Student Name: ____Jonni Keith_____ Date: ____10/7/2020_____

IM6 (Acute Psychiatric) Critical Thinking Worksheet

- **1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):**
  Schizophrenia-group of disorders characterized by severe disturbance of thought and associative looseness, impaired reality (hallucinations, delusions), and socialization. There is a genetic component that identifies 42 genes responsible for 8 different types of the disorder. Positive symptoms are associated with too much dopamine and negative symptoms are too little dopamine. There is decreased frontal lobe volume and atrophy.

4. Medical Diagnoses:
Marfan Syndrome

2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):

3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)

A. Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated). At least one of these must be (1), (2), or (3): 1. Delusions 2. Hallucinations 3. Disorganized speech 4. Grossly disorganized or catatonic behavior 5. Negative symptoms

B. For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas markedly below the level achieved prior to the onset

C. Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A and may include periods of prodromal or residual symptoms.

D. Schizoaffective disorder and depressive or bipolar disorder with psychotic features have been ruled out because either 1) no major depressive or manic episodes have occurred concurrently with the active-phase symptoms, or 2) if mood episodes have occurred during active-phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.

E. The disturbance is not attributable to the physiological effects of a substance or another medical condition.

F. If there is a history of autism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required

		symptoms of schizophrenia, are also present for at least 1 month (or less if successfully treated).
5. Diagnostic Tests Pertinent or Confirming of Diagnosis To rule out physical illness or substance abuse as cause: MRI, CT scan, CBC, UA, blood toxicology, physical exam Diagnosis: psychiatric exam, SANS and SAPS tests, BPRS, suicide risk assessment test Treatment success: Positive and Negative Syndrome Scale (PANSS)	**6. Lab Values That May Be Affected:** CBC- decreased WBC and neutrophils due to medication CMP-elevated blood glucose due to medication UA- indicative of renal function related to medications: ketones 40 H, Hyaline casts 10-15 H	**7. Current Treatment:** Antipsychotics: Clozapine, Fluphenazine Antidepressants: Sertraline Melatonin for insomnia Hydroxyzine Pamoate for anxiety Group therapy Cognitive behavioral therapy Counseling with therapist Hospitalization for stabilization

Adopted: August 2016, revised October 2018

Student Name: _____ Date: _____

8. Focused Nursing Diagnosis: Impaired Social interaction	**12. Nursing Interventions related to the Nursing Diagnosis in #7:** 1. Encourage the patient to keep a gratitude journal. **Evidenced Based Practice:** A recent study demonstrated that a study participants who participated in a gratitude journal intervention experienced more positive emotions during the social interactions.	**13. Patient Teaching:** 1. Teach the patient to focus on the present. 2. Teach patient how to be aware of personal strengths and weaknesses in communication.
9. Related to (r/t): Impaired communication patterns, self-concept disturbance, disturbed thought processes		

	(Drazkowski, Kaczmarek, and Kashdan, 2017)	3. Teach patient that participation in physical activities increases social comfort.
10. As evidenced by (aeb): Lack of participation in group therapy and dayroom activities and social withdrawal	2. Use Social cognition and interactions training (SCIT) combined with social mentoring to improve social functioning. **Evidenced Based Practice:** A trial using SCIT combined with social mentoring demonstrated improved social cognition and social functioning (Hasson-Ohayon et al, 2014)	**14. Discharge Planning/Community Resources:** 1. Refer patient to social cognition training. 2. Suggest and provide information on the use of animal-assisted therapy.
11. Desired patient outcome: The patient will use available opportunities to practice interactions by 10/7/20 at 2100.	3. Use assistive technologies to increase therapeutic engagement and promote social engagement. **Evidenced Based Practice:** Mainstream technologies (cell phones, tablets, computers) provide opportunities to engage in therapeutically meaningful activities and promote social interaction (Fager and Burnfield, 2014)	3. Refer to case management for the scheduling of group therapies.