

## IM6 (Acute Psychiatric) Critical Thinking Worksheet

Student Name: Kimberly Colbert

Date: *April 20, 2021 / 10:13:2021*

**1. DSM-5 and the theory or etiology of the illness or disorder.** Psychogenic polydipsia r/t OCD. Psychogenic polydipsia is a self-induced water intoxication and is characterized by excessive sensation of thirst and compulsive drinking. Obsessive compulsive disorder is a common, chronic and long-lasting disorder in which a person has uncontrollable, reoccurring thoughts (obsessions) and/or behaviors (compulsions) that he or she feels the urge to repeat over and over.

**Medical Diagnosis:** Delirium/Metabolic encephalopathy r/t Hyponatremia and SIADH

**4. Diagnostic tests pertinent or confirming of diagnosis including standardized scales (such as the Suicide Risk Assessment or others).**

Urine Test      Urine Drug Screen  
Thyroid function test  
Blood test  
CT of chest/head  
COVID-19

**6. Current Treatment:**

1. Admitted to inpatient psychiatric unit.
2. Continue fluid restriction of 1800ml/day.
3. Evaluate if Patient can control psychogenic polydipsia by herself.
4. Decreased Celexa to 40 mg daily.
5. Continue inpatient psychotropic medication.

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

1. Failure to maintain safe fluid intake.
2. Failure to monitor serum sodium.
3. Mental health history
4. Covid-19
5. Failure to maintain management of medications in psychiatric patients.
6. Failure to monitor fluid intake and output.

**5. Lab values that may be affected:**

1. Urine Osmolality
2. Serum Osmolality
3. Urine Sodium Concentrations

**7. Focused Nursing Diagnosis:**

Excessive Fluid Intake

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

- \* Fear of germs or getting contaminated by people or environment.
- \* Having things symmetrical or in a perfect order or precision.
- Excessive cleaning or hand washing
- \* Ordering and arranging things in a particular and precise way.
- \* Repeatedly checking on things.
- \* Compulsive drinking of fluids
- \* Repetitive movements
- Fear of losing or discarding something important.
- \* Constantly seeking approval or reassurance.

Ref: National Institute of Mental Health website

**8. Related to (r/t) factors contributing or causing the problem:**

1. Inappropriate fluid intake
2. Decreased sodium level.
3. Medications
4. Covid-19

Adopted: August 2016  
Revised December 2016

6. Continue antibiotics Levofloxacin 750ml PO daily for UTI.

**9. As evidence by (aeb)**

1. Sodium level at admission of 102, seizures, altered mental status with GCS of 3.
2. CT of chest demonstrated bilateral infiltrates consistent with likely aspiration from vomiting.
3. Inappropriate dosage intake of psychiatric medications. Pt stated she was unsure of the dosage.
4. Pt stated she drank a lot of fluids due to the pandemic

**10. Desires outcome**

1. Restrict water intake.
2. Monitor sodium lab levels.
3. Make adjustments and monitor psychiatric medications

**11. Nursing Interventions related to the Nursing Diagnosis in #7**

**\*Actions to enhance patient outcomes.**

1. Place patient on fluid restriction as per the physicians order.  
**Evidence based practice:** Fluid restrictions help to prevent more buildup of fluid in the body.

2. Obtain a urine sample and blood samples from the patient  
**Evidence based practice:** Urinalysis to check for urine concentration by means of measuring urine sodium and osmolality levels. Blood test to check for the sodium (normal serum sodium level is 135-145mEq/L)

3. Explain disease process; reinforce information about diagnostic tests and what to expect for each one.  
**Evidence based practice.** Basic information about disease increases compliance and contributes to long-term self-management.

**12. Patient Teaching:**

1. Take all medications exactly as prescribed by the physician.
2. Limit the amount of water intake and drink amount ordered by the physician.
3. Get sodium levels tested when ordered by the physician

**13. Discharge Planning/Community Resources:**

1. Teach all medications exactly as directed. And provide written material regarding dosage amount, how often, and what it is for.
2. Provide written instructions from physician regarding prescribed fluid intake allowed each day.
3. Provide follow-up appointment information so physician can watch and monitor condition closely.

Adopted: August 2016  
Revised December 2016

Adult/Geriatric Medication Worksheet - Current Medications & PRN for Last 24 Hours

Student Name:		Unit:	Patient Initials:	Date:	Allergies:		
Kimberly Colbert		Covenant Behavioral Health	Lee, L	1-10-2021	Sulfa Sulfonamide Antibiotics		
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP - List diluent solution, volume, and rate of administration  IVPB - List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Lorazepam	Benzodiazepine	Anxiolytics	0.5mg PO Daily	Choose an item. YES	NO  NO	Drowsiness Sedation Hypotension Abdominal Discomfort	1. May increase liver function Test values monitor hepatic function 2. Do not stop drug abruptly after long term use withdrawal symptoms may occur 3. Avoid alcohol while taking drug 4. Use caution in patients with pulmonary renal or hepatic impairment
Losartan	Angiotensin II receptor antagonist	Antihypertensives	25mg PO BID	Choose an item. YES	NO  NO	Left Ventricular Hypertrophy Neuropathy Dizziness Angioedema Hyperkalemia	1. Monitor Blood pressure 2. Monitor Patients who takes Diuretics 3. Regularly Assess Renal Function and Potassium level 4. Avoid salt substitutes as of K+ level
Venlafaxine	SNRI	Anti depressants	150mg PO Daily	Choose an item. YES	NO  NO	Suicidal Behavior Chest Pain Dry mouth Serotonin Syndrome Carotid pain	1. Assess mental status, suicidal tendencies 2. Monitor BP during therapy 3. May cause drowsiness Do not drive 4. Call dr. if have allergic reaction
Lamotrigine	Anticonvulsants	Decreased incidence of seizures. Delayed time to recurrence of mood episodes	150mg PO Q 12hr	Choose an item. YES	NO  NO	Nausea Insomnia Headache Hepatic Failure Vomiting	1. Notify if rash, swollen lymph nodes occur or if seizures increase 2. May cause drowsiness; avoid driving 3. Notify Dr. if taking hemophagocytes, low elevated liver function 4. Contact Dr. with thoughts of suicide
Nicotine Patch	Smoking deterrents	Lessened sequelae of nicotine withdrawal	21mg Transderm Daily Q 24hr	Choose an item. YES	NO  NO	Headache/insomnia tachycardia Burning at patch site Nervousness	1. Apply to hair-free area clean 2. Upper body or outer upper arm 3. Do not smoke during nicotine patch regimen 4. Remove patch prior to MRI procedure

Print Student Name: Kimberly Colbert Clinical Week # Wk 3-4  
Unit: Covenant Behavioral Healthcare

### Clinical Preceptorship Attendance Policy LVN-RN Track CSON

You must complete **192 hours** with your preceptors. The goal is to transition from the student nurse to the RN role by working **12-hour shifts**.

- The time prior to the shift starting and the time after does NOT count extra. **0645-1915 is simply a 12-hour shift**. If circumstances arise where you are staying later than 30 minutes, please let your faculty advisor know.
- Schedules must be submitted to your assigned **faculty advisor** via LMS drop box, LMS email, or text to your faculty advisor. Notify faculty advisor by text message or phone call of ANY changes to schedule, illness or getting pulled to a different unit. Promptness is expected so faculty is aware of your presence on the unit. **Failure to notify faculty will result in a clinical absence.**
- **Do not** pre-fill your Record of Precepted Clinical Experiences. You need to document your actual time after each shift and have your preceptor sign it.
- Submit a copy of your Record of Precepted Clinical Experiences with both your midterm and final evaluation.

Student Signature: Kimberly Colbert Date: 1-12-2021 / 1-13-2021

Print Student Name: Kimberly Colbert

Unit: BHS

Clinical Week # LK 3-4

**LVN-RN Preceptor Appraisal of Student Performance**  
(Preceptor Completes and Reviews with Student)

1. Please reflect on the student's clinical performance during the capstone preceptorship and rate the following:

[Place a ✓ in the appropriate box]

(Graduate Competency-GC)	Below Average Performance Needs Significant Guidance	Satisfactory Performance Needs Average Guidance	Outstanding Performance Needs Minimal Guidance
Student uses the Nursing Process to provide comprehensive, evidence-based nursing practice. (GC 1)			✓
Student coordinates and develops a plan of care using time management and prioritization. (GC 1 & 3)			✓
Student makes safe clinical decisions. (GC 3)			✓
Student advocates for patient/family rights and quality nursing practice. (GC 4)			✓
Student uses professional, assertive, and collaborative communication. (GC 2, 5, & 6)			✓
Student documents according to agency/unit standards. (GC 2)			✓
Student develops teaching/learning strategies to meet patient/family needs. (GS 3 & 7)			✓
Student assumes a leadership role in clinical practice. (GC 6)			✓
Student is self-directed and demonstrates an interest in learning. (GC 8)			✓

2. What do you think are the student's personal strengths?

Kimberly had great interactions with our patients and showed genuine concern and care! Awesome nurse!

3. What have you identified as an opportunity for improvement for the student?

Familiarize herself with Meditech.

Preceptor Print & Sign: Jesus Olivas

Date: 1/12/2021 / 1/13/2021

Student signature: Kimberly Colbert

Date: 1-12-2021 / 1-13-2021

Print Student Name: Kimberly Colbert

Unit: \_\_\_\_\_

Clinical Week # BK 3-4

**LVN-RN PRECEPTORSHIP: STUDENT SELF-EVALUATION**

1. Please reflect on your performance during the LVN-RN preceptorship and rate yourself on the following:

[Place a ✓ in the appropriate box]

(Graduate Competency-GC)	I need significant guidance.	I need average guidance.	I need minimal guidance.
I use the Nursing Process to provide comprehensive, evidence-based nursing practice (GC 1)			✓
I coordinate and develop a plan of care using time management and prioritization. (GC 1 & 3)			✓
I make safe clinical decisions. (GC 3)			✓
I advocate for patient/family rights and quality nursing practice. (GC 4)			✓
I use professional, assertive, and collaborative communication. (GC 2, 5, & 6)			✓
I document according to agency/unit standards. (GC 2)			✓
I develop teaching/learning strategies to meet patient/family needs. (GC 3 & 7)			✓
I assume a leadership role in clinical practice. (GC 6)			✓
I am self-directed and demonstrate an interest in learning. (GC 8)			✓

2. What do you think are your personal strengths? Engaging with the patients and

letting them involve themselves in patient care. I enjoy coming up with a plan with the patient to ensure they get the best care. I also enjoy keeping the patient informed and educating the patient on what the team purposes whats the best care for the patient

3. What have you identified as a personal opportunity for improvement? learn and

navigation through meditech

Student Signature: Kimberly Colbert

Date: 1-12-2021 / 1-13-2021

Print Student Name: Kimberly Colbert

Clinical Week # Wk 3-4

Unit: \_\_\_\_\_

### EVALUATION OF PRECEPTOR BY STUDENT

Name of Preceptor: Jesus Olivas

Clinical Unit: Covenant Behavioral Health

Please rate your preceptor on each statement 1=Never/Poor 2=Seldom/Mediocre 3=Sometimes/Good 4=Often/Very Good 5=Always/Superb	Rating				
	Please circle one				
Establishes a good learning environment (approachable, nonthreatening, enthusiastic, etc.)	1	2	3	4	5
Stimulates me to learn independently	1	2	3	4	5
Allows me autonomy appropriate to my level/experience/competence	1	2	3	4	5
Organizes time to allow for both teaching and care giving	1	2	3	4	5
Offers regular feedback (both positive and negative)	1	2	3	4	5
Clearly specifies what I am expected to know and do during the training period	1	2	3	4	5
Adjusts teaching to my needs (experience, competence, interest, etc.)	1	2	3	4	5
Asks questions that promote learning (clarifications, probes, socratic questions, reflective questions, etc.)	1	2	3	4	5
Give clear explanations/reasons for opinions, advice, or actions	1	2	3	4	5
Adjusts teaching to divers settings (bedside, charting, nurses station, etc.)	1	2	3	4	5
Coaches me on my clinical/technical skills (patient history, assessment, procedural, charting)	1	2	3	4	5
Incorporates research data and/or practice guidelines into teaching	1	2	3	4	5
Teaches diagnostic skills (clinical reasoning, selection/interpretation of tests, etc.)	1	2	3	4	5
Teaches effective patient and/or family communication skills	1	2	3	4	5
Teaches principles of cost-appropriate care (resource utilization, etc.)	1	2	3	4	5

1. What did you like best about your preceptor? Jesus has an amazing ability in communicating with patients and keeping them calm in circumstances that seem extreme to them. He addresses their needs and makes sure he follow-up with answers and solutions. It was absolutely a pleasure seeing how he interacts and help his patients. Amazing nurse, and I enjoyed seeing his skills

2. Do you have any suggestions for your preceptor to consider when working with future students?

Jesus is amazing. I honestly do not have any suggestions only to slow down for the new nurses. Otherwise, he is at perfect speed for the LVN-RN program

1-12-2021

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