoors which can assist in regulating the nervous system. Residential staff will offer acceptance in the moment and respond with assertive, vulnerable communications with curiosity and safety. Experiential staff will provide opportunities to engage in experiential activities to assist in self-acceptance. Academic staff will provide opportunities for educational successes and provide acceptance in the moment when student experiences difficulties in the classroom.

*Complimentary therapies:* Morning meditations. Equine and chicken therapy sessions once a week. Nursing and psychiatrist will evaluate for medication management needs relating to substance use and self-medication. Residential staff will provide support by prompting student to utilize coping skills and strategies when craving and to avoid glorifying drug use. Parents will identify reoccurring themes of times they had a lack of acceptance and process through what was going on for them and discuss during family therapy.

## *Patient Education:* Develop 3-6 coping skills for dysregulated mood disorder.

*Referrals:* Personal psychiatrist and therapist for follow up after discharge. School special education department for IOP. NA support group and sponsor.

*Safety Plan:* Student will utilize coping skills when mood affects academic focus.

*Follow-up instructions:* On day 40 there will be a complete treatment plan for discharge with education and information for safety guidelines such as the suicide hotline and mobile crisis in your area. A follow up appointment will be made with psychiatrist and therapist of choice. Please make those appointments now for planned discharge at 40 days. The discharge date will be revisited and reviewed at team meetings every week. Parents will be notified of any changes in regard to the discharge date. A relapse prevention plan will be developed by day 40.

# Competency Reflections

**TN Pain Competency**

Review the core competencies for pain and addiction at the website below. Identify a competency and how it was addressed while providing care for this patient [https://www.tn.gov/content/dam/tn/opioids/documents/PAME\_Report\_July2018.pdf )](https://www.tn.gov/content/dam/tn/opioids/documents/PAME_Report_July2018.pdfÂ ))

Patient was asked about pain level without bias or judgement.

**NONPF Competencies**

Discuss how you addressed at least 3 NONPF competencies during this visit. **Identify the competency area and the specific core competency for each.** (See NONPF competency list available at [https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20170516\_NPCoreComp](https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20170516_NPCoreCompsContentF.pdf) [sContentF.pdf](https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20170516_NPCoreCompsContentF.pdf) )

1. Scientific Foundations: applies critical thinking to care for patients and evidenced based care.

2. Leadership Foundations: acts as an advocate for cost-effective and quality care.

3. Quality Competencies: tailors care to each practice situation and setting.

## Interprofessional Collaboration Competencies

Provide a brief reflection for one of the competencies listed below. Discuss how you addressed or would address collaboration with another member of the health care team in relation to your patient’s care. Optimally, this should be someone other than a primary care provider and reflections should be completed on different interprofessional roles throughout the program.

Interprofessional Education Collaborative. (2016). *Core Competencies for Interprofessional Collaborative Practice: 2016 update*. [https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69E](https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1) [D19E2B3A5&disposition=0&alloworigin=1](https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1)

**Competency 1 Values and Ethics for Interprofessional Care (VE1, VE3, VE4, VE5)** Discuss how cultural diversity, individual values, and interests of the health care team (including the patient) may have impacted care decisions.

**Allowing the student to help develop his treatment plan increased feeling of autonomy and helped with guilt and shame.**

## Competency 2 Roles/Responsibilities (RR2 & RR4)

Recognizing your own scope of practice, what elements of treatment, health promotion or disease prevention could another member of the health care team offer your patient that you can’t?

**Therapists with training in different modalities of therapy may be able to provide a more holistic approach to the students concerns.**

## Competency 3 Interprofessional Communication (CC2 & CC3)

What communication strategies can be used to ensure understanding of information, treatment, and care decisions between patients, families, and other health care team professionals?

**This is a residential home. The parents will be notified of any medication or treatment plans. Social calls are planned before the parents leave the facility.**

## Competency 4 Team/Teamwork (TT1, TT3. TT7, TT11)

What principles of teamwork can be used to effectively plan, deliver, and evaluate care given to the patient?

**The psychiatrist and nurse will review medications and interview the student to determine if he will remain on some medication regimen.**

**References**

American Psychiatric Association. (2020). *Diagnostic and statistical manual of mental disorders: dsm-5*.

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Carlat, D. J. (2017). *The psychiatric interview*. Wolters Kluwer.

*Competencies report - tennessee state government - tn.gov*. (n.d.). Retrieved June 4, 2022, from https://www.tn.gov/content/dam/tn/opioids/documents/PAME\_Report\_July2018.

Corey, G. (2021). *Theory and practice of counseling and psychotherapy*. Cengage.

Stahl, S., Grady, M. M., & Muntner, N. (2021). *Stahl's essential psychopharmacology: prescriber's guide*. Cambridge University Press.

*What are the nurse practitioner core competencies?* Nurse Journal. (2022, January 20). Retrieved June 4, 2022, from https://nursejournal.org/resources/what-are-the-nurse-practitioner-core-competencies.

Wheeler, K. (2022). *Psychotherapy for the advanced practice psychiatric nurse: A how-to guide*

*for evidence-based practice*. Springer Publishing Company.