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IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</p> <p>Bipolar-disease chronic: Imbalances in systems associated with monoaminergic neurotransmitters, particularly dopamine and serotonin an intracellular signaling systems that regulate mood are thought to be involved.</p> <p>4. Medical Diagnoses:</p> <ul style="list-style-type: none"> • Fournier’s gangrene • Diabetes 	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);</p> <ul style="list-style-type: none"> • Change in sleep pattern • Any type of relationship conflict partner, coworker, family or friend • Alcohol misuse/drug intoxication • Medication such as antidepressants and corticosteroids • Shift in hormones • Financial/emotional stress • Death of a loved one 	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>Manic symptoms:</p> <ul style="list-style-type: none"> • Feeling very up, high, elated • Feeling jumpy, wired, more active • Decreased need for sleep • Racing thoughts • Doing many things without getting tired <p>Depressive episodes:</p> <ul style="list-style-type: none"> • Feeling very down, sad, anxious • Feeling slowed down • Having trouble sleeping • Trouble making decisions/concentrating
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <ul style="list-style-type: none"> • A complete physical exam to rule out other possible cause • Mental health evaluation • Diagnoses based on a person’s symptoms, lifetime history, experiences, and in some cases family history. 	<p>6. Lab Values That May Be Affected:</p> <ul style="list-style-type: none"> • None 	<p>7. Current Treatment:</p> <ul style="list-style-type: none"> • Sertraline (SSRI)

<p>8. Focused Nursing Diagnosis:</p> <p>Risk for self-directed or other-directed violence</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <ol style="list-style-type: none"> Maintain a low level of stimuli in client's environment (low lighting, few people in room at once, low noise level) <p>Evidenced Based Practice:</p> <p>Anxiety and agitation rise in a simulating environment.</p> <ol style="list-style-type: none"> Intervene at the first sign of increased anxiety, agitation or verbal or behavioral aggression 	<p>13. Patient Teaching:</p> <ol style="list-style-type: none"> Teaching on the importance of being strictly compliant with the medication regimen per HCP orders to balance episodes of mania/ depression Teach patient other calming techniques to help avoid over simulation while facing life situations Teaching patient the importance of taking care of their physical being to be successful with their mental health
<p>9. Related to (r/t):</p> <p>Paranoid ideation</p>	<p>Evidenced Based Practice:</p> <p>Validation of the patient feelings conveys a caring attitude, and offering assistance reinforces trust.</p> <ol style="list-style-type: none"> As a patient's anxiety increases, offer some alternatives: participating in a physical activity, talking about the situation, taking some anti anxiety medication 	<p>14. Discharge Planning/Community Resources:</p> <ol style="list-style-type: none"> Follow up appointment healthcare provider or psychiatrist Consult social worker to ensure patient has resources to have access to medications
<p>10. As evidenced by (aeb):</p> <p>Patient states "I feel so anxious and I have this constant feeling that something is going to happen"</p>	<p>Evidenced Based Practice:</p> <p>Offering alternatives to the patient demonstrates a patient-centered approach and affords the patient a greater sense of control over the situation</p>	<ol style="list-style-type: none"> Consult a clinical psychologist for talk therapy
<p>11. Desired patient outcome:</p> <p>Patient's agitation will be maintained at manageable level before discharge, patient will recognize signs of increasing anxiety and agitation.</p>		

