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Date: 10-3-22

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): PTSD occurs when individuals experience traumatic events that is beyond the range of normal human experience. This is common in military members but not limited to just them. This occurs after an event that causes an overwhelming sense of helplessness/ vulnerability. (Ref. Attached)</p> <p>4. Medical Diagnoses: TBI</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):</p> <ul style="list-style-type: none">Recent accident causing TBImental strainstress of childrenmedical bills	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <ul style="list-style-type: none">exposure to actual* or threatened death* serious injury, or sexual violencerecurrent intrusive memories*recurrent stressing dreams*dissociative reactions (flashbacks)intense/prolonged psychological distressAvoidance of stimuli related to the event*Alterations in arousal & reactivity (Ref. Attached)
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <ul style="list-style-type: none">EEGECGprimary care PTSD screening toolmini- COAG Assessment toolACE symptom checklist	<p>6. Lab Values That May Be Affected:</p> <ul style="list-style-type: none">ABG - hypotension possible	<p>7. Current Treatment:</p> <ul style="list-style-type: none">TopiramateDiazepamsumatriptan succinatept. is FIU with physician seeking further psychological care.

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8. Focused Nursing Diagnosis: Impaired physiologic status	12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Establish rapport with the patient & their support person	13. Patient Teaching: 1. Educate pt. on deep breathing techniques.
9. Related to (r/t): Exacerbated PTSD after TBI	Evidenced Based Practice: We as nurses will be diving into very personal information its important the patient trusts us with it. 2. provide time and the opportunity for the patient to express their feelings	2. Educate the pt. on the importance of adhering to the medication regimen and to discuss concerns with their physician 3. Educate the patient on how to practice refraining.
10. As evidenced by (aeb): Pt. responds to: - Primary care PTSD screening assessment tool - mini- cog assessment tool - ACE symptom check list	Evidenced Based Practice: This may take time its important the pt. doesn't feel rushed 3. Remind the patient that setbacks are part of the process & do not mean failure.	14. Discharge Planning/Community Resources: 1. P/T physician to address meds and current mental status. 2. REACT program - through VA
11. Desired patient outcome: Pt. will be comfortable verbalizing his feelings to the nurse by the end of the appointment.	Evidenced Based Practice: The patient may be discouraged & view his TBI as a major setback that he can't recover from.	3. Star care emergency hotline for immediate needs.