

Student Name: Maria Jackson

Date: 5/11/2021

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</p> <p>Major Depressive Disorder/Panic disorder: MDD is a disturbance in neurochemistry that causes a persistent feeling of sadness and loss of interest. It may impact emotions and also cause physical problems. Panic disorder is recurrent, sudden panic attacks.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):</p> <ul style="list-style-type: none"> • Marital/Family conflict • Lives alone • Poor judgment/coping skills 	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <ul style="list-style-type: none"> • "spirits" pushing against her body & have control of left arm* • Speaking in tongues, chanting for demons to set her free* • Paranoid* • Sense of impending doom/danger* • Fear of loss of consciousness • Sweating • Rapid HR • Detachment • Incoherent thoughts • Suicidal thoughts
<p>4. Medical Diagnoses:</p> <ul style="list-style-type: none"> • Diabetes • High lipids • HTN 		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <ul style="list-style-type: none"> • Patient Health Assessment -9 • DSM-5 criteria • Psychological evaluation • ECG/EKG 	<p>6. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> • F-T4: 1.3 • TSH: 2.1 • Fasting lipid profile • Hepatitis screen: non-reactive • HIV test: non-reactive • T-Pallidum: non-reactive • VDRL: negative for all • UPT: negative • Cholesterol: 154 154 • Triglyceride: 172 172 ↑ • HDL: 40 ↓ • LDL: 66 	<p>7. Current Treatment:</p> <ul style="list-style-type: none"> • Court-ordered emergency meds • Group therapy for reality orientation • Follow-up appointment • Teaching on medication management • Education on delusions • Journaling • Establishing a daily routine

Student Name: Abbie Jackson

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<p>8. Focused Nursing Diagnosis: Disturbed Thought Process</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis In #7: 1. Encourage the patient to attend 50-75% of group sessions while in the hospital.</p>	<p>13. Patient Teaching: 1. Teach that attending groups will help her recognize what she is experiencing and help her acquire coping skills.</p>
<p>9. Related to (r/r): - Overwhelming life circumstances - Severe anxiety/paranoia - Persistent Fear</p>	<p>Evidenced Based Practice: Attending these group sessions will help orient the patient to reality and allow her to process her thoughts. 2. Implement daily journaling at least once per day.</p>	<p>2. Teach the patient that journaling is a healthy way to get her thoughts out and express her feelings. This will also help her track her progress. 3. Teach the patient that establishing a routine will help the patient have have some predictability in her day.</p>
<p>10. As evidenced by (aeb): - Impaired ability to grasp ideas or thoughts - Impaired insight - Impaired judgment/decision making - Inaccurate interpretations of the environment</p>	<p>Evidenced Based Practice: Journaling can help the patient process her thoughts and feelings now the daily routine. 3. Help the patient establish a daily routine.</p>	<p>14. Discharge Planning/Community Resources: 1. Help the patient find outpatient group therapies to attend. 2. Instruct the patient to continue to journal even on her good days.</p>
<p>11. Desired patient outcome: The patient will be able to identify negative thoughts and be able to reframe them by the end of two weeks. She will be able to discuss her thoughts by the end of day 2.</p>	<p>Evidenced Based Practice: A routine will help ground the patient and prevent wandering thoughts.</p>	<p>3. Instruct the patient to maintain her routine, but also teach methods to help her remain calm if her routine encounters a change.</p>

Student Name: Morie Jackson

Unit: Summit Campus

Pt. Initials: DM

Date: 5/11/2021

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications			
N/A	Isotonic/ Hypotonic/ Hypertonic	N/A	N/A	N/A			
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List ml/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Zyprexa	antipsychotic	Treatment of depressive episodes	5mg PO qd	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N	N/A	untended muscle movements, trouble swallowing, dry mouth, high blood sugar	1. DO NOT use in older adults with dementia related psychosis 2. Eat a healthy diet and exercise to avoid weight gain 3. Avoid alcohol, grapefruit juice, and other drugs 4. Drink plenty of fluids
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			
				<input type="checkbox"/> Y <input type="checkbox"/> N			

Covenant School of Nursing Reflective Practice

Name: Abbie Jackson

Instructional Module: IM6

Date submitted: 5/13/2021

Use this template to complete the Reflective Practice documentation. Use only the space provided. Information that is not visible is lost.

<p>Step 1 Description</p> <p>When working at Silver Star, I got to go along with one of the LVNs to a few home visits. There was one patient who had a very high blood pressure reading in the morning. Since her reading was so high, we went to her house to check it again. When we checked it, her systolic was over 200 and her diastolic was over 100. We became really concerned because she had a stroke 10 years ago, and despite being on four medications for her blood pressure, there was no evidence that it was being controlled.</p>	<p>Step 4 Analysis</p> <p>We have been taught all throughout school that communication between the patient and all of those that are involved in her care is super important. I think the patient had been dishonest about taking her meds, but I think the concern that her healthcare team showed could help her get back on track. Although nobody can force her to take her meds, her desire to stay out of the hospital mixed with the chance that her PCP will put her there may encourage her to take her treatment more seriously.</p>
<p>Step 2 Feelings</p> <p>When the LVN had told me this patient had a high reading, I had no idea that it was as high as it was. I was very concerned about her because she had no idea it was so high, and she had no other symptoms showing that something was going on. I kept asking myself, if she is on four medications to prevent this, how is it still happening? I think it is good that I felt this concern because I knew something was not right, and with her history, she could have another stroke.</p>	<p>Step 5 Conclusion</p> <p>Since I was an outside observer, I did not know any of this patient's history, and did not have an established relationship with her. I think it was best for me to observe and intervene when asked. I think her healthcare team did a great job of keeping everyone informed and developing a plan of action quickly. This situation has showed me just how important interdisciplinary communication is.</p>
<p>Step 3 Evaluation</p> <p>There were both good and bad things that came of this event. Once the nurses realized that something was wrong, they reached out to the patient's nurse practitioner and PCP to develop a plan of action to get it to go down. However, we were met with a challenge when the patient began to doubt the NP and PCP on what they were going to do. She didn't think the NP had the authority to mess with her meds. Luckily, the patient, nurse, and NP were able to talk together about the plan and calm the patient down.</p>	<p>Step 6 Action Plan</p> <p>Overall, I think this patient is in the right hands. She has a team that are all advocating for her well-being. They noticed an issue and worked promptly to try to resolve it. This showed me that professional practice works best when all involved act as a cohesive unit. I will carry this situation with me and act promptly on issues when they arise. The patient always comes first, and I will do my best to make sure I am taking actions that are going to benefit their health. Although there are different healthcare roles, we can all work together for the good of the patient.</p>

PMH CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Abbie Jackson

Instructor Contact Information:

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Rebecca Powers - Cell (806) 790-9681 or Office (806) 725-8916

Community Site: Outpatient Clinic (Sunrise Canyon) Date: 5/15/2021

Student's Arrival Time: 0920 Departure Time: 11:00

Printed Name of Staff: Nadia Stockwell Signature: Nadia Stockwell RN

Community Site: Silver Star Date: 6/12/2021

Student's Arrival Time: 0900 Departure Time: 4pm

Printed Name of Staff: Meagan McGee, RN Signature: Meagan McGee, RN

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____