

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Post traumatic stress disorder once known as “shell shock” is a condition which a person who has witnessed or experienced an event which resulted in traumatic physical harm or threat which caused extreme fear. Sar, V. (2011). Developmental trauma, complex PTSD, and the current proposal of DSM-5. <i>European Journal of Psychotraumatology</i>, 2(1), 5622.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>Any life changing event or situation which causes traumatic fear, stress or threat</p> <p>War Sexual Assault Witnessed injury or death Violence Family history of mental illness</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>Reliving the ordeal or event Avoidance of places, thoughts or situation that remind them of the event Increased arousal- irritability, lack of sleep, anxiousness, muscle tension Negative cognitions or moods- self blame</p> <p>Sar, V. (2011). Developmental trauma, complex PTSD, and the current proposal of DSM-5. <i>European Journal of Psychotraumatology</i>, 2(1), 5622.</p>
<p>4. Medical Diagnoses: Concussion or decreased neurocognitive function</p>		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>Evaluation of medical history and physical exam usually 1 month post event.</p> <p>Diagnosis is based on symptoms and functional problems due to symptoms.</p>	<p>6. Lab Values That May Be Affected:</p> <p>No lab tests may be specifically affected by PTSD, but a physician may run CBC or CMP to rule out any physical illness or issues.</p>	<p>7. Current Treatment:</p> <p>Current treatment is “Mindfulness” for stress relief.</p> <p>Psychiatric therapy</p> <p>Medication for Anxiety and Ant convulsions</p>

<p>8. Focused Nursing Diagnosis: Anxiety</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Provide guided imagery or soothing music</p> <p>Evidenced Based Practice:</p>	<p>13. Patient Teaching: 1. Observe for/ Early detection of triggers to prevent increased anxiety and prevention of harm.</p> <p>2. Be aware of changes in behavior, appetite, mood swings or thoughts of suicide or death.</p> <p>3. Take all medications as prescribed and do not stop abruptly. Also, refrain from using alcohol, smoking or illegal drugs.</p>
<p>9. Related to (r/t): The patient's hypervigilance</p>	<p>Guided imagery and music is a therapeutic way into a deep relaxed state to help the client understand life issues and steer away from negative feelings.</p> <p>2. Reduce stimuli and/or move patient to quiet room</p>	<p>14. Discharge Planning/Community Resources: 1. Department of veteran affairs to help families and vets navigate through challenges.</p> <p>2. Military Health System for news, education, training, and research to help deal with PTSD</p> <p>3. Social services for assistance information for veterans needing assistance with financial issues or homelessness due to PTSD</p>
<p>10. As evidenced by (aeb): The patient always needing to be aware of the exits of building due to fear of something happening.</p>	<p>Evidenced Based Practice: Behavior can escalate or trigger emotions with loud or dissatisfying ambient sounds. Calm areas provide a sense of security</p> <p>3. Providing support at times of high anxiety</p>	
<p>11. Desired patient outcome: Patient is to acknowledge triggers and perform pursed lip breathing techniques for a count of 5 breaths to decrease anxiety level to a 3 or lower. Level of anxiety will be based on a scale from 0-10. This is to be demonstrated by discharge by 9/3/21 at 1500.</p>	<p>Evidenced Based Practice: Patients need reassurance that the symptoms will lessen if the patient remains calm and collected.</p>	