Stop, look and listen to patients
A placement taught Sara Mulligan not to overlook the physical health needs of mental health patients

During a third-year placement, a patient, who I will call Robin, was admitted to the acute mental health ward I was working on. Robin, who was in his thirties, was suicidal and in the previous 24 hours had made two attempts to take his own life. He had been transferred to the ward from the emergency department for mental health assessment and further care.

Aside from his self-harming wounds, which included ligature marks and cuts to his wrists, Robin appeared to be in good physical health. He had a good pallor, was a normal weight and showed no signs of cold or flu. I started Robin’s admission process. This can take up to 24 hours and includes obtaining consent, carrying out baseline physical observations, reviewing medical history and medication, and creating initial care plans and risk assessments.

After an hour or so, I noticed Robin was becoming short of breath and felt cold. He had wrapped a blanket around himself, despite the ward being warm. He then started to complain of chest pains.

Physical symptoms
Robin had mentioned a previous visit to the emergency department for a possible lung infection and stomach ulcer. I asked about the pains and took his clinical observations – blood pressure, temperature, pulse, oxygen saturation and respiration levels. I also did a respiratory assessment. His observations were mostly within normal range but his temperature was 39.6°C and his respiratory rate was 21 breaths per minute.

After re-checking his temperature, I informed the charge nurse and doctors about my concerns, suggesting that Robin required a physical assessment. While I was helping the doctor with the physical assessment, Robin started coughing profusely and began to vomit old and new blood and phlegm. As I had spoken to Robin about his medical history, which was not included on his transfer notes, I was able to tell the doctors about his health problems and he was quickly transferred to the medical assessment unit for a full physical assessment.

This experience underlined for me the importance of listening to a patient’s concerns about their physical and mental well-being, no matter what setting or ward they are in.

My conversations with Robin highlighted the valuable role of good communication, and how essential it is to build up a full picture of a patient’s health and work as a team.

I was able to liaise effectively with the doctors and provide them with useful information so that Robin’s physical health could be assessed.

By treating me as a member of the team rather than ‘just a nursing student’, the doctor was able to provide timely care to the patient. This boosted my confidence in my own skills and gave me the courage to always express any concerns I have about patients.

This incident was a turning point in my training and one I continue to reflect on.