Focused SOAP Note and Patient Case Presentation

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NRNP 6665: PMHNP Care Across the Lifespan I

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Patient: G.C 17-year-old female

Subjective:

CC (chief complaint): "I have mood swings. Sometimes my highs are too high and my lows are too low."

HPI: The patient was hospitalized for the same condition in 2022 when she had a major depressive episode. Her anxiety and mood swings began when she was in seventh grade. The patient has had physical, sexual, emotional, and verbal trauma since age five. An individual has a history of generalized anxiety disorder and bipolar disorder.

Substance Current Use: No reported substance abuse

Medical History:

- **Current Medications**: fluoxetine 10 mg daily, oxcarbazepine 150 mg twice daily, and Adderall, Venlafaxine ER 75 mg daily.
- **Allergies**: No reported allergies
- **Reproductive Hx**: The patient is not sexually active and is not in any relationship. The patient is not pregnant, and there is no reported use of contraception.

ROS:

- GENERAL: The patient does not experience any fatigue or weakness. She does not report experiencing any chills or fever and does not have any weight loss.
- HEENT: The patient's skull is atraumatic and normocephalic. She denies having any headaches or blurry vision. There are no swellings in the ears and nose. There are no swellings in the throat.
- SKIN: There are no breakages on the skin, and the skin is sufficiently moist. The patient

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denies any sin bruising, petechiae, or lesions.

- CARDIOVASCULAR: There is no tightness around the patient's chest, and she has a normal heart rate.
- RESPIRATORY: The patient denies any difficulty in breathing or present coughs
- GASTROINTESTINAL: The patient denies dysphagia, abdominal pain, vomiting, nausea, hematemesis, heartburn, history of hepatitis, food intolerance, indigestion or rectal bleeding,
- GENITOURINARY: The patient denies trouble initiating the urinary stream, nocturia, vaginal discharge, dysuria, vaginal swelling or pain, urinary tract infections, and a history of sexually transmitted infections.
- NEUROLOGICAL: The patient denies any tingling, numbness, changes in vision, tremors, changes in memory, muscle atrophy, dizziness, vertigo, and headaches.
- MUSCULOSKELETAL: The patient does not have any back pains. Denies any disturbances in gait. There are no swellings in both his upper and lower extremities.
- HEMATOLOGIC: The patient denies any bleeding or anemia.
- LYMPHATICS: There are no swellings or bruises in the patient's glands. The lymph nodes appear normal.

Objective:

General Appearance: Her physical appearance matches her age.

Heart: Examination of the heart yields normal sounds.

Neck: There is no distension in the neck veins.

Skin: No breakages on the skin; skin is sufficiently moist.

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Musculoskeletal: The patient's range of motion is within normal range.

Psychiatric: The patient is oriented to person, time, and place well.

Diagnostic results: GAD-7- 17, PHQ-9- 20, MDQ- (+)

Vital Signs: BP 144/100, HR 87 bpm, Temp 97.8 F, Ht/Lt 5'8", Wt 190 lbs, BMI 28.89

Assessment:

Mental Status Examination: The patient is cooperative during the mental examination and is alert and well oriented to time, person and place. The patient is well groomed and competent in maintaining her hygiene. She seems tired from the reported lack of sleep. Her affect is stable and within the normal range. She does not have any suicidal or homicidal ideations. The patient does not also present with any overvalued ideas or depressive cognitions. She, however, seems frustrated with her condition. At the time of the examination, she does not seem to be experiencing any visual or auditory hallucinations. Her thought process is coherent and logical.

Diagnostic Impression:

Social Phobia (Disorder) (F40.11/300.23)

Individuals with social phobia experience considerable anxiety from everyday interactions (Salehi et al., 2020). These interactions also make them embarrassed and self-conscious because they fear being judged negatively by those around them. The anxiety and fear associated with social phobia can potentially disrupt the individual's life (Salehi et al., 2020). It also affects their activities and relationships a school or at work. Some symptoms include fearing everyday situations, withdrawal from public and social interactions, and experiencing intense fear when in a social situation. Some physical symptoms include nausea, stomach upset, trembling, fast heartbeats, and muscle tension.

Attention Deficit Hyperactivity Disorder, Combined Type (Disorder) (F90.2/314.01)

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ADHD combined type is a neurodevelopment disorder that mostly affects children and adolescents but can also affect adults (Papadopoulos et al., 2018). It is a condition that is challenging to diagnose and treat because it can present with two sets of symptoms. Diagnosis of ADHD combined type can be made if an individual is 17 years old or younger. The two symptoms are inattentive and hyperactive-impulsive (Papadopoulos et al., 2018). Inattentive symptoms are the signs that the individual has challenges with paying attention. The hyperactive-impulsive symptoms include frequent fidgeting and squirming, difficulty staying silent, and impatience.

Insomnia (disorder) (G47.00/780.52)

This common disorder makes it difficult for the affected individual to sleep. It can leave the individual feeling exhausted because they do not get enough sleep (Blanken et al., 2019). Some symptoms include difficulty falling asleep at night, waking up too early, staying asleep, feeling sleepy and tired during the day, and depression.

Generalized Anxiety Disorder (Disorder) (F41.1/300.02)

This is a condition where the affected individual worries excessively over everyday situations and issues and cannot control their worry (DeMartini et al., 2019). In addition to feeling worried, the affected person may also experience restlessness, insomnia, irritability, difficulty concentrating, and insomnia. A diagnosis of generalized anxiety disorder can be made if the patient has experienced the symptoms of the disease for at least six months (DeMartini et al., 2019). It can be treated using a combination of medications and cognitive behavioral therapy.

Severe Mood Disorder With Psychotic Features (Disorder) (F31.5/296.54)

Severe mood disorder causes an individual to have unstable emotions that are distorted and inconsistent with the events or circumstances around them (Voineskos et al., 2020). Severe mood

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disorder is highlighted with extreme sadness, low points indicating depression, and periods when the individual is extremely happy, which indicates mania (Voineskos et al., 2020). When severe mood disorder is specified with psychosis, it is more serious as the individual is likely to experience more severe symptoms, melancholic features, and an increased risk of suicide ideation and self-harm.

Posttraumatic stress disorder (disorder) (F43.12/309.81)

Posttraumatic stress disorder is a mental health illness usually triggered when a person witnesses or experiences a terrifying event. Some of the symptoms of PTSD include uncontrollable thoughts about traumatic events, severe anxiety, nightmares, and flashbacks (Bryant, 2019). Individuals who develop PTSD have temporary challenges coping and adjusting. Intrusive memories are a main feature of PTSD and involve the individual involuntarily reliving the event, disturbing nightmares about the event, and distressing memories. Another symptom is avoidance, where the individual hesitates to talk or think about the event (Bryant, 2019). They also avoid people, activities, and places that remind them of the trauma.

Reflections: The treatment plan for the patient should focus on improving her symptoms to improve her quality of life.

Case Formulation and Treatment Plan:

The patient will be prescribed bupropion 150 XL daily to treat the patient's depression, oxcarbazepine 150 mg twice daily and Trazadone 50 mg nightly to help improve her sleep quality and address insomnia. The patient should be monitored for any side effects, which should then be reported. If there are severe reactions to the medication, the patient or the mother should call 911 or visit a hospital. A follow-up appointment should be scheduled after four weeks. Patient education is important, and the individual and mother should understand all elements of

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the treatment plan.

References

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