Student Name: Kenann Rodgers Date: 1/18/24

IM6 (Acute Psychiatric) Critical Thinking Worksheet

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

Schizophrenia - dysfunctions in perception, inferential thinking, language, memory, and exective functions. deterioration evident in social, occupational, or interpersonal relationship

4. Medical Diagnoses:

Pelvic cellulitis
UTI
Yeast infection
HSV1

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

Environmental - living situation, worried about losing her apartment - she lives in a 1bd with her sister and niece
She is unable to work due to her illness
Boyfriend of 7 years - recent diagnosis of herpes
Sociocultural
Biochemical

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

A. Two or more of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior
B. For a significant portion of the time since the onset of the disturbance, level of functioning in one or more major areas, such as: work, interpersonal relations, or self care. Markedly below the level achieved prior to the onset
C. Continuous signs of the disturbance persist at least 6 months. This 6 month period must include at least 1 month of symptoms (or less if successfully treated) that meet criterion A. Prodromal or residual periods - signs of disturbances may be manifested by only negative symptoms or by two or more symptoms in criterion A.
D. Schizoaffective disorders and depressive/bipolar disorder with psychotic features have been ruled out because: no major depressive or manic episode have occurred concurrently with the active-phase symptoms, if mood episodes have occurred during active phase symptoms, they have been present for a minority of the total duration of the active and residual periods of the illness.
E. The disturbance is not attributable to the physiological effects of a substance or another medical condition
F. If there is a history of austism spectrum disorder or a communication disorder of childhood onset, the additional diagnosis of schizophrenia is made only if prominent delusions or hallucinations, in addition to the other required symptoms of schizophrenia, are also present for at least 1 month

5. Diagnostic Tests Pertinent or Confirming of Diagnosis

HAM-A: 26
HDRS: 45
C-SSRS: Moderate risk for suicide

6. Lab Values That May Be Affected:

N/A

7. Current Treatment:

Patient does not take psyche medications and has not for a while because she says that she does not like the way they make her feel and she feels like a zombie. She was diagnosed/prescribed when she was 14 and discontinued her medications when she was 18 and has not been on them since.

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8. Focused Nursing Diagnosis:

Risk for self directed or other directed violence

9. Related to (r/t):

Hx of threats of violence towards self or other or of distinction of property of others
Panic level of anxiety
Impulsivity
Rage reactions

10. As evidenced by (aeb):

Patient was admitted to a psychiatric hospital for 2 istances of suicide. One in which property was destructed as well as inflicted self harm

11. Desired patient outcome:

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

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

1. Maintain low level of stimuli in client's environment - low - lighting, few people, simple decor, low noise level.

Evidenced Based Practice:

Pocket Guide to Psychiatric Nursing

2. Try to redirect the violent behavior with physical outlets for the clients anxiety.

Evidenced Based Practice:

Pocket Guide to Psychiatric Nursing

3. Interact with the client to better understand thought content, thought processes, and perceptions with particular attention to any content that might suggest risk for violence toward self or others.

Evidenced Based Practice:

Pocket Guide to Psychiatric Nursing

13. Patient Teaching:

1. When situations become too much to handle, learn to walk away and allow yourself time to calm down before reacting in a violent manner. Try to prevent even coming into contact with situations that can trigger these outcomes.

2. Learn to express feelings of anger or anxiety. Let people be aware of your situation to help accomodate to your reactions or help deescalate them.

3. Medications will help - allow yourself to try new medications to help with schizophrenia and anxiety. By complying to medication regime, it can reduce outbursts and level out the chemical imbalance in the brain.

14. Discharge Planning/Community Resources:

1. National Alliance on Mental Illness - provide support for them and their family an information about community resources. NAMI HelpLine at 1-800-950-NAMI.

2. Provide patient with the resources and means to get medication - although the ones she was initially prescribed may not have worked for her, there should be other options/doses for her if she is interested in complying with medications.

3. Provide patient with resources for therapy/counseling. Allowing her to express her feelings to someone instead of bottling it up before she has outbursts can help to minimize violent actions. Therapy can also help with anxiety and depression.