

IM6 (Acute Psychiatric) Critical Thinking Worksheet

Reference: <https://emedicine.medscape.com/article/286342-overview#a4>

Reference: <https://www.psychom.net/bipolar-definition-dsm-5/>

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Bipolar Disorder: There is decreased activation and diminution of gray matter in a cortical-cognitive brain network, which has been associated with the regulation of emotions in patients with bipolar disorder. There is also an increased activation in ventral limbic brain regions that mediate the experience of emotions.</p> <p>4. Medical Diagnoses:</p> <p>-ankle fracture</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>Non-adherence, refusal to adhere to medication regimen, not getting enough sleep or eating within the past two weeks.</p>	<p>3. DSM-5 Criteria for Diagnosis: Must have experienced at least one episode of mania or hypomania. Mania: the irritable mood must last for at least one week and be present most of the day. Hypomania: mood must last at least four consecutive days and be present most of the day. During this period, three or more of the following symptoms must be present and represent a significant change from usual behavior:</p> <ul style="list-style-type: none"> • 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>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <ul style="list-style-type: none"> - Thorough family and patient history - Persistent and pervasive mood disturbance that causes a substantial impairment over a distinct period - must r/o organic diseases, thyroid disorders, and other psychiatric conditions - Suicide risk assessment 	<p>6. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> - CBC - BMP 	<p>7. Current Treatment:</p> <ul style="list-style-type: none"> - Medications

<p>8. Focused Nursing Diagnosis:</p> <p>Risk for injury</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. I will maintain a low level of stimuli in the patient's environment (loud noises, bright light, low temperature) to prevent the patient from being agitated and wanting to move around.</p> <p>Evidenced Based Practice: Doing this helps minimize escalation of anxiety.</p> <p>2. I will place the patient in a room near the nurse's station, so that I will be able to monitor more frequently.</p>	<p>13. Patient Teaching:</p> <p>1. I will teach the patient and family ways to reduce stimuli and the effects it has in reducing anxiety in the patient.</p> <p>2. I will teach the patient and family to make sure their house is free of clutter and rugs to prevent falls.</p> <p>3. I will teach the patient and family the importance of adhering to the medication regimen, signs and symptoms to report, and how to administer.</p>
<p>9. Related to (r/t):</p> <p>Extreme hyperactivity/physical agitation</p>	<p>Evidenced Based Practice: A pilot study has shown a slight decrease in fall rates due to the nurse's ability to check on the patient more frequently and react to call lights more quickly by placing the patient closer to the nurse's station.</p> <p>3. I will always keep the patient's room free of clutter and remove any hazardous, skidding, or sharp objects from the room.</p>	<p>14. Discharge Planning/Community Resources:</p> <p>1. Schedule a follow up appointment for fractured ankle</p> <p>2. Schedule an appointment with physical therapy and/or occupational therapy to help patient return to baseline from injury.</p> <p>3. Consult with case management to ensure patient has appropriate funds/resources to afford medications</p>
<p>10. As evidenced by (aeb):</p> <p>Fractured ankle as a result from hopping on stage to grab the microphone from the band leader.</p> <p>She was also lost for several hours before her accident.</p> <p>Became irritable when questioned about her behavior and medication compliance.</p>	<p>Evidenced Based Practice: Clients suffering from impaired mobility and other cognitive functional deficits are at risk for injury from common hazards. These recommendations were shown to be effective to reduce falls.</p>	
<p>11. Desired patient outcome:</p> <p>The patient will remain free from falls and abrasions everyday while in the hospital and following discharge.</p>		

