

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p><b>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</b>  <b>Posttraumatic Stress Disorder:</b>                  Exposure to a traumatic event leads to a fear conditioning response, activating the amygdala and other brain structures, such as the hypothalamus and locus coeruleus. The response also stimulates the autonomic and endocrine systems. The alpha 2-adrenergic receptor response that inhibits stress-induced release of norepinephrine is impaired. Progressive behavioral sensitization results, with generalization to stimulus cues from the original trauma.</p>	<p><b>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):</b></p> <ul style="list-style-type: none"> <li>• Social anxiety</li> <li>• Insomnia</li> </ul>	<p><b>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</b>                  PTSD is confirmed when the patient meets the following criteria:</p> <ul style="list-style-type: none"> <li>• Exposure to actual or threatened death or serious injury, or sexual violence in at least one way:</li> <li>• Persistent re-experiencing of this traumatic event in at least one of these ways:</li> <li>• Persistent avoidance of stimuli associated with the trauma or numbing of general responsiveness not present before the trauma, as indicated by at least one of the following:</li> <li>• Negative changes in mood or thoughts associated with the traumatic event indicated by two or more of the following:                         <ul style="list-style-type: none"> <li>○ Sharply decreased interest in significant activities</li> </ul> </li> <li>• Persistent symptoms of increased arousal (not previously present), as indicated by two or more of these criteria:                         <ul style="list-style-type: none"> <li>○ Difficulty falling or staying asleep</li> <li>○ Difficulty concentrating</li> </ul> </li> <li>• The disturbance must have lasted at least 1 month</li> </ul>
<p><b>4. Medical Diagnoses:</b></p> <ul style="list-style-type: none"> <li>• Concussion</li> </ul>	<p><b>6. Lab Values That May Be Affected:</b></p> <p>*CBC                  * There are no specific labs drawn to diagnose PTSD however labs may be drawn to rule out other diagnosis.</p>	<p><b>7. Current Treatment:</b></p> <ul style="list-style-type: none"> <li>• Topiramate</li> <li>• Diazepam</li> </ul>
<p><b>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</b></p> <p>No specific diagnostic test is available, but is diagnosed based off of assessment and DSM-5 criteria. The disturbance must have lasted at least one month and cause significant distress or impairment both social and occupational.</p>		

<p><b>8. Focused Nursing Diagnosis:</b></p> <p>Impaired sleep pattern</p>	<p><b>12. Nursing Interventions related to the Nursing Diagnosis in #7:</b></p> <p>1. Encourage daytime physical activities but instruct the patient to avoid strenuous activities before bedtime. (ex. Walking, running, lifting, house chores)</p>	<p><b>13. Patient Teaching:</b></p> <p>1. Teach patient to avoid getting on their phone or watching tv an hour before bed to help with the release of melatonin.</p>
<p><b>9. Related to (r/t):</b></p> <p>PTSD and Anxiety</p>	<p><b>Evidenced Based Practice:</b></p> <p>In insomnia, stress may be reduced by therapeutic activities and may promote sleep. However, strenuous activities may lead to fatigue and may cause insomnia.</p>	<p>2. Teach the patient how do guided imagery to help them fall asleep.</p>
<p><b>10. As evidenced by (aeb):</b></p> <p>Patient stated that he was having trouble sleeping and didn't feel rested when he did.</p>	<p>2. Tell patient to write a journal regarding problems before going to bed.</p>	<p>3. Teach the patient how to perform the 5-4-3-2-1 technique when they wake up feeling anxious. This is a grounding tool that can help the patient to focus on where they are and that they are safe.</p>
<p><b>11. Desired patient outcome:</b></p> <p>The patient will demonstrate improved sleeping patterns.</p>	<p><b>Evidenced Based Practice:</b></p> <p>Journaling allows the patient to "set aside" problems or any mental activities just before going to sleep.</p>	<p><b>14. Discharge Planning/Community Resources:</b></p> <p>1. Provide a list of prescribed drugs, including the dosage, prescribed time schedule, and adverse reactions to report to the practitioner.</p>
	<p>3. Introduce relaxing activities such as warm bath, calm music, reading a book, and relaxation exercises before bedtime.</p>	<p>2. Provide contact information for local support groups and services for both the patient and his wife.</p>
	<p><b>Evidenced Based Practice:</b></p> <p>These activities provide relaxation and distraction to prepare mind and body for sleep.</p>	<p>3. Teach the patient about any signs/symptoms that the patient should report immediately and return the hospital for. Ex. Increased agitation, suicidal thoughts, increase in headaches.</p>