

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): DSM-5 Criteria Criteria A: Exposure to actual or threatened death or serious injury, or sexual violence in at least one of these ways:</p> <ul style="list-style-type: none"> • Direct exposure, witnessed event, indirect involvement, repeated or extreme, indirect exposure to details of the traumatic event, usually involved with professional duties <p>Criteria B: Persistent re-experiencing of this traumatic event in at least one of these ways:</p> <ul style="list-style-type: none"> • Recurrent and intrusive distressing recollections of the event, recurrent distressing dreams of the event, flashbacks of the event, intense psychological distress at exposure to events, physiologic reactivity on exposure to events <p>Patho: Exposure to traumatic event leads to a fear-conditioning response, activating the amygdala and other brain structure, such as the hypothalamus and locus coeruleus. The response also stimulates the autonomic and endocrine systems. https://lnareference.wkhpe.com/ref/view.do?k</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <ul style="list-style-type: none"> • Participation in war or combat • Car accident 	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <ul style="list-style-type: none"> • Emotional numbing* • Memory impairment* • Difficulty concentrating* • Signs of substance abuse • Physiologic reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event* • Physiologic injuries resulting from the trauma, such as bruises • Exaggerated startle response or hypervigilance for threats*
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<p>4. Medical Diagnoses:</p> <ul style="list-style-type: none"> • Concussion 		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <ul style="list-style-type: none"> • Mental status examination • Mini-Cog assessment • PTSD screening 	<p>6. Lab Values That May Be Affected:</p> <p>Urinalysis (help rule out other causes of symptoms such as drugs and alcohol)</p> <p>TSH (may rule out hyperthyroidism which can cause similar symptoms)</p>	<p>7. Current Treatment:</p> <ul style="list-style-type: none"> • Medication • Mindfulness

Student Name: _____ Date: _____

<p>8. Focused Nursing Diagnosis: Insomnia</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1.Determining patterns of sleep in the past in a normal environment: amount, bedtime routine, depth, length, positions, aids, and other interfering factors.</p>	<p>13. Patient Teaching: 1.Educate patient on the proper food and fluid intake such as avoiding heavy meals, alcohol, caffeine, or smoking before bedtime. 2.Encourage daytime physical activities but instruct the patient to avoid strenuous activities before bedtime. 3. Introduce relaxing activities such as warm baths, calm music, reading, and relaxation exercised before bedtime.</p>
<p>9. Related to (r/t): Anxiety</p>	<p>Evidenced Based Practice: Each individual has different patterns of sleep. Information about this topic provides a baseline for evaluating means to improve the patient's sleep.</p>	
<p>10. As evidenced by (aeb): Patient reports sleeping only 3-4 hours of sleep and not feeling rested.</p>	<p>2. Take note observations of sleep-wake behaviors. Take down notes on the number of hours the patient is asleep</p> <p>Evidenced Based Practice: Provides baseline date for the evaluation of insomnia</p>	<p>14. Discharge Planning/Community Resources: 1. Refer patient to sleep disorder center 2. Provide pamphlets on various relaxation techniques to perform before bed</p>
<p>11. Desired patient outcome: Patient will obtain optimal amounts of sleep as evidenced by rested appearance, verbalization of feeling rested, and improvement in sleep pattern by time of next visit.</p>	<p>3.Note physical or psychological circumstances that hinder sleep</p> <p>Evidenced Based Practice: The patient's perception of the insomnia may differ from objective evaluation</p>	<p>3.Information on support groups for PTSD and communities struggling with similar symptoms</p>