

IM6 (Acute Psychiatric) Critical Thinking Worksheet

1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5); the essential feature of a substance use disorder is a cluster of cognitive, behavioral, social, and physiologic symptoms indicating that the individual continues using a substance despite significant substance-related problems and dangers. There is an underlying change in brain circuits that may persist beyond detoxification. DSM-5 diagnosis for each substance is based on the number of symptoms on a continuum from mild to severe: mild (two or three symptoms), moderate (four or five symptoms), and severe (six or more symptoms). Each substance the person uses will receive its own diagnosis in relation to its severity on this spectrum, for example, Alcohol Use Disorder—Severe.

Identifying the specific drugs used is essential for individualized treatment of toxicity and withdrawal. However, it is the outcome of psychoactive drug use, shared in common by all drug classifications, that is most likely to account for the problems associated with the disorder. These properties include acute and chronic structural and functional changes in the brain associated with drug intake; variable effects on the person taking the drugs; tolerance and reinforcing properties that are unique characteristics of most psychoactive substances and are not found in other pharmacologic classifications; and the treatment concepts of recovery and relapse prevention after cessation of drug use.

2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.); Loud noise, bright lights, not being able to stay committed to her church assignments or any duties/responsibilities, disappointing son.

3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References) At least two of the following: 1. Alcohol is often taken in larger amounts or over a longer period than intended. 2. persistent desire or unsuccessful efforts to cut down or control abuse use. 3. great deal of time spent in activities necessary to obtain/use/recover from its effects. 4. craving to use alcohol. 5. recurrent alcohol use resulting in a failure to fulfill major role obligations at school/home/work. 6. continued alcohol use despite having persistent social or interpersonal problems caused by exacerbated by the effects of alcohol. 7. important social/occupations/recreational activities are given up because of alcohol use. 8. recurrent alcohol use in situations in which it is physically hazardous. 9. alcohol use is continued despite knowledge of having a persistent physical or psychological problem that is likely to have been caused or exacerbated by alcohol. 10. tolerance- a. a need for markedly increased amounts of alcohol to achieve intoxication or desired effect. B. markedly diminished effect with continued use of the same amount of alcohol. 11. Withdrawal- a. characteristic withdrawal syndrome for alcohol b. alcohol is taken to relieve or avoid withdrawal

4. Medical Diagnoses: Gastritis, alcohol withdrawal		
5. Diagnostic Tests Pertinent or Confirming of Diagnosis Blood alcohol level, CIWA-Ar, AUDIT.	6. Lab Values That May Be Affected: H&H, ALP, AST, cholesterol.	7. Current Treatment: Lorazepam, ondansetron, Acamprosate, ibuprofen, multivitamin, folic acid, thiamine, group activities, dietary evaluation.

Student Name: _____ Date: _____

<p>8. Focused Nursing Diagnosis: Anxiety</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Determine the cause of anxiety including the patient in the process.</p> <p>Evidenced Based Practice: Patient in acute phase of withdrawal may not be able to identify and accept what is happening. Anxiety may be physiologically or environmentally caused.</p>	<p>13. Patient Teaching: 1. Teach patient importance of using relaxation techniques to minimize stress.</p>
<p>9. Related to (r/t): Alcohol withdrawal symptoms.</p>	<p>2. Maintain a calm environment minimizing noise.</p> <p>Evidenced Based Practice: Reduces stress.</p>	<p>2. Teach patient withdrawal process- what to expect.</p> <p>3. Teach patient about the medications including drug name, purpose, dosage, frequency, precautions, drug/food/herb drug interactions, and potential side effects.</p>
<p>10. As evidenced by (aeb): Patient stating anxiety level of 8/10 on CIWA-Ar.</p>	<p>3. Inform the patient about what the plan to do is and why. Including the patient in planning process and give choices when possible.</p>	<p>14. Discharge Planning/Community Resources: 1. Importance of social support and strategies to obtain it.</p>
<p>11. Desired patient outcome: Patient will verbalize a reduction of anxiety to 3/10 on CIWA-Ar assessment by 1700 by 03/02/21</p>	<p>Evidenced Based Practice: Increases a sense of trust and explanation it may increase cooperation and reduce anxiety. Gives the patient a sense of control over self where loss of control is significant.</p>	<p>2. Importance of group support for continued adjunctive treatment AA.</p> <p>3. Importance of follow care, date of next appointment, and telephone number to call if questions arise.</p>