Student Name: Lily Fields   Date:3/30/2021_____

IM6 (Acute Psychiatric) Critical Thinking Worksheet

1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):	2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);	3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)
Alcohol Withdrawal alters the balance of activity of the neurotransmitters GABA and glutamate. GABA is the inhibitory neurotransmitter and decreases CNS activity. Glutamate is the excitatory neurotransmitter which increases the cell's responsiveness to stimulation.	**Relational:** pt feels as though she is disappointing her son	Two or more of the following:
4. Medical Diagnoses:		- Autonomic hyperactivity
Gastritis	**Environmental:** Patient states that she feels large amounts of guilt for "falling behind" in her responsibilities at her church.	- Increased hand tremor
		- Insomnia
		- Nausea or vomiting
		- Transient visual, tactile, or auditory hallucinations
		- Psychomotor agitation
		- Anxiety
		- Generalized tonic-clonic seizures

5. Diagnostic Tests Pertinent or Confirming of Diagnosis	6. Lab Values That May Be Affected:	7. Current Treatment:
-CIWA -AUDIT	-CBC (to check H&H) - Liver enzymes (AST, ALT, Ammonia)	- Low stimulus environment -anxiety medication -seizure precautions -fall precautions -CIWA protocol -fluids -antiemetic -alcohol withdrawal medication

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8. Focused Nursing Diagnosis: Risk for injury	12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Instruct patient to use call light when moving or getting out of bed. **Evidenced Based Practice:** We want to eliminate any chance of falls or injury for the patient	13. Patient Teaching: 1. Teach pt what fall precautions are. 2. Inform pt of possible signs of impending seizure and report them to the nurse.
9. Related to (r/t): Alcohol withdrawal	2. Limit number of items and linens in patients bed **Evidenced Based Practice:** In the event of a seizure, the bed should be clear so that the healthcare team can have full access to patient and so the pt has a decreased risk of injury during the seizure.	3. instruct patient that it is important to reduce stimuli in her room.
10. As evidenced by (aeb): -nausea/ vomiting -increased BAL - sensory alterations - dizziness	3. Place pt in a room near the nurse's station. **Evidenced Based Practice:** Being able to monitor your patient frequently significantly reduces the patient's risk for injury.	**14. Discharge Planning/Community Resources:** 1. Consult case management for placement into rehab center or program 2. Inform pt's son of possible support groups available to him 3. inform pt of available support groups for her in the community.
11. Desired patient outcome: Pt will understand the need for abstinence of alcohol, have a BAL of 0.0, and teach back possible programs or support groups available to her by discharge.		

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