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Medical Diagnosis/Disease: Anxiety

NCLEX IV (8): **Physiological Integrity/Physiological Adaptation**

NCLEX IV (7): **Reduction of Risk**

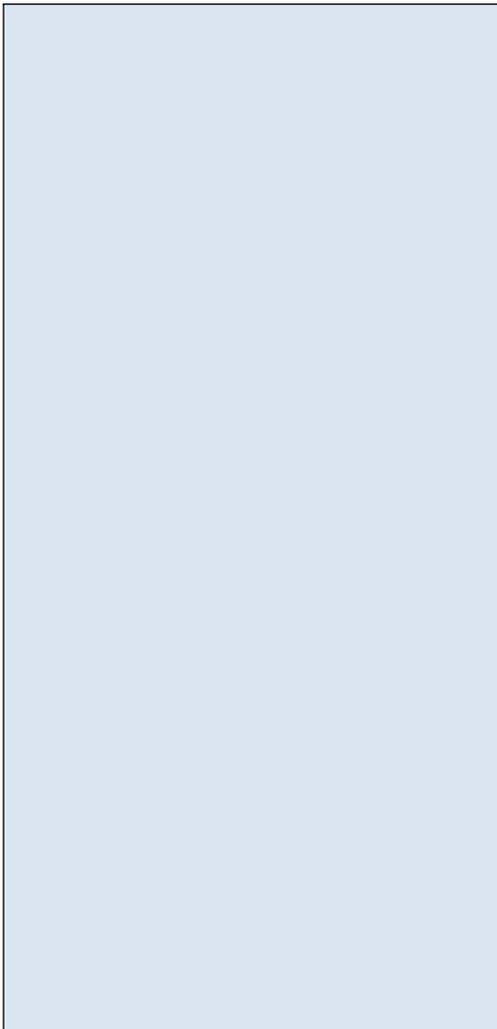
<p><u>Anatomy and Physiology</u> <u>Normal Structures</u></p> <p>Neurotransmitters:</p> <ul style="list-style-type: none"> - Serotonin – hormone that stabilizes mood, feelings of well being and happiness; impacts the entire body; allows brain and other nervous system cells to communicate with each other; aids in sleeping, eating and digestion - Norepinephrine – acts as a stress hormone and a neurotransmitter; released into the blood as a stress hormone when the brain perceives a stressful event has occurred; increases HR and blood flow from heart; increases BP; breaks down fat and increase blood sugar levels - Gamma-aminobutyric acid (GABA) – primary inhibitory neurotransmitter for central nervous system; reduces neuronal excitability by inhibiting nerve transmission <p>Brain:</p> <ul style="list-style-type: none"> - Amygdala – located in the temporal lobe; “fight or flight” response center in the brain; core fear system in human body by processing fearful/threatening stimuli and detects threat and activation of appropriate behaviors in response; plays role in memory - Hippocampus – in the temporal lobe of the brain that plays a role in learning and memory; vulnerable structure that can be damaged by a variety of stimuli; part of the limbic

<p><u>Pathophysiology of Disease</u></p> <ul style="list-style-type: none"> - A feeling of discomfort, apprehension or dread related to anticipation of danger, the source of which is often nonspecific or unknown <ul style="list-style-type: none"> o Anxiety is an emotional process; involves the emotional response to appraisal of the threatening stimulus o Fear – cognitive process; involves intellectual appraisal of a threatening stimulus o “anxiety” is used interchangeably with “stress” - Considered a normal reaction to realistic danger or threat to biological integrity or self concept <ul style="list-style-type: none"> o Normal anxiety dissipates when the danger or threat is no longer present - “Stressor” – external pressure that is brought to bear on the individual <ul style="list-style-type: none"> o Good stress – also called eustress motivates people to develop skills needed to resolve problems; beneficial o Distress – negative experience that cause problem emotionally and physically - Considered a disorder when fears and anxieties are excessive - Cell bodies of the origin of the serotonin pathways lie within the raphe nuclei in the brainstem - Serotonin – thought to be decreased in anxiety disorders from the efficacy of the SSRI in the treatment of anxiety disorders but other research shows serotonin has modulating effects

<p><u>Anticipated Diagnostics</u></p> <p><u>Labs</u></p> <p>CBC BMP to r/o other CXR complications EKG UA</p> <p><u>Additional Diagnostics</u></p> <p>DSM-5</p> <ul style="list-style-type: none"> - Excessive worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events (such as work, or school performance) - Difficulty controlling the worry - The worry or physical symptoms cause clinically significant distress or impairment in social, occupation, or other important areas of functioning - The disturbance is not better explained by another medical disorder <p>Symptomatic diagnostics HR BP RR</p>
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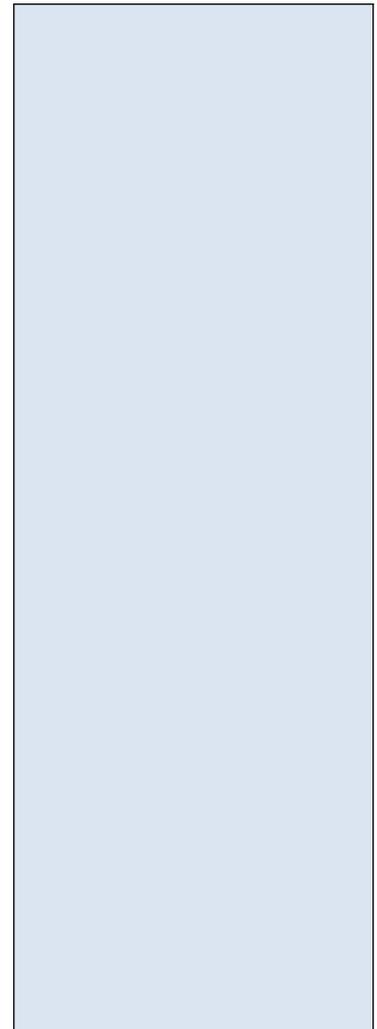
- system; regulates motivation, emotion, learning and memory
- Locus ceruleus – regulates the amount of noradrenaline in forebrain; function depends on the interaction released noradrenaline and neuronal activity in target areas
 - Brainstem – composed of the medulla, pons, and medulla oblongata; regulates breathing, HR, and BP
 - Hypothalamus – part of the forebrain below thalamus; coordinates autonomic nervous system and activity of the pituitary; controls body temp, thirst, hunger, and other homeostatic systems; involved in sleep and emotional activity
 - Frontal cortex – part of the frontal lobe that functions in planning, cognitive behavior, personality expression, decision making, and moderating social behavior
 - Thalamus – located above the brainstem between cerebral cortex and midbrain; has extensive nerve connections; relays motor and sensory signals to cerebral cortex and regulation of consciousness and alertness
 - Basal ganglia – composed of the caudate, putamen, and globus pallidus in the cerebrum; group of subcortical nuclei that function in motor control, motor learning, functions and behaviors and emotions

- in response to intense emotions in general
- Norepinephrine – cell bodies originate in the locus ceruleus; thought to be increased in anxiety disorders
 - Gamma-aminobutyric acid (GABA) – major inhibitory neurotransmitter in the brain; involved in reduction and slowing of cellular activity; synthesized from glutamic acid with vitamin B6 as a cofactor; found in every region of the brain; thought to be decreased in anxiety disorders which allows for increased cellular excitability
 - Anxiety is an umbrella term that has specific disorders that are suffered by the general population:
 - Specific phobias – persistent, intensely felt, and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the feared stimulus; identified by the fear of specific objects or situations that could conceivably cause harm, but the person's reaction to them is excessive, unreasonable, and inappropriate
 - Social anxiety disorder – excessive fear of situations in which a person might do something embarrassing or be evaluated negatively by others
 - Post traumatic stress disorder – multisystem response triggered by an extremely traumatic event
 - Generalized anxiety disorder – persistent, unrealistic, and excessive anxiety and worry that occur more days than not for at least 6 months
 - Panic disorder – recurrent panic attacks, the onset of



which is unpredictable manifested by intense apprehension, fear or terror

- o Obsessive-compulsive disorder – includes the presence of obsessions or compulsions or both, the severity of which is significant enough to cause distress or impairment in social, occupational or other important areas of function
- Mild anxiety – produces slight arousal that enhances perception, learning and productive ability
- Moderate anxiety – increases arousal to a point where the person expresses feelings of tension, nervousness, or concern
- Severe anxiety – consumes the persons energy and requires intervention
- Panic anxiety – overpowering, frightening level of anxiety causing person to lose control



NCLEX II (3): Health Promotion and Maintenance

NCLEX IV (7): Reduction of Risk

Contributing Risk Factors

- Genetics – history of anxiety or other mental illness in biological family members
- Developmental – childhood trauma, negative life events
- Environmental – drug or alcohol use, work environment
- Psychological – previous psychiatric history
- Women > men
- Illness
- Certain medications
- Shyness or behavioral inhibition in childhood

Signs and Symptoms

- Palpitations, pounding heart, accelerated HR
- Sweating
- restlessness
- Trembling or shaking
- Sensations or shortness of breath or smothering
- Increased RR
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Dizziness, unsteady, lightheaded or faintness

Possible Therapeutic Procedures

Non-surgical Therapy!
Medications (antidepressants, anxiolytics)

Surgical

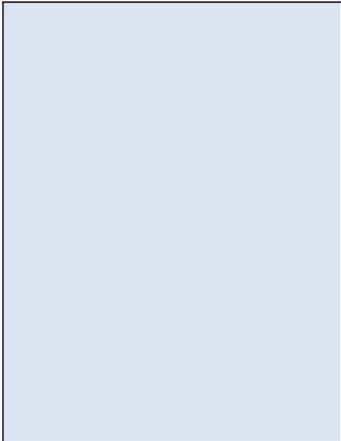
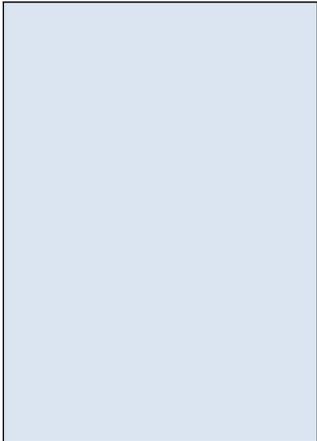
n/a

Prevention of Complications
(What are some potential complications associated with this disease process)

Another anxiety disorder
Depression
Substance abuse
Suicide/suicidal ideations
Self isolation
Malnutrition
Fatigue/exhaustion

- Exposure to stressful or traumatic life events in childhood or early adulthood
- Drugs or alcohol
- Caffeine
- Health conditions (heart dysrhythmias, thyroid problems)

- Chills or heat sensations
- Paresthesia
- Derealization or depersonalization
- Fear of losing control or going crazy
- Muscle tightness
- Difficulty communicating



NCLEX IV (6): Pharmacological and Parenteral Therapies

NCLEX IV (5): Basic Care and Comfort

NCLEX III (4): Psychosocial/Holistic Care Needs

Anticipated Medication Management

Anxiolytics
 SSRI
 SNRI
 Benzodiazepines
 Barbiturates
 Bupirone
 Beta blockers

Non-Pharmacologic Care Measures

Cognitive behavior therapy
 Support groups
 Psychologist
 Psychiatrist
 Therapy (individual and/or group)

What stressors might a patient with this diagnosis be experiencing?

Additional fear
 Additional stress
 Uncertainty
 Financial
 Role change
 Loss of control for themselves
 Fatigue from lack of sleep/alterd sleep pattern
 Constipation from peristalsis of intestines decreasing
 Ineffective coping
 Defensive coping
 Caregiver role strain

Client/Family Education

NCLEX I (1): Safe and Effective Care Environment

List 3 potential teaching topics/areas

- Medication education and compliance and need for adequate times of sleep
- Stress management techniques like mediation, deep breathing, and exercise that can enhance the effects of therapy and relieve worry experienced by the pt
- Optimal nutrition to decrease negative effects of stress (less caffeine, salt, sugar, and fats and increase vitamins and minerals)

Multidisciplinary Team Involvement
 (Which other disciplines do you expect to share in the care of this patient)

Therapist
 Milieu nurse
 PCP
 MD
 Primary nurse
 Nutritionist/dietician
 Pharmacist
 Psychologist
 Psychiatrist

Anticipated Patient Problems, Goals, & Interventions Based on Medical Diagnosis

**** To be completed before the simulation****

Problem #1:Anxiety

Patient Goals:

1. Pt will verbalize feelings, perceptions and fears by the end of my care.
2. Pt will verbalize two signs and symptoms of intensifying anxiety and ways to deescalate them by the end of my care.

Assessments:

- physical reactions to anxiety/stressful situations, coping mechanisms, BP, HR, RR, aggravating stress factors of stress, alleviating factors of stress, readiness to learn, anxiety level, pain level

Interventions (In priority order):

1. Speak in simple, brief language slowly and calmly during my time of care.
2. Maintain a therapeutic milieu with a calm, quiet, low stimuli environment during my time of care.
3. Encourage expression of feelings and concerns as needed during my time of care.
4. Educate on healthy coping strategies such as exercise, deep breathing, meditation, guided imagery and music therapy during my time of care.
5. Educate on medication side effects and need for medication compliance regarding medications prescribed as needed during my time of care.
6. Educate on thoughts or feelings that occur prior to the onset of anxiety and ways to deescalate the situation through healthy coping mechanisms during my time of care.

Problem #2: Ineffective role performance

Patient Goals:

1. Pt will maintain anxiety at a manageable level without resulting to ritualistic behaviors by the end of my care.
2. Pt will demonstrate verbalize two healthy coping mechanisms for anxiety such as deep breathing, exercise, guided imagery and or music therapy by the end of my care.

Assessments:

- readiness to learn, participation in ADLs, need for assistance with ADLs, hours of sleep achieved, food preferences, dietary habits, coping mechanisms utilized, readiness to learn, hygiene, aggravating factors for stress, alleviating factors for stress

Interventions (In priority order):

1. ___Educate on healthy coping mechanisms such as deep breathing, meditation, exercise, guided imagery music therapy and journaling during my time of care. _____
2. ___Educate on need to maintain nutrition with small, frequent high calorie finger foods and decrease caffeine intake during my time of care. _____
3. ___Educate on importance of 7 to 9 hours of sleep per day during my time of care. _____
4. ___Provide positive reinforcement and encouragement for participation and execution of ADLs during my time of care. _____
5. ___Educate on signs and symptoms of escalating stress and the difference between good stress and bad stress and how good stress and mild anxiety aids in skills to solve the problem during my time of care._____
6. ___Encourage expression of stressors and triggers as needed during my time of care. _____

Nursing Notes

Time	<i>I Or E</i>	Notes	Specify Problem #
0900	E	Reports “I feel like I am going to die,” new onset of chest pain rated 2/10 on mid lower sternum, HA, and SOB. BP 148/76, HR 115, RR 32 shallowed and labored, temp 37.0, SpO2 96% on RA. Restless, rocking back and forth, and fidgeting with hands. Reports “a couple” hours of uninterrupted sleep a night, having a feeling of not eating and stomach pain. “I want to feel better.” Hamilton-A assessment score of 26 (severe anxiety)-----MC	1,2,3
0910	I	Called MD for order of Lorazepam due to Hamilton-A score of 26. -MC	1,2
0915	I	Administered 2mg of lorazepam IM -----MC	1,2
0945	E	Sitting in bed, legs crosses, eyes open, HR 92, RR 30, BP 152/78. SpO2 96% on RA unlabored and equal breaths, pain rated 5/10. Reports being unable to pay her bills recently and a breakup with her boyfriend and him moving out making it difficult to pay rent. Attends college and works as a waitress. -----MC	1,2
1000	I	Restated concerns voiced and asked to tell me more.-----MC	1
1000	E	Stated boyfriend leaving for a few weeks or a month and that he is married, “it is my boyfriend’s fault I may have to move out,” “I could pay all my bills before him but he spends all his money on gambling and	1,2

		drinking, he’s out on a drinking binge but he will be back in a couple days,” “Can’t you see why I’m all stressed out about this? I shouldn’t have come here. I will be fine, I don’t need any help. Just let me go home.” -----MC	
1020	I	Evaluated most important stressor to resolve. -----MC	1
1030	E	Stated most worry on how to afford rent, food and utilities for the month	1
1040	I	Encouraged writing out expenses and income. -----MC	1
1050	E	“I can work on that.” Cuts on abdomen upon head to toe assessment. Stated the cuts are in attempt to alleviate psychological pain-----MC	1,2
1115	I	Educated on order from Dr. Fischer to start the medication Escitalopram (Lexapro) 10 mg PO daily and need to report increased thoughts of suicide. -----MC	1,2
1115	E	“Okay, I understand.”-----MC	1,2
1130	I	Educated on GAD: interventions are based on degree of anxiety being experienced, the 4 levels of anxiety that can be experienced, and how it is common to perform repetitive behaviors to cope with anxiety. Educated on healthy coping mechanisms to utilize when at home.----MC	1
1130	E	“I want to feel better and go home. Can you teach me how to do that?”	1
1140	I	Educated on relaxation techniques, such as deep breathing, guided imagery, yoga and exercise. Educated on support group to help with anxiety. Identified focus on triggers. Encouraged participation in plan of care.-----MC	1,2,3
1145	E	“Well how will that work?” -----MC	1
1145	I	Educated on the team of medical professional that will guide a plan of care to help in meeting personal needs -----MC	1,2
1150	E	“I understand I cannot get better on my own. I do not want to feel like this anymore and I am ready to make changes.” -----MC	1,2
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Initials/ Signature ___M.Collins, SNB___

Actual Patient Problems & Goals

Problem #1: Anxiety

Patient Goals:

1. NS will be able to recognize signs and symptoms of intensifying anxiety and healthy coping mechanisms by the end of my care.

Met
Unmet

2. NS will maintain anxiety at a manageable level and make independent decision about life situations by the end of my care.

Met
Unmet

Problem #2: Self care deficit

Patient Goals:

1. NS will verbalize importance of the need to have 7-9 hours of uninterrupted sleep per day by the end of my care.

Met
Unmet

2. NS will verbalize need to maintain personal hygiene and nutrition by the end of my care.

Met
Unmet

Problem #3: Ineffective breathing pattern.

Patient Goals:

1. NS will maintain a respiratory rate between 12-20 by the end of my care.

Met
Unmet

2. NS will demonstrate belly breathing by placing her hands on her abdomen and taking a deep breath in through the nose and blow out slowly through her mouth which can also be used as a healthy coping mechanism by the end of my care.

Met
Unmet

Problem #4: _____

Patient Goals:

1. _____ Met

Unmet

2. _____ Met

Unmet

Problem #5: _____

Patient Goals:

1. _____ Met

Unmet

2. _____ Met

Unmet

Patient Resources: support group, PCP follow up, group therapy, therapy

Patient Teaching: medication education (side effects, timing of dosage), generalized anxiety disorder.

Reflection Paper

Directions: Write a 1-page reflection paper using Times New Roman, 12 pt. font and double-spaced. Include the following:

1. Describe an “Aha” moment you experienced during this learning experience.
2. What were the most important aspects of this simulation and what did you learn?
3. How will this simulation experience impact your nursing practice?

During this scenario, I was able to see how much affect anxiety has on a person and the steps to implement to calm the patient down to a state where education is received and understood by the patient. While going through the scenario, I reached an “aha” moment when I was at the end of the scenario and realized that sometimes patients do not truly understand their mental illnesses. In this case, Ms. Simpson was stressed out about a number of events that were going on in her life. Even though she has a history of generalized anxiety disorder, she still required education on what the disorder is and how it can affect her. As with any other disease, it can affect any person at any time in their life no matter what age, gender, ethnicity, or circumstance. This was prevalent in the scenario as the patient was young. I was also able to see that this patient had skipped two weeks worth of medication which was prescribed to be taken daily. Furthermore, it is vital that nurses and healthcare professionals stress the importance of medication compliance and if that compliance is broken, we need to find out the circumstances leading up to why the medications have been stopped.

The most important aspect of this simulation to me was the need to treat the symptoms of the anxiety prior to providing education and providing instruction for the patient. In the beginning, I saw restlessness, tachypnea, increased heart rates, increased blood pressure, and labored breathing with short shallow breaths in a patient who was suffering an anxiety event. It is crucial to know that under these circumstances, the patient is not a good candidate to taught. As was done in the scenario, the patient has to be calmed and relieved of their anxious symptoms and in a relaxed state to get useful information and history as well as retain the education provided by the medical professionals. Once the patient had calmed down and returned to a less anxious or not anxious state, I was able to ask questions and get the

history I needed to see what caused this exacerbation of anxiety. After I was able to gather information properly and correctly, I was able to provide education on the disorder process, coping mechanisms and medication education and the education was appropriately received by the patient.

In my nursing practice, I will remember this scenario and be reminded to take my time with patients with mental disorders like anxiety. I will look out for signs and symptoms of anxiety as well as provide the proper education for the patient at the right time as needed. I will be sure to remain calm even if the patient is restless and unable to answer questions because as they calm down, I will be able to get the information I need in a calm and efficient manner.