

CJ – suicidal ideas
Age 84
Female
Nursing home resident

Social worker emailed me:

It was brought to this nurse attention from CNA, that pt mentioned she wishes she wasn't here, "wishes she was on the other side with her family/friends. this nurse went and spoke to pt, asked her how she would do this, " I don't know, maybe take a lot of pills". pt did say she really doesn't want to kill herself, but a little depressed. pt has no meds in her room at this time. This nurse placed her on q 30 min checks, and left door open to her room. pt has HX of major depression, on 2 antidepressants and anxiety med, buspar. pt said she has been on these meds for awhile now. progress note sent to C Spears NP, informed DNS and social worker of this facility. Called daughter, Jenni NA, left message, "nothing urgent, just call facility when have a min."

Meds: Bupropion XL 150mg daily, paroxetine 30mg daily, buspirone 15mg daily

Other meds: levothyroxine, omeprazole, atorvastatin, aspirin, metoprolol, tramadol prn 50mg for pain (right hip surgery – pain)

PCP note: recurrent MDD with anxiety

My interview:

Smiling, interacting. Wants to go home. Admitted for rehab in early May (it is July 12th). Regrets making the statement. Frustrated. MDD – Rx resistant after hysterectomy and losing 8 pints of blood in 1997. Tried venlafaxine and Prozac. Did best on current meds. Also has GAD. Daughter supportive but has her own health issues. Neighbor supportive but now has her own health issues. No past suicide attempts. Mormon. Would never take her life. Against her religion. No family history of suicide. Sister had depression. No addiction history. No bipolar or PTSD. No psychosis or dementia. Owns her home in a small town (Lewiston). She recognizes not many services in Lewiston. Was from Utah – lot of services there. Moved with her husband to Lewiston. He passed away in 2012. Has been active all her life. Retired teacher. Had pets but aware that she won't be able to take care of the pet.

Rx: help her move home and stay safe and do well there. She wanted me to become her therapist. No changes to meds.

No new orders.

Is living in her own home in Lewiston an option?

Individual counseling only if the counselor can focus on here and now and NOT go into her past.

Follow up: Thank you, Dr. Desai. I appreciate you taking time to visit with Carol today. She mentioned to me after your visit with her that she very much enjoyed the opportunity to speak to someone. She believes that continued sessions with a mental health counselor would be

very beneficial for her. She noted that she lost her husband and has never really rebounded from the loss and has an overall sense of loneliness and loss of purpose. She mentioned that she use to work full time. I mentioned to her that the valley does have many volunteer opportunities including the senior center, local churches, soup kitchens, local hospitals, and more. She was very interested in finding out how she can assist her community and noted that it may give her a sense of purpose and belonging again. I told her that I would be happy to put together a list of places that welcome volunteers.

I will have Charese complete your request below and get that over to you. Again, thank you for visiting with her and helping us deal with some mental health issues we have been noticing. She very much appreciated speaking to you today!

CEO of the nursing home.