

Student Name: Brittany Chancey

Date: 10/25/2021

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</p> <p>Post-trauma- stress- disorder:</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>use to serve in the army in Afghanistan. having toddlers which has difficulty with noise and lights, difficulty remember or stand focus, anxiety, headache, lack of sleep, hearing and seeing thing that are not there.</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>Re-experiencing the event Alterations in arousal Avoidance Negative alterations in cognition and mood</p>
<p>4. Medical Diagnoses:</p> <p>Concussion</p>	<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>ACE, PTSD questions, MINI COG</p>	<p>6. Lab Values That May Be Affected:</p> <p>Renal, CMP, CBC.</p> <p>7. Current Treatment:</p> <p>Medications: Topiramate</p>

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<p>8. Focused Nursing Diagnosis:</p> <p>Decrease Anxiety</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Suggest the patient to move in a quiet area with minimal stimuli such as a small room or seclusion area (dim lighting, few people, and so on.)</p> <p>Evidenced Based Practice:</p> <p>Anxious behavior escalates by external stimuli.</p> <p>2. Encourage the client's participation in relaxation exercises such as deep breathing, progressive muscle relaxation, guided imagery, and meditation</p>	<p>13. Patient Teaching:</p> <p>1. Side effects of medication that need to be report. Sumatriptan: Call the HCP-Blue fingers, toes, nails, cold hands, feet, Hearing changes Mental/mood changes. Topiramate: Abdominal pain, abnormal coordination, agitation, blurred vision, seizures, depression, diplopia, dizziness, drowsiness, hypotension, lethargy, impaired mentation, speech disturbance, stupor, severe metabolic acidosis.</p> <p>2. Teach to the patient to not go to external stimuli places that can trigger anxiety or PTSD like the mall, sport of events.</p> <p>3. Teach the patient about exercise him and his wife can do if had anxiety like deep breathing, meditation, walking or simple talk.</p>
<p>9. Related to (r/t):</p> <p>Randy kept looking at the exiting door, and can't focus when asking question.</p>	<p>Evidenced Based Practice:</p> <p>Relaxation exercises are effective nonchemical</p> <p>3. Reinforce patient's personal reaction to or expression of pain, discomfort, or threats to well-being (e.g., talking, crying, walking, other physical or nonverbal expressions)</p>	<p>14. Discharge Planning/Community Resources:</p> <p>1. Support groups</p> <p>2. Medicaid for medication</p>
<p>10. As evidenced by (aeb):</p> <p>Restlessness not about to forces and difficult sleeping</p>	<p>Evidenced Based Practice:</p> <p>Talking or otherwise expressing feelings sometimes reduces anxiety.</p>	<p>3. Print some hand outs for PTSD and</p>
<p>11. Desired patient outcome:</p> <p>Randy will show little signs and symptoms of anxiety by discharge.</p>		

WORD CITED:

Catherine L. Leon with Contribution from C.J. Hunter, M. (2021, October 26). Posttraumatic Stress Disorder (PTSD) DSM-5 309.81 (F43.10). Retrieved from Theravive: [https://www.theravive.com/therapedia/posttraumatic-stress-disorder-\(ptsd\)-dsm--5-309.81-\(f43.10\)#:~:text=Under%20DSM-5%2C%20post_ traumatic%20stress%20disorder%20%28PTSD%29%20is%20an,or%20 threatened%20death%2C%20serious%20injury%2C%20or%20sexual%20violatio](https://www.theravive.com/therapedia/posttraumatic-stress-disorder-(ptsd)-dsm--5-309.81-(f43.10)#:~:text=Under%20DSM-5%2C%20post_ traumatic%20stress%20disorder%20%28PTSD%29%20is%20an,or%20 threatened%20death%2C%20serious%20injury%2C%20or%20sexual%20violatio)

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