

Student Name: Ashley Robinson

Date: 9/13/23

IM6 (Acute Psychiatric) Critical Thinking Worksheet

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

Depressed mood most of the day, nearly every day.  
Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.  
Significant weight loss when not dieting or weight gain, or decrease or increase in appetite nearly every day.  
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 without a specific plan, or a suicide attempt or a specific plan for committing suicide.

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

Loss of close relative  
- Loss of mobility and freedom related to medical condition

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

The DSM-5 outlines the following criterion to make a diagnosis of depression. The individual must be experiencing five or more symptoms during the same 2-week period and at least one of the symptoms should be either (1) depressed mood or (2) loss of interest or pleasure.

<https://www.psychom.net/depression/major-depressive-disorder/dsm-5-depression-criteria>

**4. Medical Diagnoses:**

Depression

**5. Diagnostic Tests Pertinent or Confirming of Diagnosis** no test.

**6. Lab Values That May Be Affected:**

No lab values affected

**7. Current Treatment:**

Lexapro

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<p><b>8. Focused Nursing Diagnosis:</b></p> <p>Complicated grieving</p>	<p><b>12. Nursing Interventions related to the Nursing Diagnosis in #7:</b></p> <p>1. Spend time with client.</p>	<p><b>13. Patient Teaching:</b></p> <p>1. reinforce the importance of medication and treatment adherence</p>
<p><b>9. Related to (r/t):</b></p> <p>Medical conditions Loss of close relative</p>	<p><b>Evidenced Based Practice:</b></p> <p>This provides a feeling of safety and security also while conveying the message "I want to spend time with you i think you are worthwhile"</p> <p>2.</p> <p>Make rounds at frequent irregular intervals</p>	<p>2. Don't not stop medication abruptly can increase risk of suicide</p> <p>3. Teach patient signs and symptoms of depression to determine if its getting better or they need to see the doctors for alternate therapies</p>
<p><b>10. As evidenced by (aeb):</b></p> <p>Idealization of the loss of entity</p>	<p><b>Evidenced Based Practice:</b></p> <p>Prevents staff surveillance from being predictable is important especially when staff is busy or less observant</p> <p>3.</p> <p>Secure Promise from client that he or she will seek out staff or support person if thought of suicide arise</p>	<p><b>14. Discharge Planning/Community Resources:</b></p> <p>1.</p> <p>Meal on wheels so patient has meals when she can't cook or have money to cook</p>
<p><b>11. Desired patient outcome:</b></p> <p>Client is able to identify own position within the grieving process and express honest feelings related to loss of entity</p>	<p><b>Evidenced Based Practice:</b></p> <p>Suicidal clients are often very ambivalent about their feelings. Discussion of feelings with a trusted individual may provide assistance before a experience a crisis</p>	<p>2.</p> <p>Home health refer for assistance with ADLS so that patient dont get down about getting older and the need of help</p> <p>3.</p> <p>Health and human service for snap benefits for help with groceries for adequate food intake</p>