

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Bipolar I disorder It is characterized by dysregulation in the dopamine and serotonin systems and by pathology in the brain systems involved in regulating emotion. Psychosocial stressors, notably life events and familial expressed emotion, significantly influence the course of the illness in the context of these vulnerabilities.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <ol style="list-style-type: none"> 1. Stress 2. Genetics 3. Substance use 4. Biological differences 5. Family atmosphere <p>RESOURCE:</p> <p>Miklowitz, D., & Johnson, S. (2006). The psychopathology and treatment of bipolar disorder. Retrieved March 11, 2021, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2813703/</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>Three or more of the following symptoms must be present</p> <ol style="list-style-type: none"> 1. Inflated self-esteem 2. Decreased need for sleep 3. Increased talkativeness 4. Racing thoughts 5. Distracted easily 6. Increase in goal-directed activity or psychomotor agitation 7. Engaging in activities that hold the potential for painful consequences, e.g., unrestrained buying sprees
<p>4. Medical Diagnoses:</p> <p>Right ankle fracture Two depressive episodes two years ago Manic episode two years ago</p>	<p>6. Lab Values That May Be Affected:</p> <p>BMP CBC Coagulation screen</p>	<p>7. Current Treatment:</p> <p>Medications</p>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>Mania rating scale Mood disorder questionnaire Brief psychiatric rating scale</p>		

Student Name: _____ Date: _____

<p>8. Focused Nursing Diagnosis:</p> <p>Risk for violence: directed at others</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Decrease environmental stimuli (by providing a calming environment, or assigning a private room, low lighting, low noise level) between the hours of 1600-2100</p>	<p>13. Patient Teaching:</p> <p>1. Teach the patient the importance of medication adherence in order to prevent subsequent manic episodes. I will do this by either helping the patient to put the medications into a pill box, or by allowing the patient to make a list of medications she needs to take every day to check off</p>
<p>9. Related to (r/t):</p> <p>Impulsivity Interruption of clients attempts to fulfill own desires Manic excitement Restlessness Rage reactions</p>	<p>Evidenced Based Practice: This will help to decrease escalation of anxiety and manic symptoms</p> <p>2. Encourage the patient to verbalize hostile feelings. I will assess how the patient is feeling at breakfast, lunch, and dinner</p>	<p>2. Teach the patient coping mechanisms including discussing how she is feeling, writing down her feelings, or expressing thoughts in other ways</p> <p>3. I will teach the patient how they can redirect their violent behavior with things such as physical exercise which can decrease tension and provide focus</p>
<p>10. As evidenced by (aeb):</p> <p>Racing thoughts Agitated behavior Delusional thinking Verbal threats against others Loud, threatening, profane speech</p>	<p>Evidenced Based Practice: Verbalizing feelings in a non-threatening environment may help patient come to terms with unresolved issues</p> <p>3. Redirect agitation and potentially violent behaviors with physical outlets in an area of low stimulation (such as a punching bag) so the patient is able to decompress before bed at 2100</p>	<p>14. Discharge Planning/Community Resources:</p> <p>1. Consult with spirituality to help the patient with coping with their diagnosis, their current life situation, and their future plans, to help them get on the right track</p>
<p>11. Desired patient outcome:</p> <p>Patient will respond to external controls (medication, seclusion, nursing interventions) when potential or actual loss of control occurs before her discharge on 3/10/21 at 0800.</p>	<p>Evidenced Based Practice: This can help the patient to relive pent-up hostility and relieve muscle tension</p>	<p>2. Psychotherapy consult to help learn coping mechanisms and get to the root of her issues</p> <p>3. Consult with case management to help facilitate a plan for the patient once they are discharged such as support groups</p>