



AMALA COLLEGE OF NURSING AQAR (2022-2023)



CRITERION 2 – TEACHING- LEARNING AND EVALUATION

Key Indicator 2.3 – Teaching- Learning Process

Metric No. 2.3.1. - Student-centric methods are used for enhancing learning experiences by:

SUBMITTED TO



National Assessment and Accreditation Council

Mental Status Examination

MENTAL STATUS EXAMINATION OF Mr. ARAVINDAKSHAN WITH DELIRIUM AND MIXED DEMENTIA

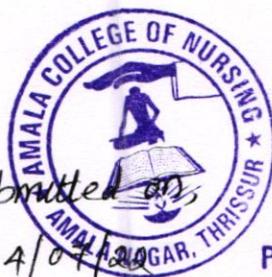
Submitted to,

Mrs. Binny AP.
Asso. Professor
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3/15/22
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Submitted on
4/07/22

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HISTORY COLLECTION

I. IDENTIFICATION DATA

Name : Mr. Aravindakshan Nair .
Age : 76 years .
Sex : Male
Father / spouse : Mr. Raman .
Address : Ambakkattu, Veluro, Thrissure .
Education : 9th std .
Occupation : Retired PWD worker .
Income : Nil .
Language known : Malayalam, English .
Marital status : Married .
Religion : Hindu .

Informant details .

Name : Mr. Arjun .
Age : 35 years
Relationship to patient : son .
Duration of stay : 35 years .
Information : Relevant .

II PRESENTING CHIEF COMPLAINT

Patient version,

might

Patient

says

that

could not sleep in the



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Informant Version;

1. On admission:

Sleep disturbances x 4 days.
Aggressive behaviour x 4 days.
Throwing away objects x 4 days.
Decreased personal hygiene x 4 days.
Removing clothes in inappropriate place x 4 days.

2. Present problem:

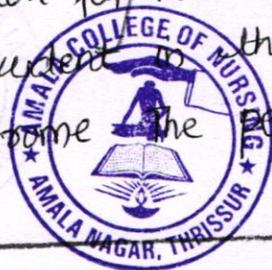
Sleep disturbances.
Irritable behaviour.
Increased appetite

III. HISTORY OF PRESENT ILLNESS

Mr. Azavindakshan Naik, 76 years old male, got admitted in Amala Medical college hospital on 25th June 2022 morning, involuntarily, along with his son by walking. The specific reason for the admission was sleep disturbances, aggressive behaviour, neglecting personal hygiene, throwing away objects and removing clothes in inappropriate places.

Patient was last well seven days back, before the admission. The symptoms of the disease was, irritability, aggressiveness and decreased & disturbed sleep.

The time of onset was in the last week. The mode of onset was acute. The course of disease is improving, and intensity is decreasing. The predisposing factor for the disease is the history of cerebrovascular accident in the last month, and history of hoarseness syndrome. The perpetuating



5
factor for the disease is increased frequency of urination in the night related to benign prostate hyperplasia. He has a negative history of snuff use since 50 years.

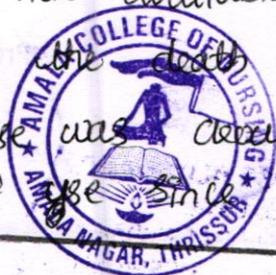
The effect of symptoms on self is by giving rise to distressing. The mental functions, thinking, memory, attention and concentration are normal. The biological functions, sleep is disturbed, the appetite is increased, the frequency of urination is increased, the bowel movements are normal. The social function and ability to work are altered. He keeps good relationship with spouse and other family members. He has no legal problems related to disease condition.

The client is having medications, such as, T. Sildenafil (P/O, 0.5g, 1-0-1), T. Sildenafil (P/O, 25mg, HS), T. Livogen (P/O, 1-0-0) T. tramidon (P/O, 50mg, 0-0-1/2). T. Aldactone (P/O, 25mg, 1-0-1) T. Coedacone (P/O, 25mg 1-0-0) T. mirtaz (P/O, 75mg - 0-0-1). He did not have ECT, Psychotherapy, Family therapy and rehabilitation.

IV. PAST PSYCHIATRIC AND MEDICAL HISTORY

Past Psychiatric History.

Mr. Aravindakshan has two previous episode of disease and he has the history of hospitalization of two times. First was in his 46th year of age, depressive symptoms were present. He was hospitalized and treatments were taken, the exact treatment history is not available. The precipitating factor for the disease was, the death of his mother. The duration of the disease was around one week. He has the history of snuff use since 50 years.

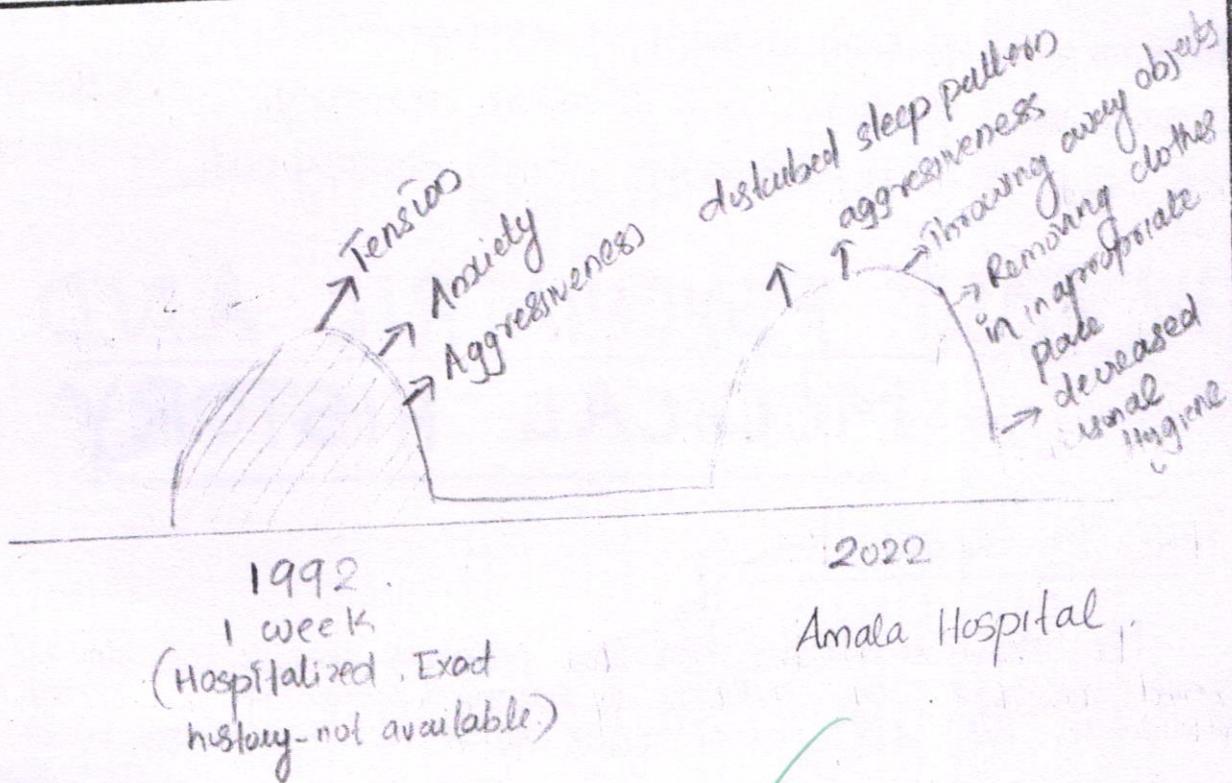


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Past Medical History.

Patient has a history of CAD. He had a myocardial infarction before 23 years. and he is taking regular medications (T. Preva-A, T. Concor, T. Cordarone...) He has history of recurrent Ventricular tachycardia. He had a syncope in June 2022 related to an acute infarct on left coronary radiata, with symptoms of transient memory loss, gait disturbances, nausea and giddiness. and was hospitalized for three days. He also has a mild parkinsonism since 12 years, and having medication, T. pramipexole, and T. Pramidone since one month. He also has history of Horner's syndrome.

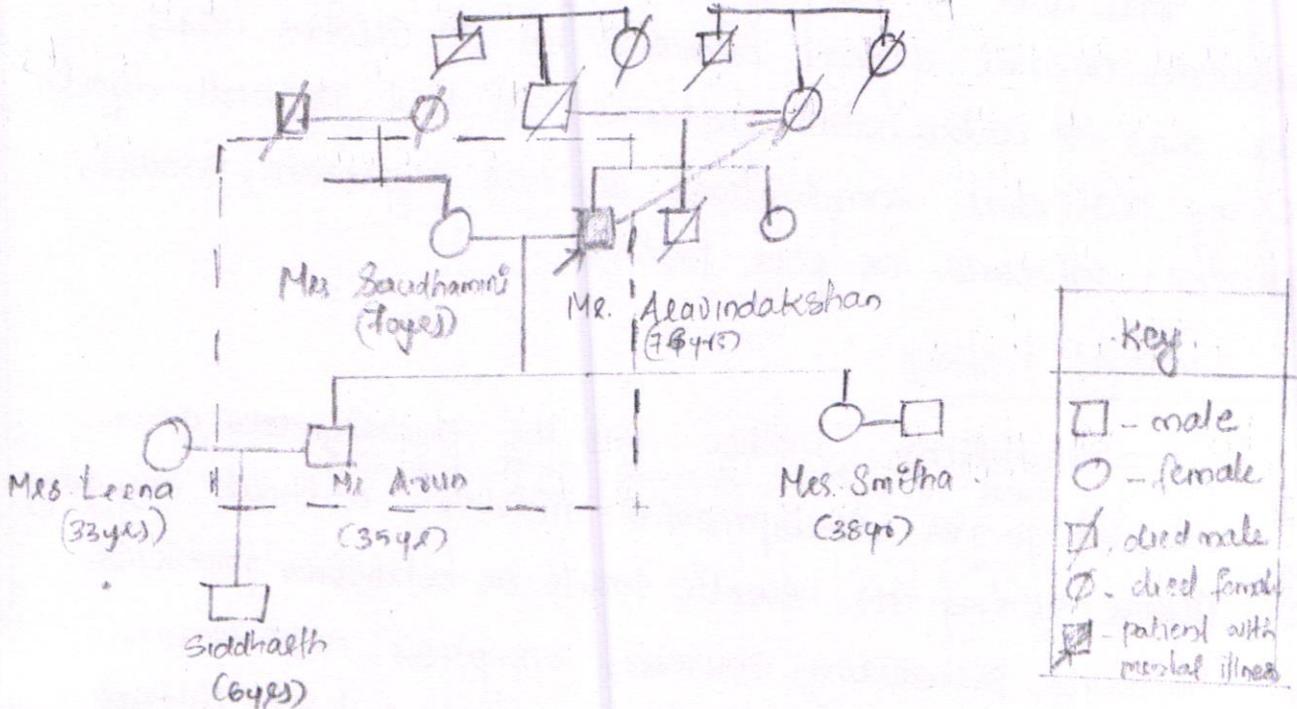
V. LIFE CHART



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VI. FAMILY HISTORY

Family Tree.



Description of family members,

Mr. Aravindakshan is from middle class family. The type of family is joint family. He lives in a rural area. He is the head of the family and his son is the bread winner of the family.

He has no family history of mental illness or mental retardation, substance abuse or suicidal attempts. His wife has the history of liver cirrhosis which was diagnosed before 2 years.

The family maintains supportive attitude to the client and has good communication in family and good social supportive system.



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VII. PERSONAL HISTORY

Perinatal History

Mr. was a wanted child of his family, and it was full term normal vaginal delivery on 6th October 1946. There was no intra-natal problems. He had no birth defects or any postnatal complications, such as, cyanosis, seizure, jaundice, infections or poor feedings.

Childhood history

Mr. Aravindakshan's mother was the primary care giver. His father died in his second year of life. He attained proper developmental milestones without any delay. Any illness affecting CNS, neurotic traits or behaviour problems as shattering, stammering, enuresis, encopresis, night terrors, thumb sucking, nail biting, head banging, body locking, phobias, somnambulism, temper tantrums were absent. Emotional problems like anxiety or inferiority were absent. Sibling rivalry was absent. He had good relationship with the peer group. He has no history of physical and behavioural problems like antisocial, conduct problems, running away from home, alcohol or drug experimentation.

Educational History.

Mr. Aravindakshan started his formal education at the age of 5 years. He was good in academic. He had good relationships with peers and teachers. He has no history of school phobia, absenteeism, learning disabilities, impulsive and antisocial behaviour. He discontinued his education in 9th standard, due to increased economic liability.



Occupational history.

Mr. Aravindakshan had job as PWD worker since his 34 years. Before that he had agricultural works in his own land. He had good relationship with his coworkers and authorities. He was satisfied in his job. He was retired from his job 21 years ago.

Sexual and Marital history

Mr. Aravindakshan married at the age of 37 years, due to increased responsibility of family related to the death of the father in childhood. The marriage was arranged one. He has a good relationship with his wife and he is satisfied in his married life. He has a son and a daughter. He has no history of psychosexual dysfunction.

Pre-morbid Personality

⇒ Attitude towards self.

Mr. Aravindakshan is self confident. He is satisfied in his life. He says, that even though, he had a small job, he could able to fulfil his responsibilities to wife and children. He is aware about his strengths and abilities. - He believes that he is able to make relationships with others in long lasting way.

⇒ Relations

Mr. Aravindakshan has good interpersonal relationship in the family, friends, co-workers, superiors and authority. He is extraverted able to create long lasting social relationships. He has healthy relationship with the opposite sexes and has a positive attitude towards criticism.



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⇒ work/leisure.

Patient has acceptance of responsibility and perseverance. He is interested in agriculture. He spends his leisure time by engaging in agricultural activities.

⇒ Predominant mood.

The predominant mood of patient was optimistic. He was able to tolerate the stressful events.

⇒ Religious beliefs and Moral attitude

Patient has Hindu belief, and he followed Hindu rituals. He has good moral attitudes like, Justice, truth etc.

⇒ Fantasy life

Mr. Aravindakshan has no history of fantasy life.

⇒ Habits

Patient had normal sleep pattern, eating and excretory function. He has a history of snuff use since 50 years.



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MENTAL STATUS EXAMINATION

Name of the patient : Mr. Aravindakshan Nair.
 Ward no : 3
 Date : 30/06/21
 Time : 11 am

A. GENERAL APPEARANCE AND BEHAVIOUR

Level of consciousness : Fully aware and alert.
 Facial expression : Anxious.
 Level of grooming : Well kempt.
 Level of cleanliness : Adequate.
 Social behaviour : Normal.
 Cooperativeness/Attitude towards examiner : Cooperative.
 Eye to eye contact : Maintained.
 Rapport : Built spontaneously.
 Comprehension : Intact



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PHYSICAL FEATURES

Look : Looking one's age.
Weight : Normal.
Any physical deformity : Absent.

B. PSYCHOMOTOR ACTIVITY OR MOTOR BEHAVIOUR

Quantity : Normal.
Reaction time : Normal.
Posturing : open
Gesturing : Normal.
Abnormal involuntary movements : Intention tremors are present. extrapyramidal symptoms, ticks, akathisia and restlessness are absent.
Catatonic Phenomena : Automatic obedience, negativism, excessive co-operation, stereotype, Waxy flexibility and echopraxia are absent.

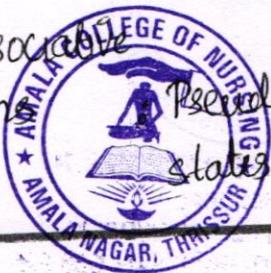
Conversion and dissociative

Signs

Pseudo seizures or possessive states are not present.

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Compulsive acts or rituals or habits : Absent

Hallucinatory behaviours : Absent.

C. SPEECH

Initiation / Spontaneity : Spontaneous.

Reaction time : Normal

Productivity : elaborate replies.

Rate : Logorrhoea.

Volume : Normal

Tone : Normal.

Relevance : Sometimes off target.

Coherence : Coherent

Other speech problems : Alogia, echolalia, perseveration neologisms, verbigeration are absent.

D. THOUGHT

Stream (flow of thought) : Racy thoughts - ~~Logorrhoea~~ ^{flight} pressure of speech, flight of ideas, retarded thinking, mutism thought block, perseveration





Verbiage, circumstantial and tangential are absent
 : Normal
 Derivative or autistic thinking, illogical thinking, intellectual-
 ation, incoherence, neologisms, word salad, ambivalence, over
 inclusion, and clong association
 are absent.

Content of thought

Poverty of content : Absent

Delusion

1. Question: Do you believe that somebody is trying to follow, harassed, cheated, conspired against you?
 Answer: No
 Inference: Persecutory delusion is absent

2. Question: Do you believe that you have any special abilities, power, knowledge, identity?
 Answer: No
 Inference: Persecutory delusion is absent

3. Question: Do you believe that all that happening around you are directed to you?
 Answer: No
 Inference: Delusion of grandeur is absent

3. Question: Do you believe that all that happening around you are directed to you?
 Answer: No
 Inference: Delusion of grandeur is absent

4 Question: Do you believe that somebody or external forces control your thoughts, feelings or impulses?

Answer : No

Inference : Delusion of control is absent

* Other delusions

: Hypochondriacal delusions, nihilistic delusions, delusion of infidelity, delusion of control, bizarre delusions, delusion of love, delusion of guilt, or other type of delusions are absent.

Over valued Ideas

: No.

Preoccupations

: Worthlessness, helplessness, hopelessness, shame, guilt, hypochondriacal, death wishes, suicidal or homicidal ideations are absent

Obsession

: Absent

Phobias

: Absent.

Fantasy

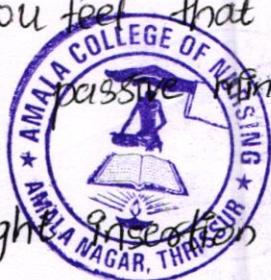
: Absent

POSSESSION

1. Question : Do you feel that your thoughts are being inserted in your passive mind?

Answer : No

Inference: Thought insertion is absent



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2. Question: Do you feel that your thoughts are being escape from your mind?

Answer: No

Inference: Thought withdrawal is absent

3 Do you feel that your thoughts are being escaped from your mind and can be known to others?

Answer: No

Inference: Thought diffusion / thought broadcasting is absent

E. MOOD AND AFFECT

Mood

Subjective mood:

Quality: Cheerful

Question: what do you feel now.?

Answer: I feel good.

Persistence: days.

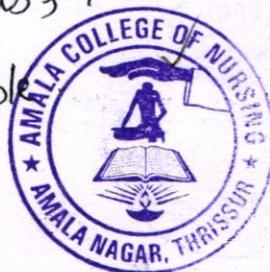
Stability of mood: No variations of mood. over time of day.

Other abnormalities: anhedonia and delusional mood are absent.

Objective mood

Quality: Anxious,

Stability of mood: stable



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Affect

Appropriateness and
Congruence

: appropriate to situation & environment, Congruent to thought

Range

: Normal

Mobility

: Normal

Persistence

: No affective incontinence.

F. PERCEPTION

Sensory distortions

changes in quality

: Absent

changes in size

: Absent

Sensory deceptions

ILLUSIONS

Question: Do you often misinterpret object and environment surrounding.

Answer: No

Inference: Illusions are absent

HALLUCINATIONS

1. Question: Do you hear or see things that can not see or hear by others?

Answer: No

Inference: No visual or auditory hallucinations

2. Do you feel that any tactile sensation with Imaginary object?

Answer: No



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Inference: Tactile hallucination is absent.

Other hallucinations - olfactory, gustatory, hypnagogic, hypnopompic, kinesthetic, lilliputian hallucinations are absent.

SOMATIC PASSIVITY

Question : Do you feel that sensation imposed in your body by some external force?

Answer : No

Inference : Somatic passivity is absent.

DEPERSONALIZATION : Absent

DEREALIZATION : Absent

OTHER ABNORMAL PERCEPTIONS: Déjà vu, déjà pense, déjà entendu, jamais vu are absent

G. COGNITIVE FUNCTIONS

ATTENTION

Normally aroused.

Digit span test.

DIGIT	FORWARD	BACKWARD	INFERENCE
Can you tell digit forward and backward.			Client answered 5 digits forward and backward.
1, 4	✓	✓	So, attention span is intact.
2, 5, 8	✓	✓	
9, 2, 5, 1	✓	✓	
6, 2, 8, 3, 7	✓	✓	



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CONCENTRATION

- Normally sustained.

Serial Subtraction test

QUESTION	ANSWER	INFERENCE
Can you subtract 7 from 100 in 5 series	$100 - 7 = 93$ $93 - 7 = 86$ $86 - 7 = 79$ $79 - 7 = 72$ $72 - 7 = 65$	Client answered serial subtraction test. So, concentration is intact.

ORIENTATION

QUESTION	ANSWER	INFERENCE
<u>Time</u> What is the time now?	11.30 am	Client is oriented to time.
<u>Place</u> Where are you now	I am in the hospital	client is oriented to place
<u>Person</u> Do you know who am I	You are a nurse	client is oriented to person.



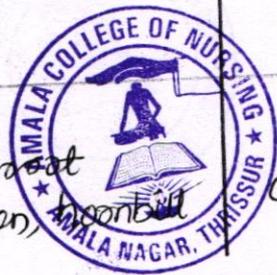
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MEMORY

QUESTION	ANSWER	INFERENCE
<u>IMMEDIATE MEMORY</u> Can you recollect these words - (well, land, coconut tree, banana, water)	coconut tree, land well, banana, water.	Immediate memory is intact
<u>RECENT MEMORY</u> What do you had in break fast	I had poori	Recent memory is intact
<u>REMOOT MEMORY</u> can you tell your date of birth?	4/6/1946	Remote memory is intact

INTELLIGENCE

QUESTION	ANSWER	INFERENCE
<u>GENERAL INFORMATION</u> 1. who is the chief minister of Kerala 2. which is the capital of Kerala	Pinarayi Vijayan Thiruvananthapuram	General Information is intact
<u>ARITHMETIC ABILITY</u> Addition - $8+7$ Substraction $80-50$ Multiplication 9×6 DIVISION $27 \div 3$	15 30 54 9	Arithmetic ability is intact
<u>VOCABULARY</u> you tell five birds name	Peacock, Parrot, crow, chicken,	Good vocabulary



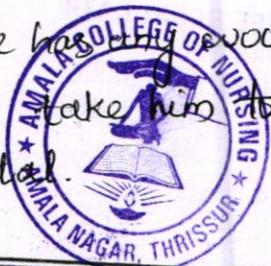
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ABSTRACT THINKING

QUESTION	ANSWERS	INFERENCE
<p><u>Similarities and dissimilarities between paired object?</u> ⇒ can you say the similarity and dissimilarity between chair & table</p>	<p>Similarity: Both have four</p> <p>Dissimilarity: chair - used to sit. Table: used to have food.</p>	<p>Client answered similarities and dissimilarities between paired objects</p> <p>And interpreted the proverb, so abstract thinking is intact.</p>
<p><u>Interpretation of proverb.</u> - Barking dogs seldom bites.</p>	<p>These people, who appear as a threaten to us, rarely cause harm to us.</p>	

JUDGEMENT

QUESTION	ANSWER	INFERENCE
<p><u>Personal Judgement</u> what is your future plan?</p>	<p>I want to live peacefully with my family</p>	<p>Personal judgement is intact</p>
<p><u>Social Judgement</u> what will you do in the temple</p>	<p>I will pray to God</p>	<p>Social judgement intact.</p>
<p><u>Test</u> what will you do if you see a person falls in front of you.</p>	<p>I will go and help him to rise from floor. If he has wound I will take him to hospital.</p>	<p>Test judgement is intact.</p>



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INSIGHT

Question: what is the reason for your admission.

Answer: I have disturbed sleeping pattern and physical problem like heart disease, CVA etc.

Inference: Stage 5, Intellectual insight; Patient is aware about the symptoms, or failures in social judgement, about admission of illness, without applying that knowledge to future experience.

GENERAL OBSERVATIONS

SLEEP:-

client have sleep disturbances, Insomnia is present due to frequent wake ups during night.

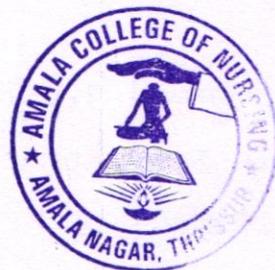
EPIBODIC DISTURBANCES

Absence of epilepsy, hysterical, impulsive behaviour aggressive behaviour, destructive behaviour.

ATTITUDE AND BELIEFS

Mr. Aravindakshan has a positive attitude toward the illness. He cooperates with the treatment modalities.


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SUMMARY

Mr. Aravindakshan 76 years old male got admitted in Amala hospital with complaints of disturbed sleep pattern, aggressive behaviour, throwing objects, decreased personal hygiene and removing clothes in inappropriate place.

On mental status examination, the general appearance and behaviour is anxious, cooperative and rapport built spontaneously. In psychomotor activity and motor behaviour intention tremors are present. In examination of speech, speech is spontaneous with elaborative replies. Logorrhoea is present, the relevance of speech is sometimes off target. In stream of thought logorrhoea is present. The quality of objective mood is anxious, the affect is appropriate to situation and environment. The perception is intact. Cognitive functions like attention, concentration, orientation, memory, intelligence, abstract thinking, judgements are intact. The grade of insight is stage 5, intellectual insight. In general observation, client have sleep disturbances due to frequent wake ups in night.

On MSE and ICD-10 criteria, I suggest my patient have, delirium and mixed dementia. (Symptoms - disturbances in sleep, emotional disturbances such as anxiety, irritability, impairment in consciousness, problems in recent memory etc)



1/10/20
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