Student Name: Kaitlyn Patrick_____Date: 3/30/21_____

IM6 (Acute Psychiatric) Critical Thinking Worksheet

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<tr>
<td>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):
Opioid withdrawal is related to the cessation of opioid use. Opioid receptors are located in the autonomic nervous system, locus coeruleus, and in the brain stem. Opioid exposure causes prolonged neuronal firing, allowing a sense of relaxation and respiratory depression to occur. The sudden cessation of opioid receptors not being released, causes the body to go into a state of panic due to the release of norepinephrine resulting in the somatic symptoms experienced during withdrawal.
Reference: A quick guide to the Clinical Opiate Withdrawal Scale</td>
<td rowspan="2">2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);

• History of Back problems
• No social support r/t divorce and estranged children
• Dependent on opioids to relieve chronic pain
• History of Depression</td>
<td rowspan="2">3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)
Presence of either of the following:
• Cessation/reduction of opioid use for several weeks
• Administration of an opioid antagonist after a period of opioid use*
Three or more of the following:
• Dysphoric mood
• Nausea/vomiting*
• Muscle aches*
• Lacrimation/rhinorrhea*
• Pupillary dilation, piloerection, or sweating*
• Diarrhea
• Yawning
• Fever
• Insomnia *
Reference from DSM-5 Book provided in class</td>
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<td>4. Medical Diagnoses:
• Heroin Overdose</td>
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5. Diagnostic Tests Pertinent or Confirming of Diagnosis	6. Lab Values That May Be Affected:	7. Current Treatment:
• CBC, CMP, Mag, Phos, ETOH/UDS* • EKG • Chest X-ray	• CBC, CMP, Mag, Phos, ETOH/UDS*	• Naloxone to treat opioid overdose* • Ibuprofen for pain r/t withdrawal symptoms* • Recommendation for antibiotics prophylactically, IV fluids for dehydration, and a stronger pain medication.

Student Name:_____Date: _____

8. Focused Nursing Diagnosis: • Ineffective individual coping	**12. Nursing Interventions related to the Nursing Diagnosis in #7:** 1.Observe for contributing factors of ineffective coping such as poor self-concept, grief, lack of problem-solving skills, lack of support, recent change in life situation, maturational or situational crises. **Evidenced Based Practice:** Factors predicting maladaptive coping in a small sample of sexual minority men (n+89) included experiences of intimate partner sexual victimization and intimate partner violence resulting in injury (*Goldberg-Looney et al, 2016)*. 2.Use verbal and nonverbal therapeutic communication approaches including empathy, active listening, and confrontation to encourage the client to express emotions such as sadness, guilt, and anger (within appropriate limits); verbalizes fears and concerns; and set goals. **Evidenced Based Practice:** In a qualitative study using focus groups to understand nurses' (n=27) experiences of presence, researchers found empathy, active listening, and use of silence were among the therapeutic communication approaches that were required to implement presence and improve client outcomes (*Stockmann et al, 2016).* 3.Encourage the client to describe previous stressors and the coping mechanisms used. **Evidenced Based Practice:** A review examining endometriosis and behavioral, cognitive, and emotional coping strategies found that despite mixed results, clinician should engage in an evaluation of women's coping strategies to promote well-being and minimize poor mental health outcomes (*Zarbo et al, 2018).*	**13. Patient Teaching:** 1. Teach the patient non-pharmacologic techniques to use when experiencing pain such as distraction techniques, music therapy, visual imaging, and breathing. 2. Encourage the patient to use a journal to reflect on feelings when experiencing depressive episodes. 3. Educate the patient on how to recognize s/s of anxiety and how to re-route anxious thoughts with breathing and distractive techniques.
9. Related to (r/t): • No social support		
10. As evidenced by (aeb): • Pt stating that her children are not in good relationship with her and that she recently went through a divorce.		**14. Discharge Planning/Community Resources:** 1. Opioid Recovery/ detox Programs 2. Referral for CBT 3. Case management for help of finances r/t medications and hospital stay.
11. Desired patient outcome: • The patient will be able to use effective coping skills and improve problem solving skills by the time of discharge.		

Adopted: August 2016, revised October 2018