

Student Name: Matthew Mieure _____ Date: 4/7/21 _____

IM6 (Acute Psychiatric) Critical Thinking Worksheet

1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Alcohol Withdrawal is caused by a cessation in alcohol use that has been heavy and prolonged. Alcohol is a CNS depressant and CNS becomes enters a state of hyper excitability after cessation of alcohol. GABA decreases CNS activity, and glutamate increases the cell's responsiveness leading to S/S of withdrawal. (DSM-5) 4. Medical Diagnoses: Gastritis	2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.); Guilt, missing activities and harming relationship with family. Feeling of disappointment in herself.	3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References) Autonomic hyperactivity* Tremors* Insomnia Nausea and Vomiting* Hallucinations* Psychomotor Agitation Anxiety* Seizures Cessation of Heavy, Prolonged Drinking* DSM-5
5. Diagnostic Tests Pertinent or Confirming of Diagnosis AUDIT – score 30 CIWA DSM-5 Criteria U/A	6. Lab Values That May Be Affected: CBC Liver Panel BAL	7. Current Treatment: CIWA protocol Low Stimulation Medications Fluids

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8. Focused Nursing Diagnosis: Risk for Injury	12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Check deep-tendon reflexes. Assess gait, if possible. Evidenced Based Practice: Reflexes may be depressed, absent, or hyperactive. Peripheral neuropathies are common	13. Patient Teaching: 1. Teach medication safe administration and possible abuse of benzo's.
9. Related to (r/t): Alcohol Withdrawal Cessation of Drinking	2. Provide for environmental safety when indicated Evidenced Based Practice: May be required when equilibrium, hand and eye coordination problems exist.	2. Teach patient to use call light and remain with patient while they are ambulating to prevent falls. 3. Anxiety reduction methods, decrease stimulation, soothing music.
10. As evidenced by (aeb): Impaired judgment/coordination Increased anxiety	3. Orient the patient to reality. Evidenced Based Practice: The patient may experience hallucinations and may try to harm themselves and others.	14. Discharge Planning/Community Resources: 1. Support Group – AA for herself and family
11. Desired patient outcome: Patient will remain injury free by time of discharge.		2. Possible medications to reduce/eliminate alcohol consumption to help in recovery of alcohol abuse disorder. 3. Get client included in groups that they are interested in, church/volunteer, to help reduce anxiety and increase self-esteem and self-worth.