

Student Name: Chasidy Grantham Date 10/30/2020

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Bipolar I Disorder In the depressive episode, epinephrine and norepinephrine are decreased. In the manic state, epinephrine & norepinephrine are increased. Dopamine and serotonin also involved in both states of Bipolar disorder.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <ul style="list-style-type: none">• The patient is an attorney- a highly stressful job.• Prevalent in upper socioeconomic classes• Higher level of education• Higher occupational status	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <ul style="list-style-type: none">• at least one episode of persistent or elevated, expansive or irritable mood lasting at least 1 week and present most of the day *• Inflated self-esteem or grandiosity *• Decreased need for sleep *• Diminished ability to think or concentrate nearly every day*• Criteria met for at least one manic episode*• The occurrence of the manic and major depressive episode is not better explained by specified or unspecified schizophrenia spectrum or other psychotic disorder *• Symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning* <p>Varcarolis, Elizabeth M.. (2017). <i>Essentials of Psychiatric Mental Health Nursing 3rd Edition</i>: Ch. 16. St. Louis, MO: Elsevier</p>
<p>4. Medical Diagnoses: Right Ankle Fracture</p>		

<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>Mania Rating Scale Beck Inventory Hamilton Depression Scale Zung Self-Report Inventory Patient Health Questionnaire (PHQ-9) Mood Disorder Questionnaire</p>	<p>6. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> • Blood pressure elevated d/t stress • Electrolyte levels out of normal range d/t nutrition & hydration status • WBC d/t surgical procedure and risk for infection 	<p>7. Current Treatment:</p> <ul style="list-style-type: none"> • Milieu therapy/ environment • Medications • Self-harm precautions • Fall precautions
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References:

Ackley, B.J., Ladwig, G.B., Beth, M.F.M., Martinez-Kratz, M.R., & Zanotti, M. (2020). *Nursing Diagnosis Handbook-an evidence - based guide to planning care*. St. Louis, MO: Elsevier.

Ellis, Jeremy. (2020). Mood Disorders: Bipolar Disorder [PowerPoint Slides].

Varcarolis, Elizabeth M.. (2017). *Essentials of Psychiatric Mental Health Nursing 3rd Edition*: Ch. 16. St. Louis, MO: Elsevier

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<p>8. Focused Nursing Diagnosis: Risk for Injury</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. I will provide a milieu environment and music therapy if my client becomes agitated & wishes for it</p> <p>Evidenced Based Practice: Blackburn and Bradshaw (2014) found that music therapy is not only promising in the reduction of agitation in older adults with dementia, but it also helps lessen anxiety and depression, while seemingly improving cognitive function</p> <p>2. Place an “at risk for injury” sign in my patients’ room that is near the nurse’s station</p>	<p>13. Patient Teaching: 1. Teach my patient about her medications and the side effects, especially lithium.</p> <p>2. Avoid alcohol, substance use, caffeine, and any over the counter medications without first discussing with her provider.</p> <p>3. Educate on the importance of sleep and nutrition in relation to her mental illness. Ex. Staying hydrated, maintaining a normal salt intake.</p>
<p>9. Related to (r/t): Bipolar Disorder</p>	<p>Evidenced Based Practice: Wang et al (2014) found that when clients’ safety culture is improved, there is a decrease in client adverse events.</p>	<p>14. Discharge Planning/Community Resources: 1. Schedule follow up appointment with my patient’s provider regarding her surgery and medication regimen.</p> <p>2. Refer husband to support group with other spouses whose husbands/ wives suffer from mental illness. Refer patient to support group with other individuals who are diagnosed with bipolar disorder.</p>
<p>10. As evidenced by (aeb): Impulsive behavior, irrational and grandiose thinking, impaired judgement, extreme hyperactivity</p>	<p>3. Involve my patient’ husband in her plan of care</p> <p>Evidenced Based Practice: A client-centered approach to care should include the family, in both planning and decision - making (Wroblewski et al, 2014)</p>	<p>3. Refer patient to Depression & Bipolar Support Alliance at www.dbsaalliance.org 800-826-3632</p>
<p>11. Desired patient outcome: Patient will respond to the medication within the therapeutic levels in 24 hours and remain free from injury everyday within her stay at hospital.</p>		