

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p><b>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</b> Severe anxiety is linked to a nervous system response that activates the sympathy fight or flight. This then leads to physiologic symptoms and changes. The body experiences heightened arousal states. (NCBI,2021)</p>	<p><b>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</b></p> <p>Lack of family in proximity Lack of support Misplaced medical bundle Family history of death in hospital New diagnosis of cancer Unsure of healthcare and environment Uneducated on the procedures and autonomy of healthcare</p>	<p><b>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References). (NCBI,2021)</b> Excessive anxiety and worry occurring more days than not for 6 months The person finds it difficult to control the worry (P)</p> <p>Anxiety and worry are associated with 3 or more of the following: restlessness/feel on edge (P), easily fatigued, difficulty concentrating/mind blanking, irritability (P), muscle tension, sleep disturbance</p> <p>Physical distress (P) Not related to substance use (P)</p>
<p><b>4. Medical Diagnoses:</b> Breast cancer Left mastectomy</p>	<p><b>6. Lab Values That May Be Affected:</b></p> <p>Thyroid labs (hypothyroidism can cause or contribute too)</p> <p>CBC (medications can cause immunosuppression)</p>	<p><b>7. Current Treatment:</b></p> <p>Lorazepam (P, patient declined) Buspirone (P)</p>
<p><b>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</b></p> <p>DSM-5 diagnosis- 3 or more of the 6 characteristics persistent for more days than not over 6 months</p> <p>Patient reporting</p>		

<p><b>8. Focused Nursing Diagnosis:</b> Ineffective coping  (Ackley et al, 2019)</p>	<p><b>12. Nursing Interventions related to the Nursing Diagnosis in #7:</b> 1. Use therapeutic communication with the patient.</p> <p><b>Evidenced Based Practice:</b> Therapeutic communication brings about trust and open dialogues.</p> <p>2. Provide opportunity for the patient to set realistic goals.</p> <p><b>Evidenced Based Practice:</b> Recommended for autonomous goal motivation and attainable results.</p> <p>3. Encourage use of spiritual resources as desired.</p> <p><b>Evidenced Based Practice:</b> Spirituality is important to the patient and can serve as an outlet.</p>	<p><b>13. Patient Teaching:</b> 1. Teach therapeutic berating exercises to calm and relax.</p> <p>2. Teach importance of proper medication adherence.</p> <p>3. Teach the client to participate knowingly in their healthcare and understand the nurse as an advocate.</p>
<p><b>9. Related to (r/t):</b> Inability to express feelings/fear appropriately</p>		<p><b>14. Discharge Planning/Community Resources:</b> 1. Refer patient and/or family to a cancer support group.</p> <p>2. Refer patient to counselor for beneficial talk therapy and more coping mechanisms.</p> <p>3. Facilitate followup with the provider to assess medication efficacy and track progress.</p>
<p><b>10. As evidenced by (aeb):</b> Expressing frustration in behavior and disapproval of healthcare plan.</p>		<p><b>11. Desired patient outcome:</b>  Patient will demonstrate use of effective coping strategies by discharge 8/23.</p>