

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</p> <p>Post-Traumatic Stress Disorder: It is characterized by intrusive thoughts, flashbacks and nightmares of traumatic events, avoidance of reminders of the trauma, sleep disturbance, and hypervigilance which all lead to occupational, social, and interpersonal dysfunction.</p> <p>Patho: People with PTSD may have an imbalance of serotonin in their brain. May also have a decreased volume of the hippocampus and left amygdala as well as increased central norepinephrine levels and decreased glucocorticoid levels.</p> <p>Sareen, J. (2022, April). <i>Posttraumatic stress disorder in adults: Epidemiology, pathophysiology, clinical manifestations, course, assessment, and diagnosis</i>. UpToDate. Retrieved May 17, 2022, from https://www.uptodate.com/contents/posttraumatic-stress-disorder-in-adults-epidemiology-pathophysiology-clinical-manifestations-course-assessment-and-diagnosis/print#:~:text=OSA%20and%20PTSD%20likely%20have,%2C%20and%20microarousals%20%5B45%5D.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <p>Previous traumatic experiences- Pt. fought in a war (P)</p> <p>Ongoing stress- Pt. has two young children at home and he’s also worried something bad will happen to him or his family. (P)</p> <p>Poor coping skills</p> <p>History of abuse</p> <p>Lack of social support- Pt.’s wife is supportive but the pt. no longer hangs out with his friends. (P)</p> <p>History of substance abuse</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>DSM-5 criteria: -Exposure to actual/threatened death, serious injury, or sexual violence -Presence of intrusive symptoms/thoughts associated with the traumatic event (nightmares, flashbacks, distressing memories...) -Persistent avoidance of stimuli associated with the trauma -Negative alterations in cognitions and mood associated with the traumatic event (example= feeling detached from others) -Marked alterations in arousal and reactivity evidenced by two or more of the following: *difficulty falling or staying asleep *reckless or self-destructive behavior *irritability *difficulty concentrating *hypervigilance *exaggerated startle response</p> <p>- Pt. stated that he has been getting less sleep than normal and stated “I don’t have time to sleep.” -Pt. told nurse that he has nightmares but doesn’t remember what they’re about. -Pt. is a veteran and was exposed to trauma in the war -Pt. stated “I do not hang out with my friends, they do not understand how I am now” -Pt. told the nurse he was frightened because “the world is dangerous.” -Pt. was irritable</p> <p>Rothbaum, Barbara. “Understanding DSM-5 Criteria for PTSD: A Disorder of Extinction - Psychotherapy Academy.” <i>Psychotherapy Academy</i>, 24 Nov. 2021, https://psychotherapyacademy.org/pe-trauma-training-ptsd/understanding-dsm-5-criteria-for-ptsd-a-disorder-of-extinction/.</p>
---	--	---

<p>4. Medical Diagnoses:</p> <p>PTSD TBI</p> <p>Sorry, I'm unsure of what to put here.</p>		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>CAPS-5- A clinician-administered PTSD Scale for DSM-5 (30 questions) that is used to diagnose pt.'s with PTSD.</p>	<p>6. Lab Values That May Be Affected:</p> <p>N/A</p>	<p>7. Current Treatment:</p> <ul style="list-style-type: none"> -Cognitive behavioral therapy -Prolonged exposure therapy -Psychotherapy <p>Medications:</p> <ul style="list-style-type: none"> Antidepressants-SSRIs for depression Anti-anxiety medications for severe anxiety

<p>8. Focused Nursing Diagnosis:</p> <p>Fear</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Suggest that the client substitute negative thoughts for positive ones.</p> <p>Evidenced Based Practice: Emotion connected to thought, and changing to a more positive thought can decrease the level of anxiety experienced. This also gives the client an alternative way of looking at the problem.</p>	<p>13. Patient Teaching:</p> <p>1. If you are thinking about harming yourself or feel that life isn't worth living, you should get help right away.</p>
<p>9. Related to (r/t):</p> <p>Previous traumatic experiences</p>	<p>2. Include client in making decisions related to selection of alternative coping strategies.</p>	<p>2. Let others know that you have PTSD and the things that may trigger symptoms. This can protect you and help them understand you better.</p> <p>3. Contact your healthcare provider if your symptoms do not get better or if you are feeling overwhelmed by your symptoms</p>
<p>10. As evidenced by (aeb):</p> <p>Pt. verbalizes that he is frightened because "The world is dangerous." Pt. appears to be hypervigilant. Pt. also states that he has nightmares.</p>	<p>Evidenced Based Practice: Allowing the client choices provides a measure of control and serves to increase feelings of self-worth.</p> <p>3. Discuss the process of thinking about the feared object/situation before it occurs.</p>	<p>14. Discharge Planning/Community Resources:</p> <p>1. Find a support group in your community. Groups are often available for military veterans, trauma victims, and family members or caregivers</p>
<p>11. Desired patient outcome:</p> <p>Pt. will be able to resume to his previous life activities and function without panicking or having anxiety by the time of discharge.</p>	<p>Evidenced Based Practice: Anticipation of a future phobic reaction allows client to deal with the physical manifestations of fear.</p>	<p>2. Practice self-calming through: -Breathing exercises -Meditation -Yoga -Listening to quiet music.</p> <p>3. Consider one-on-one therapy or group therapy</p>