

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Bipolar 1 Disorder: Caused by an underlying problem with brain circuits and brain neurotransmitter dysfunction. Disruptions in the neural circuits that communicate using dopamine may be implicated in the psychosis of mania. Marked impairment in social and occupational functioning.</p> <p>4. Medical Diagnoses: Post Op- Fractured Right Ankle</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.): Stopped taking medication used to treat her bipolar disorder.</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <ul style="list-style-type: none"> o A distinct period of abnormal and elevated irritable mood o Inflated grandiosity o Decreased need for sleep o More talkative o Flight of ideas o Distractibility o Episode is not drug induced o Increase in goal directed activity
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis MMSE Asking questions regarding her mental status</p>	<p>6. Lab Values That May Be Affected: WBC-d/t the surgical wound and taking vancomycin Lithium levels-d/t taking lithium Sodium levels-d/t lithium</p>	<p>7. Current Treatment: Rest and elevate leg in cast Take lithium twice a day for mania Fentanyl PCA for pain Risperidone once a day for psychosis Lorazepam for agitation PRN Vancomycin for post op prophylaxis</p>

Student Name: _____ Date: _____

<p>8. Focused Nursing Diagnosis: Risk for suicide</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Keep doors open and keep patient close to the nursing station</p>	<p>13. Patient Teaching: 1. Teach the family about the s/s of suicide ideation</p> <p>2. Give some coping strategies to deal with stress and life</p> <p>3. Stress how important it is to stay on medication for Bipolar disorder and adhere to regimen</p>
<p>9. Related to (r/t): Being in a state of mania and impulsiveness</p>	<p>Evidenced Based Practice: This will allow the staff to keep a better eye on the patient and their behaviors</p> <p>2. Ask questions about suicide ideation and assess the risk</p>	
<p>10. As evidenced by (aeb): Stating "I bet my husband will miss me when I'm gone"</p>	<p>Evidenced Based Practice: Doing so may help you find out the reason they want to commit suicide so you can help them</p> <p>3. Take things out of room that may be used for suicide</p>	<p>14. Discharge Planning/Community Resources: 1. Refer them to an outpatient/ rehab psychiatric clinic to get help for leg mobility and also for psychiatric help</p> <p>2. Provide patient with phone number to STARCARE crisis line</p>
<p>11. Desired patient outcome: After taking her medications she will be out of her manic state and be at a lower risk of suicide at the end of my shift on 2/23/2021</p>	<p>Evidenced Based Practice: Doing so will put less risk of suicide for the patient</p>	<p>3. Provide info for NAMI Lubbock</p>