Student Name: Beth Garza Date: 6/20/20

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<table>
<tr>
<td>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):
Disturbances in neurotransmitters are a decrease in: dopamine, norepinephrine, and serotonin, and an increase in acetylcholine.

(Essentials of psychiatric mental health nursing 3rd edition, Varcarolis, 2009)</td>
<td rowspan="2">2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);
Adolescent with recent change family dynamic at home and student loans that have been a stressor lately.</td>
<td rowspan="2">3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)
Withdrawn (p)
mood changes (p)
lack of interest (p)
sulking
grouchy

(Essentials of psychiatric mental health nursing 3rd edition, Varcarolis, 2009)</td>
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<tr>
<td>4. Medical Diagnoses:
Depression</td>
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<td>5. Diagnostic Tests Pertinent or Confirming of Diagnosis
Suicide Risk Assessment
Mental Status Assessment</td>
<td>6. Lab Values That May Be Affected:
LFT
Glucose level (increase or decrease)
Decrease in WBC, RBC, granulocytes, and platelet count

These changes in lab values are directly related to the medication treatment that are offered to the patient’s treatment plan.</td>
<td>7. Current Treatment:
Pt on antidepressant (SSRI would be best for this pt because there are less effects on pt and pts lab work)
Follow up with pcp
Communicate with family and pcp
Self-harm contract</td>
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8. Focused Nursing Diagnosis: **Hopelessness**	**12. Nursing Interventions related to the Nursing Diagnosis in #7:** 1. Provide open communication for pt to verbalize any feelings and thoughts regarding condition. **Evidenced Based Practice:** Promoting an environment where it is safe for the patient to speak freely about thoughts and feelings will allow for healing process to begin. 2. Manage consistent care and meetings with patient. **Evidenced Based Practice:** Providing consistency for patient will allow for a trustful pt/nurse relationship. 3. Work directly with pt in setting small attainable goals. **Evidenced Based Practice:** The process of setting and achieving goals that are simple will help with the lack of hope that the patient is going currently through.	**13. Patient Teaching:** 1. Teach patient about the most serious side effect of the antidepressant which is suicidal ideation. Teach that if thoughts of suicide are present, then pt needs to call pcp immediately. 2. Make sure patient knows that this treatment plan of frequent dr visits and medications is a process and will take time. Medications will take weeks to show changes in feelings of depression. 3. Teach patient that this is not a stigma and that it is common. Also teach pt's mother the signs of Tardive Dyskinesia which have been included in consent form that the patient has signed.
9. Related to (r/t): **Social isolation**		
10. As evidenced by (aeb): **Pt does not show interest in social interactions** **Pt no longer finds joy in normal activities that she used to** **Pt not involved in sports social gatherings as she used to be**		**14. Discharge Planning/Community Resources:** 1. Stress management and the willfulness of activities. For example, the patient enjoys walks, there are neighborhood groups that walk together. Pt can also invite friends to walk with her. 2. Start and continue a daily journal where all thoughts and feelings of the day can be written out. Please make sure to find one good thing to add in journal for each day. 3. SAMHSA National hotline information phone number: 1-800-662-HELP. Call this number at anytime of the day/night. This organization is available 24/7 and someone will be there to help by listening to concerns and referring treatment facilities.
11. Desired patient outcome: **Pt will initiate activities gradually that she may find interest in by 6/21/20 at 1600.**		