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IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Alcohol Withdrawal Alcohol is a CNS depressant and binds with GABA and Glutamate receptors. It binds with serotonin to activate the reward circuit. Alcohol withdrawal occurs when a person who drinks too much on a frequent basis stops drinking alcohol. REF: SUD LECTURE</p> <p>4. Medical Diagnoses: Gastritis</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>Relational: Mother/son relationship getting affected by alcohol use -Not meeting her obligations that she had, by not showing up</p> <p>Substance use: alcohol</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References) REFERENCE: DSM-5</p> <p>A. Cessation of alcohol use that has been heavy or prolonged</p> <p>B. Two (or more) of the following, developing within several hours to a few days after the cessation of alcohol</p> <ol style="list-style-type: none"> 1. Autonomic hyperactivity * 2. Increased Hand tremor * 3. Insomnia 4. Nausea or vomiting * 5. Transient visual, tactile, auditory, hallucinations or illusions * 6. Psychomotor agitation * 7. anxiety * 8. Generalized tonic-clonic seizures
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>CIWA</p> <p>AUDIT</p>	<p>6. Lab Values That May Be Affected:</p> <p>BAL</p> <p>UA</p>	<p>7. Current Treatment:</p> <p>Medications</p> <p>Low stem environment</p>

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<p>8. Focused Nursing Diagnosis:</p> <p>Anxiety</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Maintain a calm environment in the hospital room, with low stimulation during stay</p>	<p>13. Patient Teaching:</p> <p>1. Teach patient how to use breathing techniques to manage anxiety</p> <p>2. Teach patient how to use guided imagery to manage anxiety</p>
<p>9. Related to (r/t):</p> <p>Physiological withdrawal</p>	<p>Evidenced Based Practice:</p> <p>Reduce stress and help with hypersensitivity related to alcohol withdrawal</p> <p>2. Use therapeutic communication to establish a trusting and non-judgmental relationship with the patient</p>	<p>3. Teach the patient about anxiety related alcohol withdrawal. That anxiety during withdrawal can be physiologic and environmental and what to expect as withdrawal progresses</p>
<p>10. As evidenced by (aeb):</p> <p>Rates anxiety as 8/10, increased apprehension, feelings of uneasiness</p>	<p>Evidenced Based Practice:</p> <p>Provides the patient an open and honest environment to discuss alcohol use, and lessens distrust and paranoia that may contribute to anxiety</p>	<p>14. Discharge Planning/Community Resources:</p> <p>1. Refer the patient to Alcoholics Anonymous, there's even an online forum if she doesn't want to can't attend in person</p> <p>2. Refer patient to smart recovery, has a 24/7 chat support</p>
<p>11. Desired patient outcome:</p> <p>The patient will verbalize two techniques to manage anxiety during the first 24 hours of hospitalization.</p>	<p>3. Include patient in care planning</p> <p>Evidenced Based Practice: Provides sense of control over self in circumstance where loss of control is a significant factor</p>	<p>3. Refer the family to Al-Anon, a support group for families of an alcoholic</p>