

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</p> <p>Schizophrenia</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>Stop taking medications Socially isolated</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>*Delusions *Hallucinations *Disorganized speech *Disorganized or catatonic behavior</p>
<p>4. Medical Diagnoses:</p> <p>No known medical diagnoses</p>		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>Mental Status Exam</p>	<p>6. Lab Values That May Be Affected:</p> <p>CBC with differential test BMP Urine drug screen</p>	<p>7. Current Treatment:</p> <p>Observation Medications</p>

<p>8. Focused Nursing Diagnosis:</p> <p>Disturbed Thought Processes</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Do not argue or deny the belief. Use reasonable doubt as a therapeutic technique: "I understand that you believe this is true, but I personally find it hard to accept." Evidenced Based Practice: Arguing with the client or denying the belief serves no useful purpose, because delusional ideas are not eliminated by this approach, and the development of a trusting relationship may be impeded.</p> <p>2. Assist and support client in his or her attempt to verbalize feelings of anxiety, fear, or insecurity. Evidenced Based Practice: Verbalization of feelings in a nonthreatening environment may help client come to terms with long-unresolved issues.</p> <p>3. Convey your acceptance of client's need for the false belief, while letting him or her know that you do not share the belief. Evidenced Based Practice: It is important to communicate to the client that you do not accept the delusion as reality.</p>	<p>13. Patient Teaching:</p> <p>1. Discuss techniques that could be used to control anxiety (e.g., deep-breathing exercises, other relaxation exercises, thought stopping techniques) – 30 minutes, 2 or 3 times a day. If the client can learn to interrupt escalating anxiety, delusional thinking may be prevented.</p> <p>2. Educate about medications – what is it for, side effects to look for, importance of adhering to medication regimen – every time nurse give medication and at the time of discharge.</p> <p>3. Reinforce what the therapist said about cognitive behavioral therapy – help handle symptoms such as hallucinations and delusions. Do it 1 to 2 hours, repeat exercise 3 times a day.</p>
<p>9. Related to (r/t):</p> <p>Inability to trust</p>		<p>14. Discharge Planning/Community Resources:</p> <p>1. NAMI - provides advocacy, education, support, and public awareness so that all individuals and families affected by mental illness can build better lives.</p> <p>2. Case management may assist the patient in participating in rehabilitation programs, such as job and money management counseling, help in using public transportation, and opportunities to improve communication skills.</p> <p>3. Contact healthcare provider or psychiatrist if:</p> <ul style="list-style-type: none"> • You feel that you are having symptoms of schizophrenia. • You are not able to sleep well or are sleeping more than usual. • You cannot eat or are eating more than usual. • You have questions or concerns about your condition or care
<p>10. As evidenced by (aeb):</p> <p>Delusional thinking Inaccurate interpretation of the environment</p>		
<p>11. Desired patient outcome:</p> <p>Patient will be able to differentiate between delusional thinking and reality by time of discharge from treatment.</p>		