

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): The main cause for bipolar disorder is an imbalance of the neurotransmitters dopamine and serotonin in the brain. This can be caused by trauma, prenatal causes and drug intoxication. Bipolar is characterized by extreme fluctuation in energy, mood and ability to function</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.); Pt is non-compliant with medication, pt believes she does not need medications to be "normal".</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>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</p>
<p>4. Medical Diagnoses: Ankle fracture d/t non-adherence to medication</p>		<p>7. Current Treatment: Restart prescribed medications Treat prn with medication Involve husband in care to help reorientate and ensure smooth transition</p>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis DSM-5 SADS Tool Mood disorder questionnaire</p>	<p>6. Lab Values That May Be Affected: CBC- rule out infection or agranulocytosis caused by medications BMP- rule out confusion d/t electrolyte changes Lithium level- see if medication is within effective range</p>	

<p>8. Focused Nursing Diagnosis: Risk for Injury</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Keep bed in lowest position, at least two side rails up, bed locked, bed alarm on, call light within reach of the patient, and yellow gown/socks to alert staff of high fall risk. Evidenced Based Practice: Providing the lowest risk and safest environment for falls will decrease risk of further injury if a fall occurs.</p> <p>2. Involve patient's husband in reorientation patient and helping to keep her calm and orientated. Evidenced Based Practice: Having a familiar face can help reduce anxiety.</p> <p>3. Maintain a low stimulation environment, such as turning off the TV, placing the patient in a quieter area, turning the lights off and shutting the door. Evidenced Based Practice: Decreasing stimulation can help control symptoms of mania, which will increase impulse control.</p>	<p>13. Patient Teaching: 1. Teach importance of taking medications properly and on set schedule to avoid relapses.</p> <p>2. Teach client safety measures while ambulating to avoid falls, such as using a walker.</p> <p>3. Teach patient to use the call light when in need of help to avoid falls by getting up on own.</p>
<p>9. Related to (r/t): Alteration in cognitive function, current injury to ankle, decreased impulse control</p>		<p>14. Discharge Planning/Community Resources: 1. Follow up with psychiatrist to ensure medication adherence</p> <p>2. Contact case management for support groups for bipolar disorder.</p> <p>3. Direct patient to www.nami.org for resources on bipolar disorder.</p>
<p>10. As evidenced by (aeb): Pt not orientated to time or reason for visit, pt does not understand the fracture, pt is insistent she is leaving, pt is unable to understand reasoning for actions</p>		
<p>11. Desired patient outcome: Patient will remain free from harm and demonstrate appropriate behaviors related to keeping self free from harm by discharge on 2/24/21 at 16:00.</p>		