

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>DSM-5 Diagnosis and Brief Pathophysiology (include reference): PTSD</p> <p>Fear conditioning response activating amygdala, hypothalamus, and locus coeruleus. The alpha2-adrenergic receptor response that inhibits stress induced release of norepinephrine is impaired (Diagnostic and Statistical Manual of Mental Disorders, 2013).</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>Military deployment (symptoms made worse by concussion)</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>Recurrent/intrusive thoughts** Nightmares ** Flashbacks Efforts to avoid memories, thoughts, feeling of event**</p> <p>Inability to recall important events** Negative beliefs about self Blame/guilt** Negative/more emotional state** ↓ interest in activities/detachment Difficulty concentrating**</p> <p>Diagnostic and Statistical Manual of Mental Disorders, 2013</p>
<p>4. Medical Diagnoses: Concussion</p>		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>No specific diagnostic tests available to diagnose this condition</p> <p>Screenings: DEQ PTSD checklists for DSM-5 (PCL-5) Screen for posttraumatic stress symptoms Trauma symptom checklist-40 ITSC-40) Trauma symptoms inventory</p>	<p>6. Lab Values That May Be Affected:</p> <p>Lab values no affected by this condition</p>	<p>7. Current Treatment:</p> <p>Psychotherapy (cognitive therapy and exposure therapy)</p> <p>Antidepressants Antianxiety medications Prazosin Trauma-focused cognitive behavioral therapy Support groups ** Rehab Inpatient hospitalization</p>

Student Name: _____ Date: _____

<p>8. Focused Nursing Diagnosis: Anxiety</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Maintain a calm, non-threatening manner while working with patient .</p> <p>Evidenced Based Practice: Anxiety can be contagious and transferred. The patient will develop feeling of security in the presence of staff.</p>	<p>13. Patient Teaching: 1. Teach the patient about relaxation techniques to help decrease anxiety.</p> <p>2. Teach the patient that treatment is a slow process, and it will take time to see improvement in their symptoms.</p>
<p>9. Related to (r/t):</p> <p>Actual or perceived threat to self</p> <p>Situational crisis</p>	<p>2. Maintain a trusting relationship by listening to patient.</p> <p>Evidenced Based Practice: Therapeutic skills directed at client will put them at ease and allow the patient to discuss their feelings openly.</p>	<p>3. Teach patient that verbalization of feelings and concerns is the key to treatment.</p>
<p>10. As evidenced by (aeb):</p> <p>Decreased attention span, restlessness, pacing, feelings of discomfort</p>	<p>3. Move the patient to a quiet area with little stimuli (small room, seclusion area with dim light, and few people).</p> <p>Evidenced Based Practice: Anxious behavior escalated with external stimuli. A smaller secluded area enhances a sense of security and can make the patient feel less lost and panicked.</p>	<p>14. Discharge Planning/Community Resources: 1. Refer patient to social services and counseling.</p>
<p>11. Desired patient outcome:</p> <p>At the time of discharge, the patient will state a decrease in anxiety (relate level of anxiety to a pain scale).</p>		<p>2. Refer patient to a support group</p> <p>3. Refer the patient to a specialized physician and stress the importance of follow-ups</p>