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IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Borderline personality disorder: "is the unstable and intense relationship, and, instability of affect, marked by unstable and frequent mood changes. Feelings of anxiety, dysphonia, and irritability can be intense through short lived emotional liability."</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.); -in jail on prostitution charges -past suicide attempts and cutting -feeling of sometimes wanting to hurt others -hx of drug and alcohol abuse -anxiety -sexually abused as a child -hx of unstable relationships (several divorces) -poor impulse control -cannot hold a job</p>	<p>2. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References) 5 or more of the following: -efforts to avoid abandonment -pattern of unstable and intense relationships -identity disturbances -impulsivity in at least 2 areas that are potentially self-damaging -recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior -affective instability due to a marked reactivity of mood -chronic feelings of emptiness -inappropriate anger or difficulty controlling it -paranoid ideations or dissociative symptoms</p>
<p>4. Medical Diagnoses: -Borderline Personality Disorder</p>	<p>6. Lab Values That May Be Affected: -no labs useful in identifying BPD however certain medications the patient might be on could affect labs -patient on acetaminophen and ibuprofen for pain</p>	<p>7. Current Treatment: -acetaminophen and ibuprofen</p>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis -must have at least 5 or more of the DSM-5 criteria to be diagnosed with BPD</p>		

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<p>8. Focused Nursing Diagnosis: Ineffective Coping</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Identify specific stressors</p> <p>Evidenced Based Practice: "Persistent stressors may exhaust the patient's ability to maintain effective coping."</p>	<p>13. Patient Teaching: 1. Teach patient deep breathing techniques to perform when under stress due to BPD</p> <p>2) Teach non-pharmacologic interventions such as imagery, reading, and/or heat/cold for pain relief</p> <p>3) Teach about using distraction methods such as watching tv to reduce aggressive and harmful behavior as well as remove self from triggering situations</p>
<p>9. Related to (r/t): -patient's misunderstanding of medications</p>	<p>2. Monitor risk of harming self or others</p>	<p>14. Discharge Planning/Community Resources: 1. Support groups whenever she is released from jail</p>
<p>10. As evidenced by (aeb): -patient being hostile and yelling at nurse</p>	<p>Evidenced Based Practice: "A patient with hopelessness and an inability to problem solve often runs the risk of suicide."</p> <p>3. Provide chances to express concerns, fears, feeling, and expectations</p> <p>Evidenced Based Practice: "Verbalization of actual or perceived threats can help reduce anxiety and open doors for ongoing communication."</p>	<p>2. Continue going to the library to read to promote relaxation as well as walks to calm and reduce anxiety</p> <p>3) Therapy for suicidal ideation and feelings of wanting to hurt others</p>
<p>11. Desired patient outcome: -teach the patient alternative coping mechanisms like deep breathing or relaxation techniques to deal with pain effectively by end of the visit</p>		