

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Schizophrenia is a mental disorder by which people interpret reality abnormally. Patients display hallucinations, delusions, disorganized behavior and thinking. The treatment is typically lifelong and is most successful with the combination of medication and counseling. American Psychiatric Association. (2015). <i>Schizophrenia spectrum and other psychotic disorders: DSM-5® selections</i>. American Psychiatric Pub.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>Genetics Structural changes within the brain Chemical changes within the brain Pregnancy or birth complications Childhood trauma Previous drug use or abuse</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>Hallucinations Delusions Disorganized thinking Extreme disorganized motor behavior Negative Symptoms Trouble sleeping Withdrawal from friends and family Lack of motivation</p> <p>American Psychiatric Association. (2015). <i>Schizophrenia spectrum and other psychotic disorders: DSM-5® selections</i>. American Psychiatric Pub.</p>
<p>4. Medical Diagnoses: Paranoid Schizophrenia: the debilitating symptoms blur the lines of what is reality or hallucinations and delusions.</p>	<p>6. Lab Values That May Be Affected:</p> <p>No lab values specifically affected by schizophrenia some blood test such as CMP and BMP may be run to rule out physical illness.</p>	<p>7. Current Treatment:</p> <p>Medication therapy: Fluphenazine and Sertraline</p> <p>Group therapy</p>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis Diagnosis for schizophrenia involves ruling out other health disorders by determining any symptoms not due to drug use, medications, or other medical disorders.</p> <p>A physical exam may be included to confirm diagnosis.</p> <p>AIMS exam is used to determine severity of tardive dyskinesia.</p>		

<p>8. Focused Nursing Diagnosis: Interrupted Family Process</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Assess family members knowledge about the disease</p>	<p>13. Patient Teaching: 1. Take all medications as prescribed.</p>
<p>9. Related to (r/t): Mother's fear about son being discharged home</p>	<p>Evidenced Based Practice: Eliminating misinformation or misconceptions about the disorder can allow better coping and understanding of what the patient is going through.</p> <p>2. Promote social skills</p>	<p>2. Seek social support other than caregivers such as support groups.</p> <p>3. Relaxation techniques including deep breathing and progressive muscle relaxation to prevent instability and increase in paranoia.</p>
<p>10. As evidenced by (aeb): Patient becoming hostile and throwing objects within the household when he stopped using medications.</p>	<p>Evidenced Based Practice: Providing support to learn more social skills will assist the patient outside of the treatment facility when around other people.</p> <p>3. Encourage family involvement</p>	<p>14. Discharge Planning/Community Resources: 1. National Alliance on Mental Illness of Lubbock</p>
<p>11. Desired patient outcome: The patient and his mother are to demonstrate problem solving skills for handling and eliminating at least 2 stressors by explaining how they would handle the situation and rated effectiveness by agreement amongst each other. This is to be done by discharge on 8/25/21 by 1500.</p>	<p>Evidenced Based Practice: Family involvement allows for empathetic support and early recognition of impending relapse.</p>	<p>2. liveunitedlubbock.org</p> <p>3. , Family Counseling Services of Lubbock</p>