

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. <b>DSM-5 Diagnosis and Brief Pathophysiology (include reference):</b>  <b>Opioid Use Disorder - Opioids bind to receptors in the central and peripheral nervous with treatment effects for pain, cough, and diarrhea. Action on these same receptors induces intense euphoria. This causes many individuals to continue use with the intention of recreating that first high. Most people who misuse opioids do so for pain relief or to prevent withdrawal symptoms.</b>  <b>(reference: National Center for Biotechnology Center.gov)</b></p>	<p>2. <b>Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</b></p> <p>- Family problems</p>	<p>3. <b>DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</b></p> <ul style="list-style-type: none"> <li>- Opioids are often taken in larger amounts or over a longer period of time than Intended*</li> <li>- Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids*</li> <li>- Withdrawal, as manifested by either of the following:                             <ul style="list-style-type: none"> <li>(a) the characteristic opioid withdrawal syndrome*</li> <li>(b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms</li> </ul> </li> <li>- Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home **</li> </ul> <p>(reference: Essentials of Psychiatric Mental Health Nursing by Varcorolis)</p>
<p>4. <b>Medical Diagnoses:</b>  <b>History of Depression and drug abuse</b></p>		

<p><b>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</b></p> <p>Clinical Opiate Withdrawal Scale</p>	<p><b>6. Lab Values That May Be Affected:</b></p> <p>CBC- Opioids can cause immunosuppression (decrease in WBC)</p> <p>CMP- hepatotoxic effects caused by opioids may show high AST and ALT,</p> <p>Mg</p> <p>Phosphate</p>	<p><b>7. Current Treatment:</b></p> <ul style="list-style-type: none"><li>- Medication</li><li>- Behavioral therapy</li><li>- Support groups</li></ul>
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Student Name: Francesca Abuda Date: 3/3/2021

<p><b>8. Focused Nursing Diagnosis:</b></p> <p><b>Altered Family Process</b></p>	<p><b>12. Nursing Interventions related to the Nursing Diagnosis in #7:</b></p> <p>1. I will determine understanding of current situation and previous methods of coping with life's problems.</p> <p><b>Evidenced Based Practice: This provides information on which to base present plan of care.</b></p>	<p><b>13. Patient Teaching:</b></p> <p>1. I will teach patient and family about the effects of addictive behaviors on the family and what to expect after discharge.</p>
<p><b>9. Related to (r/t):</b></p> <p><b>Abuse of substance</b></p>	<p>2.I will spend time with the client: listen and allow time for response</p> <p><b>Evidenced Based Practice: Nurse-pt communication has been shown to be a determining factor in health outcomes.</b></p>	<p>2.I will teach pt and family about treatment planning and identify the importance of their roles in patient's care.</p> <p>3. I will teach pt and family that an effective is communication is listening and understanding, the other side.</p>
<p><b>10. As evidenced by (aeb):</b></p> <p><b>Pt stated having a poor relationship with boyfriend and kids</b></p>	<p>3. I will help patient plan out activities they can enjoy as a family</p> <p><b>Evidenced Based Practice: Promoting quality</b></p>	<p><b>14. Discharge Planning/Community Resources:</b></p> <p>1. Refer patient and family to group therapies.</p> <p>2. Refer pt to individual behavioral therapy and parent education program</p>

<p><b>11. Desired patient outcome:</b></p> <p><b>Pt will plan and initiate ways to make lifestyle changes by 3/6/21.</b></p>	<p><b>relationships promotes optimal health and development for kids</b></p>	<p>3.Contact HCP for more questions regarding resources or health concerns.</p>
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