

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>DSM-5 Diagnosis and Brief Pathophysiology (include reference):  <b>Bipolar Disorder</b>                  Patho: The pathophysiology of bipolar disorder, or manic-depressive illness (MDI), has not been determined, and no objective biologic markers correspond definitively with the disease state. However, twin, family, and adoption studies all indicate that bipolar disorder has a significant genetic component.</p>	<p><b>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</b></p> <p>Work stress</p> <p>Relationship stress</p> <p>Noncompliance with medications (increases stress)</p> <p>Impulsivity</p>	<p><b>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</b>                  During this manic period, three or more of the following symptoms must be present and represent a significant change from usual behavior:                  Inflated self-esteem or grandiosity                  Decreased need for sleep                  Increased talkativeness                  Racing thoughts                  Distracted easily                  Increase in goal-directed activity or psychomotor agitation                  Engaging in activities that hold the potential for painful consequences, e.g., unrestrained buying sprees</p>
<p><b>4. Medical Diagnoses:</b></p> <p>Bipolar 1 Disorder</p>	<p>The DSM-5 states that a person must experience five or more of the following symptoms in two weeks to be diagnosed with a major depressive episode:                  Depressed mood most of the day, nearly every day                  Loss of interest or pleasure in all, or almost all, activities                  Significant weight loss or decrease or increase in appetite                  Engaging in purposeless movements, such as pacing the room                  Fatigue or loss of energy                  Feelings of worthlessness or guilt                  Diminished ability to think or concentrate, or indecisiveness                  Recurrent thoughts of death, recurrent suicidal ideation without a specific plan, or a suicide attempt</p>	<p><b>7. Current Treatment:</b></p> <p>Maintain patient safety.                  Give Lorazepam PRN for agitation.                  Perform patient assessments.</p>
<p><b>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</b></p> <p>Mental Status Examination                  Assessment of:                  Appearance                  Affect/mood                  Thought content                  Perception                  Suicide/self-destruction                  Homicide/violence/aggression                  Judgment/insight                  Cognition                  Physical health</p>	<p><b>6. Lab Values That May Be Affected:</b></p> <p>-CBC count                  -ESR levels                  -Fasting glucose levels                  -Electrolyte levels                  -Protein levels                  -Thyroid hormone levels                  -Creatinine and blood urea nitrogen levels                  -Liver and lipid panel                  -Substance and alcohol screening</p>	<p><b>7. Current Treatment:</b></p> <p>Maintain patient safety.                  Give Lorazepam PRN for agitation.                  Perform patient assessments.</p>

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>8. Focused Nursing Diagnosis:</b></p> <p>Risk for injury</p>	<p><b>12. Nursing Interventions related to the Nursing Diagnosis in #7:</b></p> <p>1. Provide a minimal stimulus environment.</p> <p><b>Evidenced Based Practice:</b> Providing a minimal stimulus environment, prevents anxiety, agitation, and patient harm.</p> <p>2. Use distraction techniques like taking the patient for a walk when the patient is in a manic state.</p>	<p><b>13. Patient Teaching:</b></p> <p>1. Teach the patient to report signs and symptoms of lithium toxicity and what it looks like.</p> <p>2. Teach the patient about making sure to consume adequate fluid and sodium intake. Lithium is a salt. If you don't have enough salt intake, the body will hold onto lithium to replace salt not being provided. Can result in lithium toxicity.</p> <p>3. Teach the patient the importance of adhering to medication regimen and routine.</p>
<p><b>9. Related to (r/t):</b></p> <p>A neurological imbalance</p>	<p><b>Evidenced Based Practice:</b> Distraction allows for verbal de-escalation when the patient is agitated. Physical exercise like walking can help promote a healthy mood and have antidepressant effects.</p> <p>3. Set up a proper schedule and medical routine for the patient.</p>	<p><b>14. Discharge Planning/Community Resources:</b></p> <p>1. Counseling services for the patient.</p> <p>2. Provide the patient and the family with resources of psychoeducation.</p>
<p><b>10. As evidenced by (aeb):</b></p> <p>Physical bruises and right ankle fracture, and distorted thinking</p>	<p><b>Evidenced Based Practice:</b> Stabilizing a routine and rhythm for the patient helps stabilize the patient's mood and reduces triggers.</p>	<p>3. Follow-up with the physician.</p>
<p><b>11. Desired patient outcome:</b></p> <p>Patient will sustain optimum health through medication management and therapeutic regimen by 2/28/21.</p>		