

Critical Thinking Worksheet

1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): **Schizophrenia; Patho: There is an excess or a deficiency of neurotransmitters, including dopamine, serotonin, and glutamate. There is abnormal activity at the dopamine receptor sites and the nigrostriatal pathway originates in the substantia nigra and ends in the caudate nucleus. The extrapyramidal system is affected because of the low dopamine levels.**

REFERENCE: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4159061/>

2. Psychosocial Stressors (i.e., Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.); **Nicotine addiction (smokes 2 ½ to 3 packs of cigarettes a day), in college working on psychology degree, living with widowed mom, single, never married.**

3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References): **Delusions, hallucinations, disorganized speech, disorganized or catatonic behavior, and negative symptoms.**

REFERENCE: <https://emedicine.medscape.com/article/288259-overview#a1>

4. Medical Diagnoses: **Paranoid Schizophrenia**

5. Diagnostic Tests Pertinent or Confirming of Diagnosis: **Scale for assessment of negative symptoms and a Brief Psychiatric Rating Scale**

6. Lab Values That May Be Affected: **All labs are WNL, although her CO2 and Creat. are on the low normal side.**

7. Current Treatment: **Monitor patient since there is a potential for self-harm due to the auditory command hallucinations and admin. Invega Sustenna along with a nicotine patch to help control addiction.**

8. Focused Nursing Diagnosis: **Risk for suicide**

9. Related to (r/t): **self-harm due to auditory command hallucinations and possibly stress of school.**

10. As evidenced by (aeb): **N/A**

11. Desired patient outcome: **By 3/25/21 the patient will be able to maintain control without supervision and disclose and discuss suicidal ideas if present; seek help.**

12. Nursing Interventions related to the Nursing Diagnosis in #7:

1. **Develop a positive therapeutic relationship with the clients; do not make promises that may not be kept. *Evidenced Based Practice: Nurses reconnect suicidal clients with humanity by guiding the client, helping them learn how to live, and helping them connect appropriately with others. Positive support can buffer against suicide, whereas conflictual interactions can increase suicide risk.***

2. **Create a verbal or written contract stating that the patient will not act on impulse to do self-harm. *Evidenced Based Practice: This method establishes permission to talk about the subject.***

3. Help the patient with problem-solving in a constructive manner. **Evidenced Based Practice:** *Patients can get to identify situational, interpersonal, or emotional triggers and learn to assess a problem and implement problem-solving measures before reacting.*

13. Patient Teaching:

1. Teach cognitive-behavioral activities, such as active problem solving, reframing, or thought stopping. Teach the pt. to confront her own negative thought patterns and replace with positive ones.

2. Teach coping strategies (impulse control training, deep breathing, progressive muscle relaxation)

3. Teach mom how to recognize that the patient is at increased risk for suicide (changes in behavior and verbal and nonverbal communication, withdrawal, depression)

14. Discharge Planning/Community Resources:

1. Provide the patient and family with phone numbers of appropriate community agencies for therapy and counseling. (Refer to NAMI for patient and family support)

2. Refer the patient to local support groups within the community to help patient establish connections with people with similar problems.

3. Schedule follow up appointment and next Invega Sustenna injection