

Student Name: Beth Garza

Date: 6/20/20

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): The concentration of the used substance is heavily used for a prolonged period of time. This causes the blood/tissue to be dependent upon the used substance when there is a stop in use of the substance. (Essentials of Psychiatric Mental Health Nursing 3rd edition, Varcarolis, 2009)</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.): Patient is going through a divorce and has a strained relationship with her spouse and children. The patient also has chronic back pain.</p>	<p>2. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>Insomnia (P) Yawning Sedation Depressed respirations Impaired memory</p> <p>(Essentials of Psychiatric Mental Health Nursing 3rd edition, Varcarolis, 2009)</p>
<p>4. Medical Diagnoses: Opioid withdrawal</p>	<p>6. Lab Values That May Be Affected: Urine toxicology</p>	<p>7. Current Treatment: Medication for the treatment of withdrawal symptoms (naloxone) Medication for chronic pain (Ibuprofen) Frequent monitoring of patient while in the hospital</p>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis Clinical Opiate Withdrawal Scale</p>		

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<p>8. Focused Nursing Diagnosis: Ineffective Coping</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Assist patient with identifying specific stressors that are current in life.</p>	<p>13. Patient Teaching: 1. Teach patient about new medications she is on. Teach that the medication will be used for weeks and that it is not a quick process.</p>
<p>9. Related to (r/t): Situational crisis and inadequate available resources</p>	<p>Evidenced Based Practice: Being able to identify the specific stressors will be the first step in the facilitating adequate coping mechanisms for the stressors.</p> <p>2. Determine the patients understanding of the stressors that have contributed to the lack of ability to cope.</p>	<p>2. Teach patient the importance of seeking help for substance abuse after discharge from the hospital.</p> <p>3. Teach the patient the signs and symptoms of the medication she is now on (included on the consent form that the patient read, understood, and signed).</p>
<p>10. As evidenced by (aeb): Strained relationship with immediate family Sleep disturbances Inadequate problem solving And Inability to ask for help</p>	<p>Evidenced Based Practice: Having the patient verbalize the facts about the stressors that are contributing will enable the patient to be able to collaborate a plan with someone else. This will help the patient to fully understand the real issues.</p> <p>3. Analyze the patient’s past coping skills that have been used.</p>	<p>14. Discharge Planning/Community Resources: 1. Make a follow up appointment with pcp and make sure to keep appointment. May need a referral for a psychologist if patient is willing.</p> <p>2. Attend a group for women going through similar situations. “The Midlife Divorce Recovery Community” is an online group that has resources for women going through a divorce.</p>
<p>11. Desired patient outcome: Patient will focus on positive behaviors towards the start of the process of getting treatment by 6/20/20 at 1800.</p>	<p>Evidenced Based Practice: Having the patient think about past successful mechanisms for coping with other stressors will allow the patient to see that there is a way that will work specific to the patient.</p>	<p>3. The SAMHSA National Hotline has a phone number (1-800-622-HELP) and a website. They both have people that are able to speak with people 24/7 about substance abuse and mental health problems/ issues.</p>