

Student Name: Carmen Garcia
 Only psych meds
 Allergies: NKPA

Unit: _____ Pt. Initials: _____

Date: 4/30/24

Medication Worksheet – Current Medications & PRN for Last 24 Hours

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.)	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				
sertraline		depression	50mg PO QD	(Y) N	/	nausea drowsiness decreased appetite serotonin syndrome	1. May increase thoughts of suicide or 2. Take w/food to help w/upset stomach 3. Be careful getting OOB, may cause dizziness 4. Do not stop abruptly, may make					
aprazolam		anxiety	0.25mg PO QAPRN	(Y) N	/	low blood pressure suicidal ideation, SDB, drowsiness respiratory depression	1. May cause insomnia, may take 2. may cause dizziness, be careful getting up 3. may cause upset stomach, take w/food 4. may cause constipation, report if					
				Y N								
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IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</p> <p>Stimulant withdrawal</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):</p> <ul style="list-style-type: none">• Dx• Relationship w/ sister• Use of methamphetamine• Insurance issues• Lack of support	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</p> <ul style="list-style-type: none">• Cessation of prolonged amphetamine-type substance, cocaine, or other• Dysphoric mood• Insomnia• Agitation• Increased appetite
<p>4. Medical Diagnoses:</p> <p>Malignant Melanoma</p>		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</p> <ul style="list-style-type: none">• Score 7 on DAST-10• Score 10 on Hamilton Anxiety Rating Scale• Toxicology = ⊕ for opiates & amphetamines	<p>6. Lab Values That May Be Affected:</p> <ul style="list-style-type: none">⊕ opiates⊕ amphetamines	<p>7. Current Treatment:</p> <ul style="list-style-type: none">• Alprazolam• Methadone

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<p>8. Focused Nursing Diagnosis:</p> <p>anxiety</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7:</p> <p>1. Maintain a calm environment & remain calm when w/ the pt</p>	<p>13. Patient Teaching:</p> <p>1. Educate on cessation of drug use</p>
<p>9. Related to (r/t):</p> <ul style="list-style-type: none">• dx• Complicated family dynamics	<p>Evidenced Based Practice: anxiety is contagious & may be transferred from staff to client or vice versa. Pt feels better if we are calm.</p> <p>2. Use simple words & brief messages, speaking clearly & explaining w/ use of medical jargon</p>	<p>2. Teach sigs of escalating anxiety</p> <p>3. Teach relaxation techniques to de-escalate</p>
<p>10. As evidenced by (aeb):</p> <ul style="list-style-type: none">• increased respirations• increased pulse• restlessness• insomnia	<p>Evidenced Based Practice:</p> <p>With intense anxiety the patient is unable to comprehend anything complicated</p> <p>3. Administer medication as ordered to reduce anxiety</p>	<p>14. Discharge Planning/Community Resources:</p> <p>1. Counseling/therapy to help cope w/ dx</p> <p>2. Plan to d/c to SNF or LTC for palliative care</p>
<p>11. Desired patient outcome:</p> <ul style="list-style-type: none">• Pt will be able to identify signs & symptoms of onset of anxiety & use techniques to de-escalate	<p>Evidenced Based Practice:</p> <p>Medication can prevent severe symptoms of anxiety or work prophylactically</p>	<p>3. Establish a good medication regimen to manage pain & anxiety</p>