

Student Name: Mildred Omordi Date: 09/06/2023

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): The pt must have experienced at least 2 of the following etc -- delusions, hallucinations, or disorganized speech -- This is the imbalance of dopamine, serotonin, Glutamate, and GABA = neurotransmitters of disease.</p> <p>4. Medical Diagnoses: Acute psychosis with history of Schizophrenia.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.): - chronic illness which is Schizophrenia</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References) hallucinations disorganized speech.</p>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis No diagnostic tests for Schizophrenia. - Mental health professionals use the DSM-5 to help diagnose a pt based on the symptoms being presented.</p>	<p>6. Lab Values That May Be Affected: - Fasting blood glucose - Sodium - Creatinine - LFTs - CBC (wbc's)</p>	<p>7. Current Treatment: - psychopharmacy with Antipsychotics. - psychotherapy with mental health specialist - Physical therapy</p>

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8. Focused Nursing Diagnosis:

Risk for directed violence to others.

9. Related to (r/t):

Rage reactions
Delusional thinking
Panic level of anxiety.

10. As evidenced by (aeb):

Showing physical aggression towards staff.

11. Desired patient outcome:

- Client maintains reality orientation
- Client causes no harm to self or others
- Anxiety is maintained at a level at which she feels no need for aggression

Adopted: August 2016, revised October 2018

12. Nursing Interventions related to the Nursing Diagnosis in #7:

1. Redirect the client's violent behavior with activities she enjoys or physical exercise such as walking.

Evidenced Based Practice:

Physical exercise is a safe way to relieve pent up tension.
2. Maintain low level of stimuli in client's environment.

Evidenced Based Practice: A suspicious client may perceive individuals as threatening.

3. Remove all dangerous items from client's environment.

Evidenced Based Practice: During confused state in his agitation, patient will not use these items to harm self or others.

13. Patient Teaching:

1. Teach medication adherence.

2. Tell pt/family to report S/S of NMS/EPS/tardive dyskinesia.

3. Report suicide ideation.

14. Discharge Planning/Community Resources:

1. Case management to help with patient placement at home facility/rehab facility.

2. Group therapy/support groups available in hubbuck to help manage symptoms of Schizophrenia.

3. Psychotherapy with mental health specialist. Appointments to track rate of progression of disorder.

Student Name: Millie

Unit: South 8

Pt. Initials: ES

Date: 09/06/2023

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: NKDA

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
	Isotonic/ Hypotonic/ Hypertonic			

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List ml/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Leveti Olanzapine (Zyprexa)	Antipsychotic Atypical antipsychotic	Antipsychotic Mood stabilizer	2.5 mg PO q2 BID	Y N	NA	Agranulocytosis NMS, SE Seizures	CBC: 1. Assess mental status periodically 2. Monitor for U/S of EPS, NMI, akathisia 3. Advise pt and family to notify HCP if thoughts of SI ↑ 4. May cause drowsiness. Tell pt to use call light
Phenytoin (Dilantin)	Hydantoin	Anticonvulsant	25mg/ml suspension PO TID	Y N	NA	Agranulocytosis Cardiac arrest SI, Acute hepatic failure	1. Assess mentation for SI. 2. Assess mood, behavior and orientation 3. Monitor CBC, LFTs periodically 4. Teach pt to avoid alcohol and CNS depressants
Divalproex Valproic acid (Depakene)	Valproic acid suppression	Anticonvulsant	250mg PO BID	Y N	NA	SI, Hepatotoxicity dizziness, diarrhea HA, sedation	1. Assess for SI tendencies. 2. Monitor S/Ls pancreatic, LFTs 3. Tell pt to use call light if wanting to stand or get up (dizziness) 4. Tell pt and family to notify HCP for N/SI.
Gabapentin	GABA antagonist	Anticonvulsant Anxiolytic		Y N	NA		1. 2. NA 3. 4.
Lorazepam	Benzodiazepine	Anti-anxiety Sedative	2mg/ml MP PRN q 6 hrs	Y N	NA	bradycardia Hypotension Apnea, Cardiac dysrhythmias	1. Assess risk for addiction 2. Advise pt CMI depression (geri) more sensitive. 3. Take med as instructed by HCP. 4. May cause drowsiness. Use call light

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Melatonin		Sedative/Hypnotic	3mg PO TID	Y N	NA	Hypotension drowsiness	1. Assess sleep pattern periodically 2. Instruct pt to take at bedtime 3. Tell pt to avoid concurrent use of alcohol. 4. Draw blood - use call light for assistance.
Divalproex Valproic acid				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.