

IM6 (Acute Psychiatric) Critical Thinking Worksheet **NKDA**

MOOD, Anxiety, Depression

1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):

Anxiety dx: 8 or more of the following symptoms ≥ 3 or more days during the previous 6 months
 restlessness
 easily fatigued
 difficulty concentrating
 irritable
 muscle tension
 sleep disturbance

ADHD dx: Symptoms persisted ≥ 6 months in ≥ 2 settings
 • Inattentive Symptoms
 • Hyperactive/Impulsive Symptoms
 ↑ See photo/table on next page for reference

Depression dx: At least 5 symptoms during some 2 week period and at least 1 of the symptoms should be either depressed mood or loss of interest or pleasure.

Patho: The monoamine-deficiency theory posits that the underlying pathophysiological basis of depression is a depletion of the neurotransmitters serotonin, norepinephrine or dopamine in the CNS.

Patho: Not clear. Psychostimulants and noradrenergic tricyclics used to treat this condition have led to speculation that certain brain areas related to attention are deficient in normal transmission. The neurotransmitters dopamine and norepinephrine have been associated with ADHD.

2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):

Substance abuse: marijuana
 environmental

3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)

Anxiety:
 *restlessness *easily fatigued *difficulty concentrating
 *irritability • muscle tension *sleep disturbance

Depression: • depressed mood most of the day, nearly everyday
 • markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly everyday
 • a slowing down of thought and a reduction of physical movement (observable by others, not merely subjective feelings of restlessness or being slowed down).
 • fatigue or loss of energy nearly every day
 • feelings of worthlessness or excessive or inappropriate guilt nearly every day
 • diminished ability to think or concentrate, or indecisiveness, nearly every day
 • Recurrent thoughts of death, recurrent suicidal ideation with a specific plan, or a suicide attempt or a specific plan for committing suicide.

4. Medical Diagnoses: Diabetic ketoacidosis

6. Lab Values That May Be Affected:

• glucose (354mg/dl @ 1144)
 • potassium (2.8 @ 1101)
 • calcium (8.3 @ 1320)
 • albumin (3.3 @ 1820)
 • ABG

diabetic ketoacidosis

ADHD: See photo/table on next page for reference!

5. Diagnostic Tests Pertinent or Confirming of Diagnosis

Drug screening (+ for marijuana)

7. Current Treatment:

for n/v: fluid and electrolyte balance w/ oral and iv fluids
 anxiety: received xanax in ICU (3/20/23)
 Diabetic ketoacidosis: converted from insulin drip in ICU to long acting insulin (3/21/23)
 weakness + mobility: bed mobility training, gait training and transfer training
 dm type 1: diabetic diet (1600cal/meal), insulin administration

DSM5 diagnosis, path and diagnosis criteria references:

<https://www.ncbi.nlm.nih.gov/books/NBK470361/#article-17728.s5>
<https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t15/>
https://www.aafp.org/dam/AAFP/documents/patient_care/adhd_toolkit/adhd19-assessment-table1.pdf
https://emedicine.medscape.com/article/289350-overview?icd=login_success_email_match_norm#a4
<https://www.psychom.net/depression/major-depressive-disorder/dsm-5-depression-criteria>

DSM-5 Diagnostic Criteria for ADHD

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| <p>Symptoms and/or behaviors that have persisted ≥ 6 months in ≥ 2 settings (e.g., school, home, church). Symptoms have negatively impacted academic, social, and/or occupational functioning. In patients aged < 17 years, ≥ 6 symptoms are necessary; in those aged ≥ 17 years, ≥ 5 symptoms are necessary.</p> | |
| <p>Inattentive Type Diagnosis Criteria</p> | <ul style="list-style-type: none"> • Displays poor listening skills • Loses and/or misplaces items needed to complete activities or tasks • Sidetracked by external or unimportant stimuli • Forgets daily activities • Diminished attention span ✖ Lacks ability to complete schoolwork and other assignments or to follow instructions • Avoids or is disinclined to begin homework or activities requiring concentration ✖ Fails to focus on details and/or makes thoughtless mistakes in schoolwork or assignments |
| <p>Hyperactive/Impulsive Type Diagnosis Criteria</p> | <p>Hyperactive Symptoms:</p> <ul style="list-style-type: none"> • Squirms when seated or fidgets with feet/hands ✖ Marked restlessness that is difficult to control • Appears to be driven by “a motor” or is often “on the go” • Lacks ability to play and engage in leisure activities in a quiet manner • Incapable of staying seated in class • Overly talkative <p>Impulsive Symptoms:</p> <ul style="list-style-type: none"> • Difficulty waiting turn ✖ Interrupts or intrudes into conversations and activities of others ✖ Impulsively blurts out answers before questions completed |
| <p>Additional Requirements for Diagnosis</p> | <ul style="list-style-type: none"> ✖ Symptoms present prior to age 12 years • Symptoms not better accounted for by a different psychiatric disorder (e.g., mood disorder, anxiety disorder) and do not occur exclusively during a psychotic disorder (e.g., schizophrenia) • Symptoms not exclusively a manifestation of oppositional behavior |
| <p>Classification</p> | <p>Combined Type:</p> <ul style="list-style-type: none"> • Patient meets both inattentive and hyperactive/impulsive criteria for the past 6 months <p>Predominantly Inattentive Type:</p> <ul style="list-style-type: none"> • Patient meets inattentive criterion, but not hyperactive/impulse criterion, for the past 6 months <p>Predominantly Hyperactive/Impulsive Type:</p> <ul style="list-style-type: none"> • Patient meets hyperactive/impulse criterion, but not inattentive criterion, for the past 6 months <p>Symptoms may be classified as mild, moderate, or severe based on symptom severity</p> |

Source: DSM-5 Diagnostic and Statistical Manual of Mental Disorders, 5th edition; ADHD: attention deficit hyperactivity disorder

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| <p>8. Focused Nursing Diagnosis:</p> <p>Deficient fluid volume</p> | <p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. monitor hourly intake and output</p> | <p>13. Patient Teaching:</p> <p>1. Educate pt and family on how to monitor intake and output: - Patient and family members will need to know how to monitor intake and output once discharged home to ensure they are maintaining appropriate hydration level.</p> <p>2. Educate patient on the importance of maintaining a proper hydration and nutrition status regularly. - This will help the patient become more independent upon discharge and will help them to understand what they can do to prevent further episodes of dehydration.</p> <p>3. Educate patient and family on possible causes of dehydration. - Education will help allow the patient and family to have a better understanding of the dx and preventative measures they can take in the future to avoid dehydration.</p> |
| <p>9. Related to (r/t):</p> <ul style="list-style-type: none"> Decreased intake of fluids due to diminished thirst sensation or functional inability to drink fluids. Excessive gastric losses due to nausea and vomiting Hyperglycemia-induced osmotic diuresis. | <p>Evidenced Based Practice: Oliguria and anuria results from reduced glomerular filtration and renal blood flow. Hyperglycemia usually exceeds the renal threshold of glucose absorption and results in significant glucosuria. Glucosuria leads to osmotic diuresis, dehydration and hyperosmolarity. Severe dehydration may lead to impaired renal function. https://nurseslabs.com/diabetic-ketoacidosis-nursing-care-plans/</p> <p>2. Assess for the presence of nausea / vomiting</p> | <p>14. Discharge Planning/Community Resources:</p> <p>1. provide brochures on</p> <ul style="list-style-type: none"> - living w/ diabetes - managing diabetes type 1 - how to handle low blood sugar (hypoglycemia) - insulin (using and injecting) - types of insulin - how to use insulin for Type 1 - step by step on using insulin pen injection w/ cloudy insulin - how to inspect feet w/ diabetes <ul style="list-style-type: none"> - Food facts when you have Type 1 DM - Benefits of exercising with Type 1 DM - Drinking alcohol w/ diabetes - Diabetic ketoacidosis - Diabetic insulin reactions - Diabetes: Caring for your body <p>2. Partner w/ social worker/case manager to find support groups revolving around substance abuse and diagnosed mental disorders.</p> <p>3.</p> |
| <p>10. As evidenced by (aeb):</p> <ul style="list-style-type: none"> polyuria diluted urine sudden weight loss weakness dry skin and mucous membranes, poor skin turgor hypotension, tachycardia delayed capillary refill | <p>Evidenced Based Practice: Nausea and vomiting usually occurs and may be associated with diffuse abdominal pain, decreased appetite and anorexia. Ketones induce nausea and vomiting that consequently aggravate fluid and electrolyte loss already existing in DKA. https://nurseslabs.com/diabetic-ketoacidosis-nursing-care-plans/</p> <p>3. Anxiety</p> <p>EBP: 1) recognize awareness of the clients anxiety - acknowledgment of the clients feelings validates the feelings and communicates acceptance of those feelings. Fear and anxiety will diminish as the client begins to accept and deal positively with reality.</p> <p>2) use presence, touch (w/ permission), verbalization, and demeanor to remind clients they are not alone and to encourage expression or clarification of needs, concerns, unknowns and questions - being supportive and approachable promotes therapeutic communication.</p> <p>Evidenced Based Practice: 3) Accept the clients defense; do not dare, argue or debate - if the defenses are not threatened, the client may feel secure and poised enough to look at behavior. It is necessary to acknowledge what the client says and affirm they have been heard. 3) lessen sensory stimuli by keeping a quiet and peaceful environment; keep "threatening" equipment out of sight. - anxiety may intensify to a panic state w/ excessive conversations, noise and equipment around the client.</p> <p>https://nurseslabs.com/anxiety/#nursing_interventions_and_rationales</p> | <p>3. Educate patient and family on possible causes of dehydration. - Education will help allow the patient and family to have a better understanding of the dx and preventative measures they can take in the future to avoid dehydration.</p> |
| <p>11. Desired patient outcome:</p> <ul style="list-style-type: none"> patient to remain normovolemic as evidenced by: urinary output greater than 30 ml/hr, normal skin turgor, good capillary refill, normal blood pressure, palpable peripheral pulses, and blood glucose levels between 70-200 mg/dl. The patient will display normal electrolyte levels and stable vital signs. | <p>Evidenced Based Practice: 3) Accept the clients defense; do not dare, argue or debate - if the defenses are not threatened, the client may feel secure and poised enough to look at behavior. It is necessary to acknowledge what the client says and affirm they have been heard. 3) lessen sensory stimuli by keeping a quiet and peaceful environment; keep "threatening" equipment out of sight. - anxiety may intensify to a panic state w/ excessive conversations, noise and equipment around the client.</p> <p>https://nurseslabs.com/anxiety/#nursing_interventions_and_rationales</p> | <p>3. Educate patient and family on possible causes of dehydration. - Education will help allow the patient and family to have a better understanding of the dx and preventative measures they can take in the future to avoid dehydration.</p> |

