



AMALA COLLEGE OF NURSING

AQAR (2023-2024)



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:

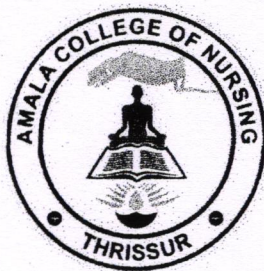
SUBMITTED TO



National Assessment and Accreditation Council

Mental Status Examination

AMALA COLLEGE OF NURSING, THRISSUR



DEPARTMENT OF MENTAL HEALTH NURSING

Clinical Assignment Code : N-MHN-I-305 /CL/UG-01
Name of Assignment : History & Mental Status Examination
Placement : Fifth Semester B.Sc. Nursing

HISTORY & MSE OF MR. SANEESH RY WITH
ALCOHOL DEPENDENT SYNDROME

Submitted to:

Name of Teacher : DR. AMBIKA C

Designation : PROFESSOR

Graded and Returned on:

Submitted by:

Name of Student : DANY PAOL

Student ID : BSQ100367

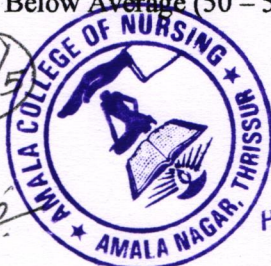
Submitted on : 6/5/24

Grade Level Indicator:

Excellent (90 – 100%)	☐	Very Good (80 – 89%)	☐
Good (70 – 79%)	☐	Satisfactory (60 – 69%)	☐
Below Average (50 – 59%)	☐		

Marks Obtained : 35/50

Signature of Faculty:



Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
AMALA NAGAR PO., THRISSUR-680 555

AMALA COLLEGE OF NURSING, THRISSUR
EVALUATION CRITERIA FOR HISTORY & MENTAL STATUS EXAMINATION

Name of the student: **DANY PAUL**

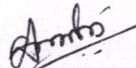
Name of the patient: **MR. SANCESH R.V**

Diagnosis: **ALCOHOL DEPENDENT SYNDROME**

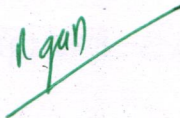
Date: **6/5/24**

Max marks:5

Sl. no	Criteria	Marks	Marks scored
2	History collection	1	1
3	Mental status Assessment	2	1
4	Methods using assessment	1	0.5
5	Summary	0.5	0.5
6	Formulation of provisional diagnosis	0.5	0.5
	Total	5	3.5

Signature of the supervisor: 





Prof. Dr. RAJEE REGHUNATH
PRINCIPAL
AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THRISSUR-680 555

HISTORY COLLECTION

IDENTIFICATION DATA

Name	⊗ Mr. Saneesh R.V
Age	⊗ 40 years
Sex	⊗ Male
Father / spouse	⊗ Mrs. Sayana
Address	⊗ Ramath (H), Thrissur
Education	⊗ SSLC
Occupation	⊗ Fisherman
Income	⊗ Rs 10,000/- per month
marital status	⊗ married
Religion	⊗ Hindu
informant	⊗ Father
information	⊗ relevant

PRESENTING CHIEF COMPLAINT

PATIENT VERSION

client says ... I was brought here because of alcohol addiction and seizure

INFORMANT VERSION

occasional alcohol consumption x 18 years

regular alcohol consumption x 14 years

disturbed sleeping pattern x 2 weeks

decreased appetite x 1 week

tremors in hand x 1 day

Amal

PRESENT PROBLEMS:
 • At present client in having tremors in hand

HISTORY OF PRESENT ILLNESS

Mrs. Sangeetha R.V., 40 years old male got admitted in Amala Medical college hospital on 28/12/24 at 03:30 pm involuntarily along with the father under Dr. Raghava with specific complaints of alcohol withdrawal syndrome and seizure.

The patient was well one week ago. More or less in acute and episodic paroxysmal attacks are familial trend of alcoholism, encouragement of friends. Symptoms of illness are tremors of hand on standing alcohol, loss of appetite x 1 week and an episode of withdrawal seizure. The intensity of illness is increasing. Negative history include starts alcohol abuse at 18 years of age and history of fall due to seizure at work site. Pertinent fact is the suicide of his grandfather due to the problem of marriage proposal.

He was not in a state to marry now so he rejected. 18 years back current symptoms include tremors, seizure and behavioural disturbances.

Symptoms give rise to the distress, mental functions are thinking, memory, attention, concentration is moderately disturbed.

He is confined to his room and kitchen. Performing biological functions, current experiences decreased appetite, disturbed sleeping pattern, normal bowel and bladder habits. Social functioning of patient is normal. Patient maintain good relation with family and neighbours. Client has no legal problems or ongoing cases.

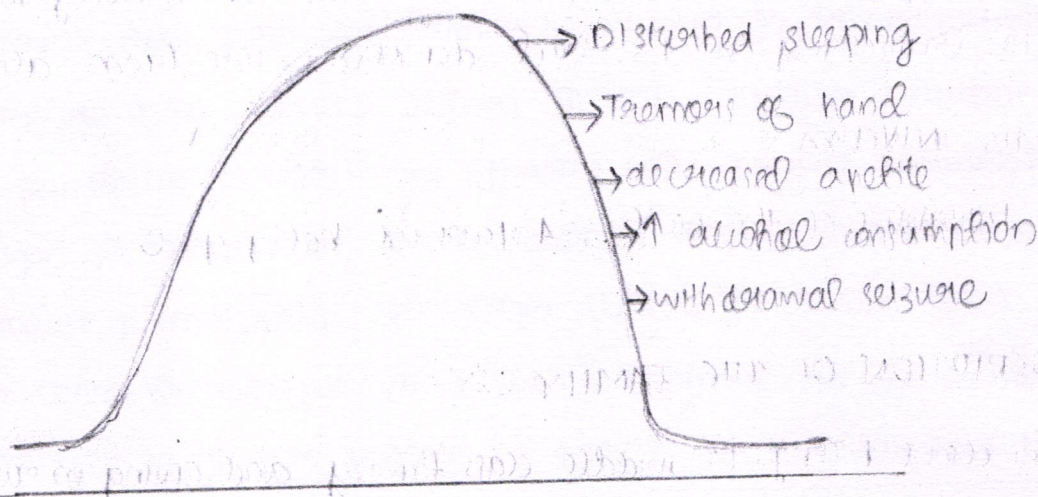


The client is on medication INT. THIAMINE 200mg TID, TAB. LORAZEPAM 2mg 1-1-1, INT. CEFTRIXONE 1g 1-0-1. He doesn't underwent ECT.

PAST PSYCHIATRIC AND MEDICAL HISTORY

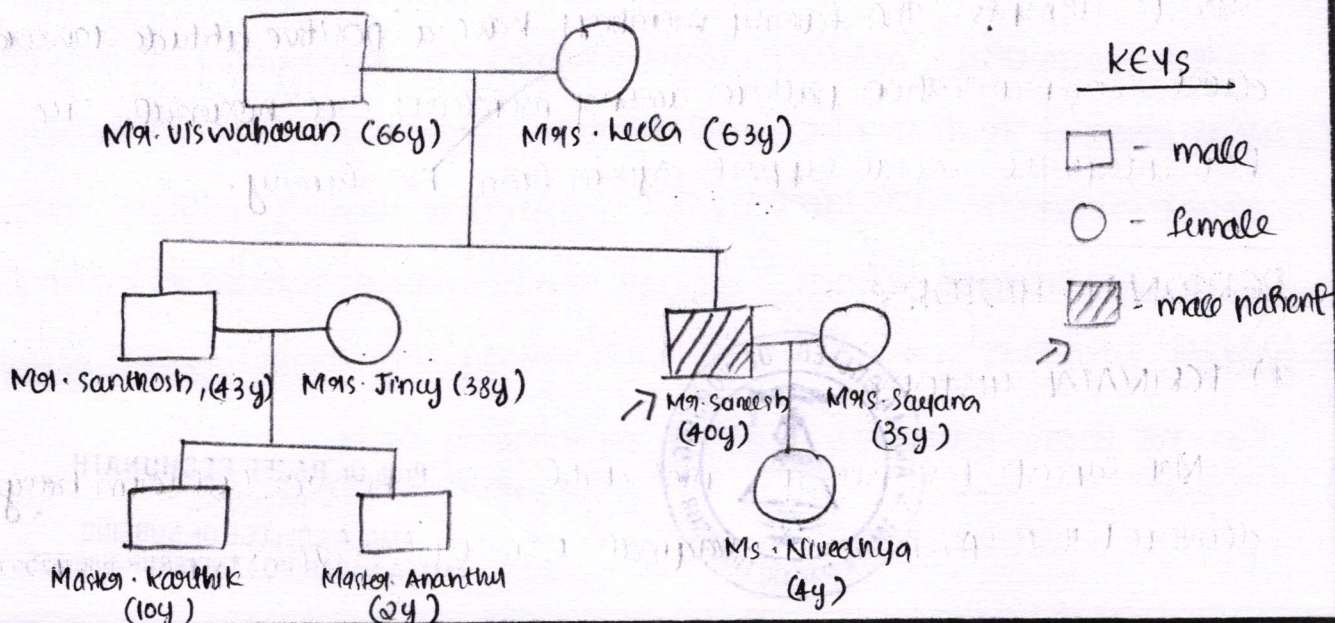
client has no past psychiatric history and no past medical history

LIFE CHART



FAMILY HISTORY

FAMILY TREE



DESCRIPTION OF EACH FAMILY MEMBERS

MR. VISWABARAN

Father of the client, 60 year old male also had habit of alcohol drinking but ~~does not~~ his life is in his control

MRS. LEELA

Mother of the client, 63 year old female living as a homemaker

MRS. SAYANA

Wife of the client, 35 year old female. She actively takes part in his counselling sessions and demotivate him from alcohol consumption

MIS. NIVEDYA

Daughter of the client, 4 year old baby girl

DESCRIPTION OF THE FAMILY

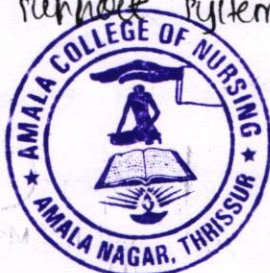
The client belongs to middle class family and living in rural area. He lives in a joint family. Mr. Viswabaran is the head of the family. Earning members are client, his father and elder brother.

There is no family history of psychiatric illness, substance abuse, suicide attempts. The family members have a positive attitude towards client. Communication pattern among members are normal. He has adequate social support system from his family.

PERSONAL HISTORY

a) PERINATAL HISTORY

Mr. Saneesh R.V was a wanted child and he was full term baby delivered through normal vaginal delivery. There was no complications



Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THRISSUR-680 555

during pregnancy like foetal issues, drug usage, trauma, infection and metabolic diseases. There was no birth defects and any postnatal complications like cyanosis, seizure, jaundice.

b) CHILDHOOD HISTORY

The primary care in childhood was given by mother. The achievement of developmental milestones all appropriate to the age. There is no history of diseases causing CNS. Neurotic traits / behavioural problems like stuttering, stammering, night terrors, thumb sucking, head banging, phobias, temper tantrums, was absent. He has no sibling rivalry with his elder brother. He maintains good relation among his peers. Physical problems like running away from home, drug experimentation was absent.

c) EDUCATION HISTORY

Formal education begins at the age of 5. Academic and extracurricular achievements were average. He maintained good relation with peers and teachers. There was no problem like school phobia, learning difficulties, and antisocial behaviour. He had studied up to SSLC and formal education ended.

d) OCCUPATIONAL HISTORY

Client started working at the age of 18. He started his job as a driver and then went to Dubai for doing construction work. Due to increased alcohol intake, withdrawal seizure occurred for first time i.e., first episode. So he lost his job in Dubai and joined in another branch of the same company at Mumbai. By increased alcohol intake second episode of seizure occurs.

Now he accompanied his father for fishing and due to increased alcohol intake - he again next 3rd episode of seizure occurs - and

e) SEXUAL AND MARITAL HISTORY

client had arranged marriage at the age of 26. client is maintaining good relationship with wife and neighbour each other well reasonably. client is satisfied with present marital relationship.

His wife is Sayana and having one daughter Nivedhya, 4 year old. psychosexual dysfunction all unknown.

f) PREMORBID PERSONALITY

=> ATTITUDE TO SELF

client has decreased self confidence level and no self appraisal of achievements or failures. His hope is to live a happy life

=> RELATIONS

client maintain good interpersonal relationship with family, friends, neighbours and has a good social relationships with opposite sex. Tolerance to criticism is questionable.

=> WORK / LEISURE

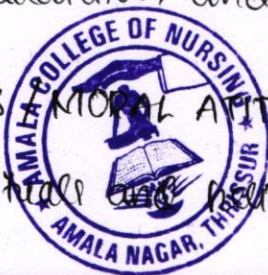
client has acceptance of his responsibility. Hobbies include playing cards and have great interest in playing football.

=> PRE DOMINANT MOOD

client has frustrating reaction to stressful life situations like job alcohol addiction and disease condition

=> RELIGIOUS BELIEFS / MORAL ATTITUDE

client follows rituals and beliefs of Hindu religion. He



Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
AMALA NAGAR, P.O. THIRUVANANTHAPURAM - 680 555

accompanies good moral attitude.

=> FANTASY LIFE

client is not having or experiencing any fantasies in life

=> HABITS

The client is having disturbed sleeping pattern and decreased appetite. Regular alcohol consumption on scale 500ml - 1 bottle
per day. There is ~~no~~ substance abuse in client.



MENTAL STATUS EXAMINATION

Name of patient : Mr. Saneesh

Ward no : 3

Date : 4/6/24

Time : 11:00 am

GENERAL APPEARANCE AND BEHAVIOUR

Level of consciousness : fully aware and alert

Facial expression : sad

Level of grooming : moderately kept

Level of cleanliness : adequate

Social behaviour : normal

Cooperative / attitude toward examiner : cooperative

Eye to eye contact : maintained

Response : brief with difficulty

Comprehension

PHYSICAL FEATURES

Look : looking one's own age

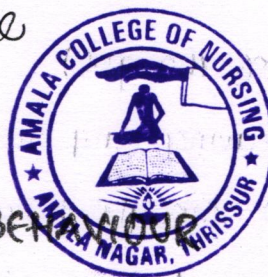
Weight : normal

any physical deformity : absent

PSYCHOMOTOR ACTIVITY / MOTOR BEHAVIOUR

Quantity : normal

Reaction time : normal reaction time



Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THIRUVANANTHAPURAM-680 555

posturing

∴ open posture

gesture

∴ normal

Abnormal involuntary movement ∴ tics present

Catatonic phenomena

∴ absence of automatic obedience, negativism, waxy flexibility, echopraxia, stereotypy

conversion and dissociative

signs

∴ absence of pseudoclosures, possession states

compulsive acts/ritual habits

∴ absent

Hallucinatory behaviour

∴ absence of smiling or crying without reason, muttering or talking to self

SPEECH

Initiation/spontaneity

∴ speaks when spoken to - minimal

Reaction time

∴ normal

Rate

∴ normal

Productivity

∴ monosyllabic

Volume

∴ decreased

Tone

∴ low pitch

Relevance

∴ relevant

Coherence

∴ fully coherent ✓

Other speech phenomena

∴ absence of echolalia, perseveration, verbalization, neologism, alogia

THOUGHT

STREAM (flow of thought)

Content is not having any stray thoughts, flight of ideas, scattered thinking, mutism, thought block, perseveration, verbalization, circumstantiality, tangentiality

FORM (formal thought disorder)

Normal: Absence of autistic thinking, intellectualisation, incoherence, neologism, word salad, ambivalence, clang association

CONTENT of thought

novelty of content : recent

delusions

1. Question

: Do you believe somebody is trying to follow, harass, cheat, conspire 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

: delusion of grandeur is absent

3. Question

: Do you believe that all that happened around you all directed to you?

Answer

: NO

Inference

: delusion of reference is absent

4. Question

: Do you believe that external forces control your thought, feeling or impulses?

Answer

: NO

Inference

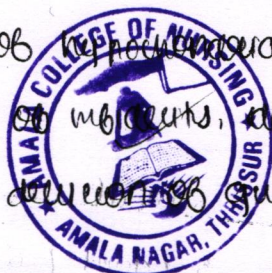
: delusion of control is absent

Other delusions

: absence of hypochondriacal delusion, nihilistic delusion, delusion of infidelity, delusion of control, delusion of love, delusion of guilt, other type of delusion

Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THRISSUR-680 555



overvalued ideas

§ absent

preoccupations

§ absence of worthlessness, helplessness, hopelessness
guilt, death wishes, suicidal ideas

obsessions

§ absence of thought, images, ruminations,
doubts

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 absent

2. Question

§ Do you feel that your thoughts are being
escape from your mind?

answer

§ no

inference

§ Thought withdrawal absent

3. Question

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

answer

§ no

inference

§ Thought diffusion / broadcasting is absent

MOOD AND AFFECT

MOOD

SUBJECTIVE MOOD

Question

§ What do you feel now?

Answer

§ I don't feel comfortable here, I want to go home

Persistence

∴ days

Stability of mood

∴ variations of mood over time of the day

Other abnormalities

∴ anhedonia, delusional mood absent

OBJECTIVE MOOD

Quality

∴ Sad, irritable, anger

Stability of mood

∴ irritable

AFFECT

Appropriate and congruent

∴ appropriate to situation and environment
congruent to thought

Range

∴ normal range

Modality

∴ labile about

Persistence

∴ absence of affective incontinence

PERCEPTION

SENSORY DISTORTIONS

change in quality

∴ absence of hyperesthesia and hypoaesthesia

change in size

∴ absence of macropsia and micropsia

SENSORY DECEPTIONS

⇒ ILLUSIONS

1. Question

∴ Do you often misinterpret object, environment or surrounding

answer

∴ NO

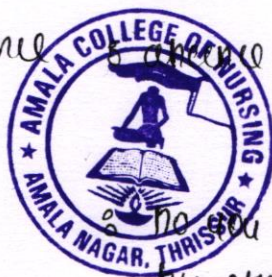
incidence

∴ absence of illusion

⇒ HALLUCINATIONS

1. Question

∴ Do you hear or see things that can see / hear by others



Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THRISSUR-680 555

answer : no

inference : absence of auditory / visual hallucination

2. Question : do you feel any tactile sensation with any imaginary object?

answer : no

inference : Tactile hallucination is absent

SOMATIC PASSIVITY

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

answer : no

inference : somatic passivity absent

DEPERSONALISATION : absent ✓

DEREALISATION : absent

other abnormal perceptions : Déjà vu / déjà rêvé / déjà entendu - absent

COGNITIVE FUNCTIONS

1. ATTENTION

Normally aroused

DIGIT SPAN TEST	FORWARD	BACKWARD	INFERENCE
Can you tell digit backward / forward			client answered
1, 8	✓	✓	4 digits forward
8, 5, 4	✓	✓	and 3 digits backward.
9, 3, 2, 1	✓	X	Attention span
4, 8, 3, 2	X	X	is normally impaired.

2. CONCENTRATION

Normally sustained

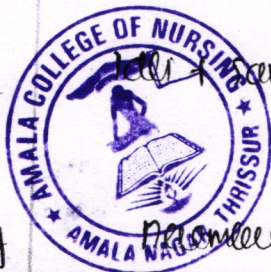
Questions	Answers	Inference
Serial subtractions	$100 - 7 = 93$ / $93 - 7 = 86$ $86 - 7 = 79$ / $79 - 7 = 72$ $72 - 7 = 65$	correct answers serial subtractions properly and patient was able to do
Name of week day	Sunday, Monday, Friday	weekdays in backward is wrong, patient concentration partially distracted

3. ORIENTATION

QUESTION	ANSWERS	INFERENCE
TIME - What is the time now?	I will look at watch and read correct time	correct oriented to time
PLACE - Where are you now?	At Amala Hospital	place and region orientation is intact
PERSON - Who am I?	You are a student	

4. MEMORY

QUESTION	ANSWER	INFERENCE
<u>IMMEDIATE MEMORY</u> I will tell some names. Can you repeat (Book, pen, table, chair)	Book, pen, table, chair	Immediate / recent / remote memory is intact
<u>RECENT MEMORY</u> What you had breakfast	Idli + Sambar	
<u>REMOTE MEMORY</u> When is your birthday	December 29	



Prof. Dr. RAJEE REGHUNATH
PRINCIPAL
AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THRISSUR-680 555

5. INTELLIGENCE

QUESTION	ANSWER	INFERENCE
=> General information who is the prime minister of India => Arithmetic ability 6+2 100-2, 50x2, 28÷4 => Vocabulary Can you tell names of 5 fruits	Narendra Modi 8 98, 100, 7 orange, mango, apple, guava, pineapple	General information / arithmetic ability / vocabulary is good

6. ABSTRACTION / ABSTRACT THINKING

QUESTION	ANSWER	INFERENCE
=> Similarities and dissimilarities tree between named objects between apple and orange => Interpretation of proverb 'All that glitters are not gold'	Both are fruits apple is red in colour orange is orange in colour All the glittering things are not good. we should think properly	Client answered clearly Client answered properly Abstract thinking is intact

JUDGEMENT

QUESTION	ANSWER	INFERENCE
Personal: what is future plan	I want to get job and stop drinking	intact
Social: do you attend social functions	Yes I attend marriages in temples	intact
Test: what will you do if person get accident in front of you?	I will help him and call ambulance get to hospital	intact

INSIGHT

Question: What is the reason for your admission?

Answer: I came here due to increased alcohol intake

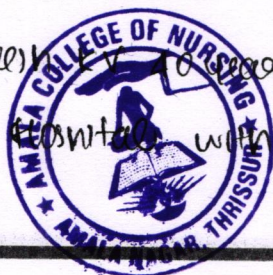
Inference: Gradual awareness of being sick but due to something unknown in himself.

GENERAL OBSERVATIONS

- SLEEP: client having temporary insomnia
- EPISODIC DISTURBANCES: client is having episodes of seizures due to increased alcohol intake and decreased food intake
- ATTITUDES AND BELIEFS: client is having positive attitude towards illness, recovery and treatment schedules

SUMMARY AND DIAGNOSTIC FORMULATIONS

Mr. Saneesh, 45 years old male got admitted to Amala Medical College Hospital with chief complaints of withdrawal



Prof. Dr. RAJEE REGHUNATH
PRINCIPAL

AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THIRUVANANTHAPURAM-680 555

peratures x 1 day and alcohol dependency since 3 years was admitted involuntarily ~~with~~ by accompanying with father and wife.

On mental status examination, in general appearance client is having sad facial expression, abnormal movements like tremors present, volume of speech decreased, delayed speech, irritable mood, attention span is moderate, concentration is partially distracted.

On the basis of mental status examination I suggest client is having Alcohol dependent syndrome.



WORK BOOK



1999

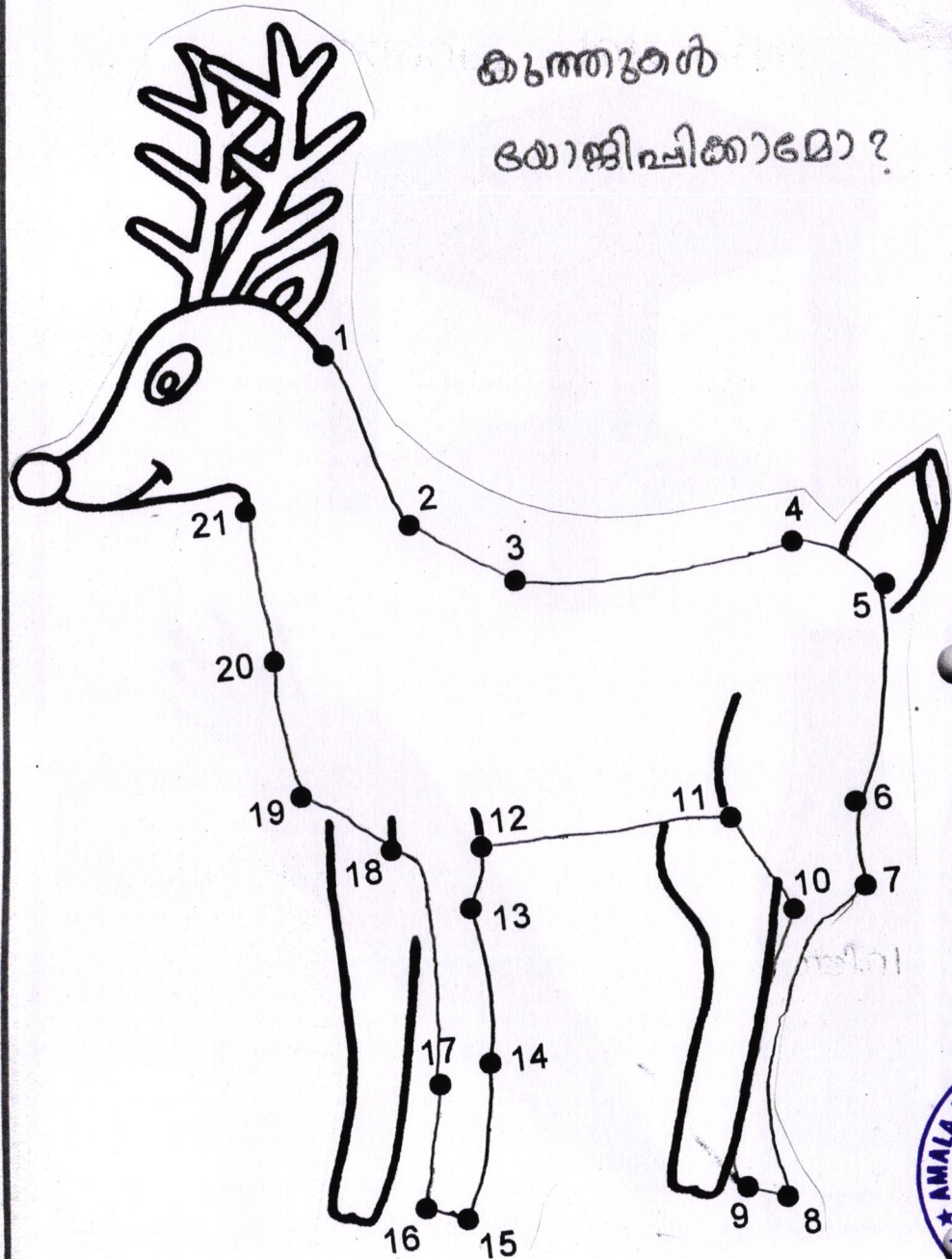
Prof. Dr. RAJEE REGHUNATH
PRINCIPAL
AMALA COLLEGE OF NURSING
AMALA NAGAR PO., THRISSUR-680 555

പേര് : സനീഷ് ആർ.വി
വയസ്സ് : 40

സാഹചര്യം പറയാമോ ?



Inference : ദാന്നം



കുറയ്ക്കാമോ?

$$20 - 5 = 15$$

$$8 - 2 = 6$$

$$28 - 10 = 18$$

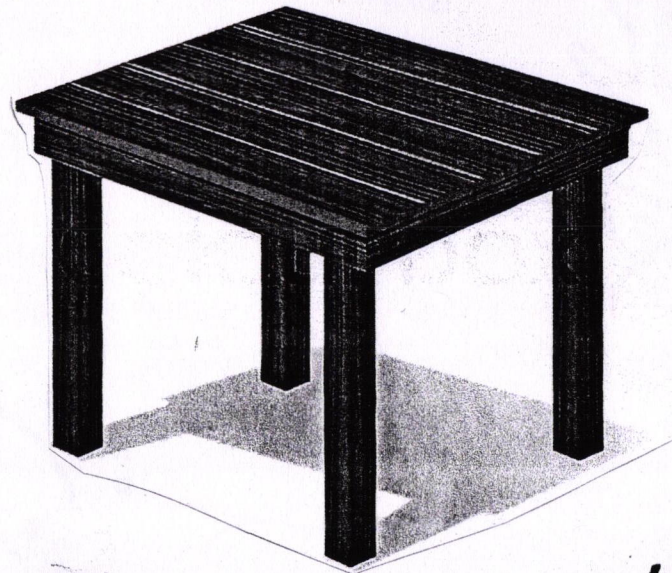
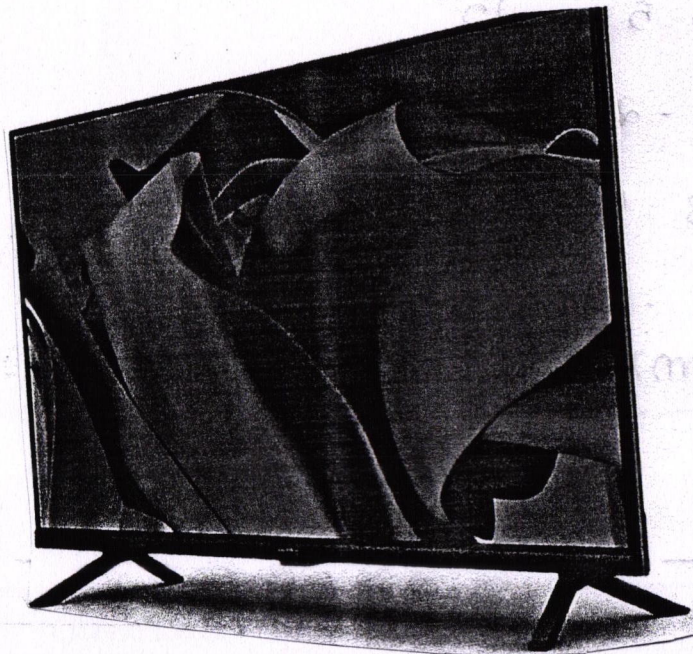
മുന്നോട്ടും പിന്നോട്ടും പറയാമോ?

DIANTS	FORWARD	BACKWARD
8, 4	✓	✓
10, 6, 3	✓	✓
2, 8, 1, 0	✓	✗
5, 7, 2, 6	✓	✗

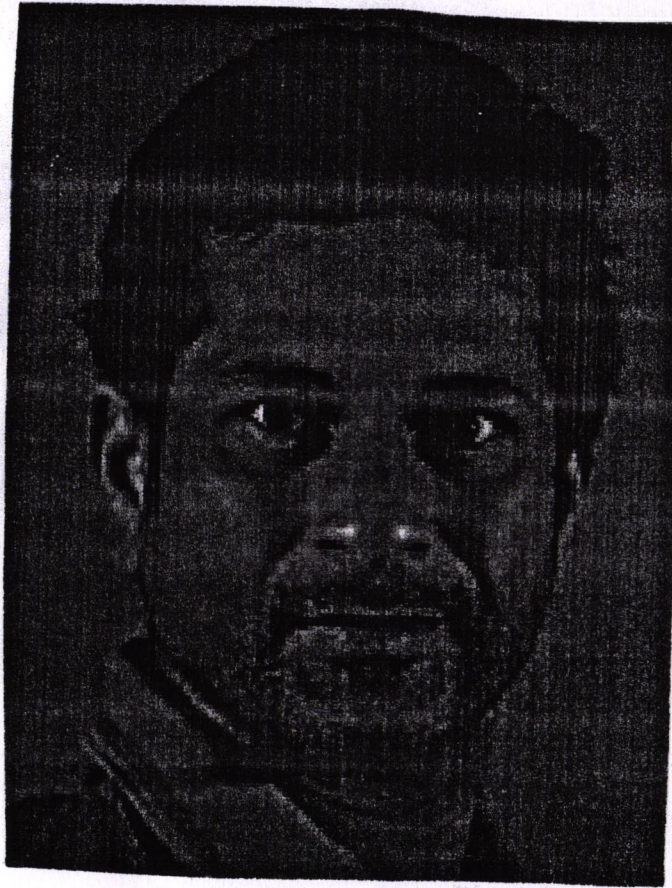


Prof. Dr. RAJEE REGHUNATH
PRINCIPAL
AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THRISSUR-680 556

സാധനങ്ങൾ തിരഞ്ഞെടുക്കുന്നത്
പറയാമോ ?



വ്യക്തിതന്റെ നിരീക്ഷണമാ?



Inference: സമീപ

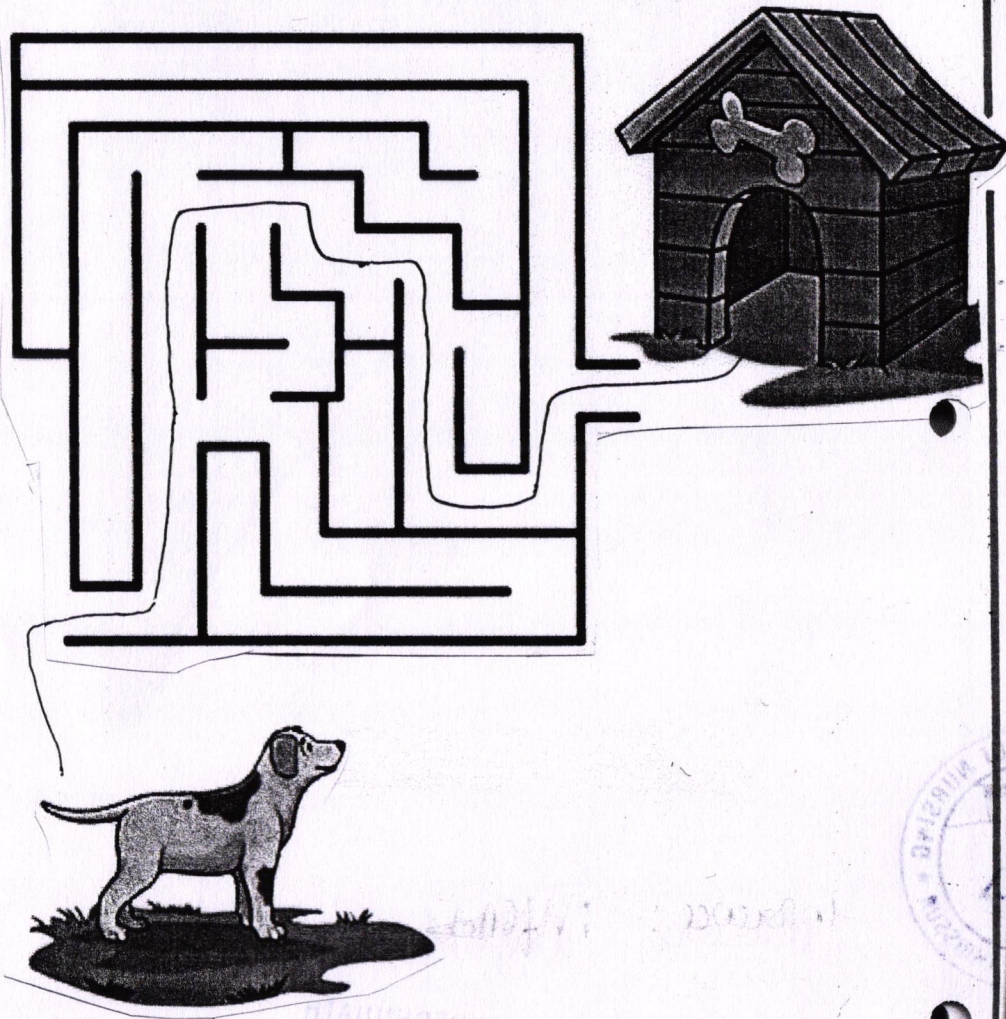


Inference: സമീപ

Handwritten signature in green ink.

Prof. Dr. RAJEE REGHUNATH
PRINCIPAL
AMALA COLLEGE OF NURSING
AMALA NAGAR P.O., THRISSUR-680 555

വഴി കാണിക്കാമോ ?



ഉത്തരം പറയാമോ ?

1. ആരാണ് ഇന്ത്യയുടെ പ്രധാനമന്ത്രി ?
നേഹ്രു ഭാസ്കർ
2. ഏതാണ് ഇന്ത്യയ്ക്ക് സ്വാതന്ത്ര്യം കിട്ടിയത്
15 ആഗസ്റ്റ് 1947
3. ഒരു വർഷത്തിൽ എത്ര മാസമുണ്ട് ?
12