Student Name: Juliet Nwokocha _____ Date: 10/21/20 _____

IM6 (Acute Psychiatric) Critical Thinking Worksheet

1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Schizophrenia	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)

• 1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Schizophrenia
 <u>psychotic</u> disorder characterized by severe disturbance of <u>thought</u> and associative looseness, impaired <u>reality testing</u> (hallucinations, delusions), and limited <u>socialization</u>
 	
 4. Medical Diagnoses:
 Delusions
 Hallucinations
	<u>Prenatal</u> complications: viral infections, poor nutrition, hypoxia, exposure to toxins
	     • Chronic poverty, high crime/ exposure to drugs
	 <u>Psychological</u> stressors: Stress ↑ cortisol levels which can cause other changes in vulnerable individuals,
	     • childhood sexual abuse, chronic poverty, high crime
	 <u>Environmental</u> stressors: street drugs before age 21, childhood sexual abuse, chronic poverty, high crime
		• <u>Two</u> (or more) of the following, present for <u>1-month</u> duration:
		 1. Delusions
		 2. Hallucinations
		 3. Disorganized speech
		 4. Disorganized or catatonic behavior
		 5. Negative symptoms

5. Diagnostic Tests Pertinent or Confirming of Diagnosis • **Brief Psychiatric Rating Scale (BPRS)** • **Positive & Negative Syndrome Scale (PANSS)** • **Abnormal Involuntary Movement Scale (AIMS)** • **Mini-Mental State Examination (MMSE)**	**6. Lab Values That May Be Affected:** MRI CT	**7. Current Treatment:** **Anti-depressants** - venlafaxine **Anti Psychotics** - Olanzapine - haloperidol

Adopted: August 2016, revised October 2018

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8. Focused Nursing Diagnosis: Risk for self-directed/other-directed violence	12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Keep environment calm and quiet, and speak slowly **Evidenced Based Practice:** Keep anxiety from increasing, as well as hallucinations	13. Patient Teaching: 1. Teach patient to take medication as prescribed and to notify doctor of s/s of adverse effects. 2. Teach patient that they can a meaningful life, and remove the stigma around mental health
9. Related to (r/t): **Altered Perception**		3.Set realistic goals with patient and celebrate small victories along the way.
	2. Plan short frequent assessment throughout the day, and always teach patient that we are there to help him.	
10. As evidenced by (aeb): **Paranoia, and increased anxiety, hallucinations**	**Evidenced Based Practice:** **Short periods are less stressful and help develop a patient nurse relationship.**	**14. Discharge Planning/Community Resources:** 1.Teach patient useful coping skills that they will for outside of the facility, and offer cognitive behavioral therapy for patient
11. Desired patient outcome: **Patient will be able to communicate effectively an be understood by others with the help of medication by end of out- patient stay**	3. Allow patient to pick their own pre-sealed meals **Evidenced Based Practice:** **Gives patient autonomy, and helps builds trust with patient, especially so patient will get back on meds**	2. Teach patient to get 6-8 hours of sleep every night, and to contact HCP if having problems falling asleep 3.Tech patient not to drink alcohol or take drugs with his medications and to not stop medications abruptly, include family in care to encourage adherence

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