

Student Name: Meredith Huber

Date: 1-23-24

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (Include reference):</p> <p>bipolar disorder genetic and neurobiological factors along with environmental and psychosocial influences are involved in the pathophysiology.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):</p> <p>cigarette smoker Amphetamine use father's death</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <p>A. distinct period lasting at least 1 week B. during the period ... 1. inflated self-esteem or grandiosity 2. decreased need for sleep 3. more talkative than usual 4. flight of ideas 5. distractibility 6. increase in goal-directed activity and psychomotor agitation 7. excessive involvement in activities with high potential for painful consequences C. mood disturbance ... D. episode is not attributable ...</p>
<p>4. Medical Diagnoses:</p> <p>sepsis secondary to pneumonia</p>		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <p>screening for psychotic symptoms mood disorder questionnaire</p>	<p>6. Lab Values That May Be Affected:</p> <p>none</p>	<p>7. Current Treatment:</p> <p>none</p>

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8. Focused Nursing Diagnosis: disturbed thought processes	12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. use consistent validation and seeking clarification when communication reflects attention in thinking.	13. Patient Teaching: 1. Learn the early signs of mood changes. This will help her take action to help herself feel better.
9. Related to (r/t): Biochemical alterations electrolyte imbalance	Evidenced Based Practice: These verbal to the pt how she is being perceived by others, and the responsibility for not understanding is accepted by the nurse. 2. Give positive reinforcement as pt is able to differentiate between reality-based and non-reality based thinking.	2. To help with her distractibility, establish a routine at home and make reminders for important things. 3. She should stop smoking and using amphetamines and opiates because they contribute to her poor health.
10. As evidenced by (aeb): altered attention span - distractibility impaired ability to reason	Evidenced Based Practice: Positive reinforcement enhances self-esteem and encourages repetition of desirable behaviors. 3. reinforce and focus on reality. Talk about real events and real people. Use real situations and events to direct pt away from long, tedious, repetitive verbalizations of false ideas.	14. Discharge Planning/Community Resources: 1. Make an appointment with a primary care physician so she can get better care for her ongoing COPD and get more of home oxygen. 2. NAMI workbook support group meets on 2nd + 4th Fridays of each month
11. Desired patient outcome: within 1 week, she will be able to recognize and verbalize when thinking is not reality-based.	Evidenced Based Practice: This will help keep the pt in reality and outside of her head.	3. An online support group through social media may be helpful.

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Unit: S/O

Pt. Initials: GW

Date: 1-23-24

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: bupropion, varenicline, lithium

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

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.)
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.

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Quick Screening for Psychotic Symptoms (QSPS)

Ask:	Yes	No	Unsure/Did not answer
1 Have you had any strange or odd experiences lately that you cannot explain?		✓	
2 Do you ever feel like people are bothering you or trying to harm you?		✓	
3 Has it ever seemed like people were talking about you or taking special notice of you?	✓		
4 Are you afraid of anything or anyone?		✓	
5 Do you ever have visions or see things that other people cannot see?		✓	
6 Do you ever hear things that other people cannot hear, such as noises, or the voices of other people that are whispering or talking? If yes, ask:	✓		
If you hear voices, can you understand what the voices are saying? If yes, ask:	✓		
Are the voices telling you to do anything that could harm yourself or someone else? If yes, ask:		✓	
What are the voices telling you to do? (Record response here):			

Answering "yes" to any of these questions indicates the need for a more detailed assessment and follow-up questions.

Mood Disorder Questionnaire (MDQ)

4/ these

Name: Meredith Huber Date: 1-23-24

Instructions: Check (X) the answer that best applies to you. Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input type="radio"/>	<input checked="" type="radio"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input checked="" type="radio"/>	<input type="radio"/>
...you felt much more self-confident than usual?	<input checked="" type="radio"/>	<input type="radio"/>
...you got much less sleep than usual and found you didn't really miss it?	<input checked="" type="radio"/>	<input type="radio"/>
...you were much more talkative or spoke faster than usual?	<input checked="" type="radio"/>	<input type="radio"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input checked="" type="radio"/>	<input type="radio"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input checked="" type="radio"/>	<input type="radio"/>
...you had much more energy than usual?	<input checked="" type="radio"/>	<input type="radio"/>
...you were much more active or did many more things than usual?	<input checked="" type="radio"/>	<input type="radio"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input checked="" type="radio"/>	<input type="radio"/>
...you were much more interested in sex than usual?	<input type="radio"/>	<input checked="" type="radio"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input type="radio"/>	<input checked="" type="radio"/>
...spending money got you or your family in trouble?	<input checked="" type="radio"/>	<input type="radio"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? Please check 1 response only.	<input checked="" type="radio"/>	<input type="radio"/>
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? Please check 1 response only. <input type="radio"/> No problem <input checked="" type="radio"/> Minor problem <input type="radio"/> Moderate problem <input type="radio"/> Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input checked="" type="radio"/>	<input type="radio"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input checked="" type="radio"/>	<input type="radio"/>

ADHD

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry*. 2000;157:1873-1875.

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Risk these

COLUMBIA-SUICIDE SEVERITY RATING SCALE
C-SSRS Screener Tool

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Within Past Month	
	YES	NO
Ask questions that are bold and underlined. Place check in appropriate boxes.		
1) <u>In the past month, have you wished you were dead or wished you could go to sleep and not wake up?</u>	LOW	✓
2) <u>In the past month, have you actually had any thoughts of killing yourself?</u>	LOW	✓
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."	MOD	
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life? (Lifetime)</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	MOD	
<u>If "YES", was it within past 3 months?</u>		
Signature <u>Meredith Huber</u> Date <u>1-23-24</u> Time <u>15:45</u>		
If the answer is yes to any of the above questions, the C-SSRS Risk Assessment Tool must be completed by ministry designate staff.		

Initial Level of Risk For Suicide (based on highest affirmative answer above):

- No Risk
- Low Risk
- Moderate Risk
- High Risk

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circle if or NA

Environmental Suicide Risk Assessment and Intervention

1. Upon admission and on every patient room change, patient's environment is assessed and documented utilizing this tool for patient's self-harm risk. This is also called "Ligature Risk".
2. Objects are removed when possible and stored outside of room.
3. The staff is alerted to additional risks in the environment.

Risk Assessment		Risk Assessment	
Unsecured Hanging Objects <ul style="list-style-type: none"> • Pictures • Bulletin Board • Mirrors 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA	Cutting <ul style="list-style-type: none"> • Mirrors/Windows. • Sharps/Sharp Edges. • Push pins. • Silverware. • Light covers or bulbs. 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA
Unneeded Equipment <ul style="list-style-type: none"> • Laundry hamper • IV Poles • Computers • Bed Alarms • Garbage cans metal or plastic • All sharps • Razors • Wire hangers 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA	Asphyxiation/Hanging <ul style="list-style-type: none"> • Monitor arm. • Light fixtures. • Curtains/linen. • Closet bar. • Cabinet/closet door. • Exposed plumbing. • Shower fixtures. • Towel/grab bars. • Call light/electrical cords. • Tubing user for medical care (O₂, IV Suction). 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA
Extra Furniture <ul style="list-style-type: none"> • Chairs • Stools • Bedside Table 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA	Ingestion <ul style="list-style-type: none"> • Remain with patient to observe medication consumption. • Hand sanitizer. • Cleaning supplies/disinfectants. 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA
Unused Monitor Cables/Cord <ul style="list-style-type: none"> • O₂, saturation cord • Cardiac cords/leads/cables • Phone and cord 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA	Weapon <ul style="list-style-type: none"> • Metal in blinds. • Parts of pieces of equipment or furniture. 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA
Wall Protrusions <ul style="list-style-type: none"> • O₂ suction heads • Suction canisters 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA	Electrocution <ul style="list-style-type: none"> • Electrical outlets. 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA
Unneeded supplies <ul style="list-style-type: none"> • Bandages • Plastic bags (replace with paper) • Linen • O₂ tubing/suction 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA	Personal Property <ul style="list-style-type: none"> • Personal clothing may not have strings, belts, hoods, or neckties. • Remove matches/lighters/cans/chemicals/meds. • Patients allowed to have their cell phone or tablet their charging cords will be out of patient reach. 	<input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA <input type="checkbox"/> R <input type="checkbox"/> A <input checked="" type="checkbox"/> NA