

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Post Traumatic Stress Disorder (PTSD) can occur in any individual who has had exposure to a trauma severe enough to be outside range of normal human experience. Specific examples include physical/sexual abuse, torture/kidnap, natural disasters, accidents, military service events, and terrorist events. PTSD can also occur in people who have witnessed unbearable events. The common element in these experiences is the individual's feelings of extraordinary helplessness or powerlessness in the face of overwhelming circumstances. Symptoms present in four categories; intrusive reexperiencing of initial trauma, avoidance, alteration in arousal, and persistent negative alterations in cognition and mood.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>-former military service member</p> <p>Swearingen, P. L., & Wright, J. D. (2019). Part 96: Anxiety Disorders. In <i>All-in-one nursing care planning resource medical-surgical, pediatric, maternity, and Psychiatric-Mental Health</i> (5e ed., pp. 720–727). essay, Elsevier.</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References):</p> <ul style="list-style-type: none"> - exposure to actual or threatened death, serious injury, or sexual violence * - presence of one or more of intrusion symptoms associated with the traumatic events, beginning after the traumatic event occurred (recurrent, involuntary, or intrusive memories, dreams, and/or flashbacks) * - persistent avoidance of stimuli associated with traumatic events - negative alterations in cognitions and mood associated with the traumatic event * -marked alterations in arousal and reactivity associated with the traumatic event *
<p>4. Medical Diagnoses: Traumatic brain injury (brain dysfunction caused by an outside force, usually a violent blow to the head, severe sports injury, or car accidents.)</p>	<p>Varcarolis, E. M., Fosbre, C. D., & Chiappetta, L. (2021). Unit 3; Chapter 10. In <i>Essentials of psychiatric-mental health nursing: A communication approach to evidence-based care</i> (pp. 121–127). essay, Elsevier.</p>	

<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis:</p> <ul style="list-style-type: none"> - medical history and physical - primary care PTSD screen for DSM-5 - SPAN self-report screen (startle, physically upset by reminders, anger, and communication) - SPRINT (short post-traumatic stress disorder rating interview) - Trauma Screening Questionnaire (TSQ) 	<p>6. Lab Values That May Be Affected: (labs listed will be affected by the TBI, no lab studies for PTSD as the DSM-5 criteria are used to diagnose PTSD)</p> <ul style="list-style-type: none"> -CBC -swallow/language tests -ABG's -Glasgow coma scale score 	<p>7. Current Treatment:</p> <ul style="list-style-type: none"> -medication (topiramate and diazepam) -referral to specialist (neurologist and psychiatrist) -cognitive processing therapy -prolonged exposure therapy
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Student Name: _____ Date: _____

<p>8. Focused Nursing Diagnosis: Decreased ability to cope</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #8: 1. Assess patient's previous methods of coping with life problems.</p> <p>Evidenced Based Practice: How individuals have handled problems in the past is a reliable predictor of how current problems will be handled.</p>	<p>13. Patient Teaching: 1. Teach importance of balance in life to help manage stress.</p> <p>2. Teach importance of medication adherence.</p>
<p>9. Related to (r/t): - Exposure to threat and death during time serving in the military in Afghanistan</p>	<p>2. Determine use of substances (alcohol, other drugs, smoking, eating patterns).</p> <p>Evidenced Based Practice: The patient may have used substances as a coping mechanism to control anxiety. This pattern can interfere with the ability to deal with the current situation.</p>	<p>3. Teach patient how to break up responsibilities into manageable units to avoid anxiety and stress from coming up in overwhelming situations.</p>
<p>10. As evidenced by (aeb): - inability to sleep - feelings of nervousness, easily startled, constant alertness, anxiety - nightmares</p>	<p>3. Suggest incorporating stress management techniques like relaxation into a normal day.</p>	<p>14. Discharge Planning/Community Resources: 1. Make follow up appointments if needed for patient.</p> <p>2. Provide community resources for support and education groups.</p>
<p>11. Desired patient outcome: After 24-48hrs of intervention, patient is able to identify effective coping behaviors and express feelings appropriately.</p>	<p>Evidenced Based Practice: This encourages patients to take care of self, take control, and decrease stress.</p>	<p>3. Consult social worker if medication arrangements needed for home care.</p>