

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p><b>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</b> 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)</p>	<p><b>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</b> Guilt, missing activities and harming relationship with family. Feeling of disappointment in herself.</p>	<p><b>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</b> Autonomic hyperactivity* Tremors* Insomnia Nausea and Vomiting* Hallucinations* Psychomotor Agitation Anxiety* Seizures Cessation of Heavy, Prolonged Drinking*  DSM-5</p>
<p><b>4. Medical Diagnoses:</b> Gastritis</p>		
<p><b>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</b> AUDIT - score 30 CIWA DSM-5 Criteria U/A</p>	<p><b>6. Lab Values That May Be Affected:</b> CBC Liver Panel BAL</p>	<p><b>7. Current Treatment:</b> CIWA protocol Low Stimulation Medications Fluids</p>

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

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