

Client Setting and Encounter

A 16-year-old female named MB, presents the clinic with lower back pain, vomiting, nausea, fever, and burning sensations when she urinates. While interviewing the patient I notice her start to look down at the ground and at her mother, who was present with her at the time of the visit. The patient became very uncomfortable with some of the questions being asked. The patient was asked if she was sexually active and she did not want to answer the question. The patient was very uncomfortable with her mother being present talking about reproductive health and sexual activity. Due to patient symptoms that she presents with it is necessary to get a urine sample and check for STD's. Urinary tract infections can be caused by poor hygiene, sexual activity, and changes in the normal flora of the vagina (CDC, 2021).

Effective Communication

Healthcare professionals need to be able to communicate effectively with their patients and the patient needs to feel comfortable with their healthcare provider. The patient is obviously very embarrassed to talk about her sexual preference in front of her mother. Confidentiality is key to be able to properly diagnose and treat the patient. To know about the clients perspective, it is important to build trust and rapport with the client to feel comfortable and provide them assurance that their confidential information will not be shared with anyone other than healthcare professionals (Maslyanskaya et al. 2019). This in particular case the parent should be present for the history of the patient, but then asked to leave the room to speak with the patient alone about sexual activity and reproductive health.

Documentation

MB is a 16-year-old female, who presents to the clinic with burning sensation with urination, fever, lower back pain, nausea and vomiting. The healthcare provider entered the room with the patient and her mother. Started the interviewing and history with patient and her mother. Pt became increasingly withdrawn upon asking her about sexual activity and reproductive health. The mother was asked to leave the room to finish the interview and agreed. After the mother left the room, the patient began to feel more comfortable and was able to open up and talk about her symptoms. After a brief discussion with the patient and lab work, we concluded the patient was experiencing a UTI. Pt was educated to take antibiotics as prescribed, urinate after sexual