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IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Schizophrenia is a mental disorder that alters the thought processes of the brain due to abnormalities in the neurotransmitters including a decrease in serotonin, dopamine, and glutamate, with the possibility of alterations in the GABA.</p> <p>4. Medical Diagnoses: No known medical diagnoses besides DSM-5 Diagnosis</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.); Substance Use: Nicotine addiction, smoking 2/3 packs a day Relational: single Educational: in college</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <ul style="list-style-type: none"> • delusions • hallucinations**** • disorganized speech • grossly disorganized or catatonic behavior • negative symptoms, such as diminished emotional expression, dysphoric mood *
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis No diagnostic tests pertinent for this patient due to already being diagnosed at age 17. Schizophrenia is diagnosed with the DSM-5 criteria.</p>	<p>6. Lab Values That May Be Affected: N/A</p>	<p>6. Current Treatment: The patient is currently being treated with medication stabilization, and psychiatric evaluation/ observation. The patient is on oral paliperidone and has orders to be transitioned to Invega Sustenna IM.</p>

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<p>7. Focused Nursing Diagnosis:</p> <p>Impaired social interaction</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Monitor the client's use of defense mechanisms and support healthy defenses.</p> <p>Evidenced Based Practice:</p> <p>Solution-focused techniques have been demonstrated to be beneficial. Therapy focuses on the client's present and future, capitalizing on the strengths and resources of the client and significant others around them (<i>Wand, 2010</i>).</p>	<p>13. Patient Teaching:</p> <p>1. Teach patient how to improve self-care with therapeutic communication and demonstration.</p>
<p>8. Related to (r/t):</p> <p>disturbed thought process</p>	<p>2. Encourage the client to keep a gratitude journal.</p>	<p>2. Educate patient on the s/s and warning signs of her particular symptoms related to schizophrenia and how recognize them early in order to deal with them appropriately to reduce risk of re-hospitalization.</p> <p>3. Educate patient about the new medication and how it can be beneficial to her disorder.</p>
<p>9. As evidenced by (aeb):</p> <p>Hallucinations and self-isolation/avolition</p>	<p>Evidenced Based Practice:</p> <p>A recent study demonstrated that study participants who participated in a gratitude journal intervention experienced more positive emotions during the social interactions. (<i>Drazkowski, Kaczmarek, & Kashdan, 2017</i>).</p>	<p>14. Discharge Planning/Community Resources:</p> <p>1. Case management for financial help in regard to the new medication.</p>
<p>10. Desired patient outcome:</p> <p>Patient will identify barriers that cause impaired social interaction and improve the ability to socialize by time of discharge.</p>	<p>3. Model appropriate social interactions and use focused imitation interventions. Give positive verbal and nonverbal feedback for appropriate behavior.</p> <p>Evidenced Based Practice:</p> <p>Use of focused imitation interventions improved social functioning in children with autism spectrum disorders (ASDs) (<i>Ingersoll, 2012</i>).</p>	<p>2. Group therapy to help with socialization strategies.</p> <p>3. Cognitive behavioral therapy</p>