

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): Anxiety disorder is characterized by a feeling of apprehension, uneasiness, uncertainty, or dread that results from a real or perceived threat whose source is unknown. With severe anxiety a person may focus on one detail or have difficulty learning and problem solving. A person may feel physiological effects from severe anxiety such as insomnia, trembling, pounding heart, hyperventilation, and feelings of impending doom or dread. The amygdala is responsible for how a person's body reacts to high levels of anxiety but does not control a persons thoughts while experiencing anxiety.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>Environmental Relational Spiritual Family</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>Headache Nausea Dizziness Elevated heart rate/pounding heart * Elevated respirations* Hyperventilation * Impending doom/dread * Trembling Insomnia Gastric discomfort Restlessness * Irritability</p>
<p>4. Medical Diagnoses:</p> <p>Breast Cancer</p>		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>Evaluation of the following:</p> <ol style="list-style-type: none"> 1. Presence of excessive anxiety and worry about variety of topic events, activities for at least 6 months 2. Worry is experienced as very challenging to control, may shift from one topic to another 3. Anxiety and worry are accompanied by at least three of the following physical or cognitive symptoms <ul style="list-style-type: none"> • Edginess/restlessness • Tiring easily, more fatigued than usual • Impaired concentration • Irritability • Increased muscle aches or soreness • Difficulty sleeping (falling asleep or staying asleep at night) 	<p>6. Lab Values That May Be Affected:</p> <p>CBC BMP</p>	<p>7. Current Treatment:</p> <p>Medication management (Patient declined Lorazepam)</p>

<p>8. Focused Nursing Diagnosis:</p> <p>Ineffective Coping Skills</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Provide a safe and comfortable environment for patient to express feelings, concerns, and expectations</p>	<p>13. Patient Teaching:</p> <p>1. Discuss techniques to change negative thinking using the ABC method common in CBT</p>
<p>9. Related to (r/t):</p> <p>Situational crises</p>	<p>Evidenced Based Practice:</p> <p>Verbalization of perceived threats help to reduce anxiety and strengthen the patient-nurse relationship for good communication</p> <p>2. Eliminate stimuli in or around the patient's room</p>	<p>2. Help patient identify two outlets to use as an anxiety reducer such as reading, crafts, or exercise</p> <p>3. Teach patient relaxation breathing techniques and guided imagery to use in stressful situations</p>
<p>10. As evidenced by (aeb):</p> <p>Patient verbalizing her mood as anxious and stating "All of you are out to get me, you want me to die"</p>	<p>Evidenced Based Practice:</p> <p>Presence of noise in a medical setting can increase anxiety and make coping more challenging</p>	<p>14. Discharge Planning/Community Resources:</p> <p>1. Follow up with HCP</p>
<p>11. Desired patient outcome:</p> <p>Patient will verbalize signs of increasing anxiety and identify two coping skills for anxiety management upon discharge</p>	<p>3. Include patient in planning of care and scheduled activities</p> <p>Evidenced Based Practice:</p> <p>Participation in care gives a feeling of control and increases self-esteem</p>	<p>2. Resources for Cognitive Behavioral Therapy/Counseling</p> <p>3. Cancer support groups</p>