

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p><b>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</b>                  -The amygdala plays an important role in tempering anxiety. Patients with anxiety disorders have been found to show heightened amygdala response to anxiety cues. The amygdala and limbic system structures are connected to prefrontal cortex regions, and prefrontal limbic activation abnormalities may be reversed with psychological or pharmacologic interventions.</p> <p><b>Chand, S. P. (2020, November 29). Anxiety. StatPearls [Internet]. <a href="https://www.ncbi.nlm.nih.gov/books/NBK470361/">https://www.ncbi.nlm.nih.gov/books/NBK470361/</a>.</b></p> <p><b>4. Medical Diagnoses:</b>                  Aggressive form of breast cancer</p>	<p><b>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</b>                  relationship/marriage difficulties (partner, siblings, children, family, employer, co-workers, employer)                  lack of social support                  lack of resources for adequate survival                  loss of employment/investments/savings                  loss of loved ones                  bankruptcy, home foreclosure, and isolation</p>	<p><b>2. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</b>                  -The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning                  -The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (hyperthyroidism)                  -U.S. Department of Health and Human Services. (n.d.). <i>Anxiety Disorders</i>. National Institute of Mental Health. <a href="https://www.nimh.nih.gov/health/topics/anxiety-disorders/">https://www.nimh.nih.gov/health/topics/anxiety-disorders/</a>.</p>
<p><b>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</b>                  -The presence of excessive anxiety and worry about a variety of topics, events, or activities. Worry occurs more often than not for at least six months and is clearly excessive.                  -The anxiety and worry are accompanied by at least three of the following physical or cognitive symptoms:                  -Edginess or restlessness, tiring easily; more fatigued than usual, impaired concentration or feeling as though the mind goes blank, irritability (which may or may not be observable to others), Increased muscle aches or soreness, Difficulty sleeping (due to trouble falling asleep or staying asleep, restlessness at night, or unsatisfying sleep)</p>	<p><b>6. Lab Values That May Be Affected:</b>                  Na                  K                  Ca                  T4 and TSH                  Stress Test</p>	<p><b>7. Current Treatment:</b></p> <ul style="list-style-type: none"> <li>• Lorazepam 2mg by PO</li> <li>• D5LR @ 80 mL an hour</li> </ul>

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

<p><b>8. Focused Nursing Diagnosis:</b></p> <p><b>-Anxiety</b></p>	<p><b>12. Nursing Interventions related to the Nursing Diagnosis in #7:</b></p> <p>1. I will remain with the client at all times when levels of anxiety are high and reassure the patient of her safety and security. I will make sure every hour the patient is fine.</p>	<p><b>13. Patient Teaching:</b></p> <p>1. I will teach the patient to write in a journal about what triggers their anxiety</p> <p>2. I will teach the patient relaxation techniques such as deep breathing and mediation</p> <p>3. I will teach the patient to avoid excessive caffeine and alcohol. If on medication to avoid alcohol completely</p>
<p><b>9. Related to (r/t):</b></p> <p><b>-Surgery and not having medication bundle</b></p>	<p><b>Evidenced Based Practice:</b></p> <p>-The patient's safety is utmost priority. A highly anxious client should not be left alone as his anxiety will escalate.</p> <p>2. Maintain a calm, non-threatening manner while working with the patient every time I walk into the room</p>	<p><b>14. Discharge Planning/Community Resources:</b></p> <p>1. Advise the patient to attend support groups (can give them a list of local support groups who have experienced the same situation as your patient)</p> <p>2. I will get in contact case management and see if they can help the patient with activities that they can do at home to help with anxiety</p> <p>3. I will get in contact with meals on wheels to deliver healthy foods to the patient, also hand out a pamphlet with foods that the patient should consider consuming</p>
<p><b>10. As evidenced by (aeb):</b></p> <p><b>-Restlessness and feelings of discomfort, apprehension or helplessness</b></p>	<p><b>Evidenced Based Practice:</b></p> <p>-Anxiety is contagious and may be transferred from health care provider to client or vice versa. Client develops feeling of security in presence of calm staff person.</p>	
<p><b>11. Desired patient outcome:</b></p> <p><b>-The patient will discuss feelings of dread, anxiety, and so forth by 1300 (after lunch) and respond to relaxation techniques.</b></p>	<p>3. I will avoid asking or forcing the patient to make choices every time I walk into the room.</p> <p><b>Evidenced Based Practice:</b></p> <p>- The patient may not make sense and appropriate decisions or may be unable to make decisions at all</p>	