

Student Name: Mariela Chavez

Unit: _____

Pt. Initials: MC

Date: 8/24

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
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.)
Quetiapine Fumarate	Atypical Antipsychotic	Insomnia	50mg 1x bedtime PO	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	May increase thoughts of suicide	1. may cause drop in BP. Get up slowly. 2. drowsiness may affect driving 3. weight loss side effects: chills, cold sweats, agitation 4. take laxative for constipation
lamotrigine	anticonvulsant	bipolar	200mg 2 100mg Tabs Bx BID PO	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	May cause serious rash	1. may take w/ or w/out food 2. do not stop abruptly 3. may cause drowsiness 4. do not drive do not drink alcohol
lorazepam	benzo	anxiety	0.5mg BID PRN PO	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	May cause respiratory depression	1. drowsiness may impair driving 2. may cause resp depress do not drink alcohol 3. can cause confusion 4. take laxative for constipation
lithium Carbonate	antimanic	mood change	300mg 1 tab bedtime PO	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	May cause lethal toxicity	1. takes 5-7 days to be effective 2. early toxicity signs are: n/v diarrhea, thirst, slurred speech 3. take w/ food to avoid GI upset 4. will require monitoring blood levels
bupirone	anxiolytic	GI/D	10mg 1 tab PO TID	<input checked="" type="radio"/> Y <input type="radio"/> N	N/A	do not take with w/ MAOI w/ 14 days	1. takes 3-4 wks to be therapeutic 2. do not eat grapefruit may cause problems w/ absorption 3. may cause nausea take w/ food 4. food

Student Name: Manuela Chavez

Date: 8/28

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): MDD GAD Bipolar Disorder</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.): recently moved to current city. lives with mom in an RV. has 1 12 y.o son. needs to establish care w/ psychiatrist.</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References) emotionally liable depressed mood sleep disturbances</p>
<p>4. Medical Diagnoses: N/A</p>		
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis N/A</p>	<p>6. Lab Values That May Be Affected: N/A</p>	<p>7. Current Treatment: group therapy 1:1 therapy Medication adjustments</p>

Student Name: Manuela Chavez

Date: _____

<p>8. Focused Nursing Diagnosis: RISK for injury - susceptible to physical damage due to environmental conditions interacting w/ the individuals adaptive + defensive resources, which may compromise health</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Reduce environmental stimuli. Assign a private room.</p>	<p>13. Patient Teaching: 1. relaxation techniques/ stress management</p>
<p>9. Related to (r/t): Biochemical dysfunction Psychological Extreme hyperactivity destructive behavior temper tantrum increased agitation anger directed at environment</p>	<p>Evidenced Based Practice: in hyperactive state, client is extremely distractible, & responds to even the slightest stimuli 2. Limit group activities. Help client try to engage in 1:1 interaction.</p>	<p>2. Medication adherence importance 3. Warning signs/ when to ask for help</p>
<p>10. As evidenced by (aeb): N/A</p>	<p>Evidenced Based Practice: Clients ability to interact w/ others is often impaired during acute manic state. 1:1 facilitates managing client safety 3. Remove hazardous objects & substances from clients environment</p>	<p>14. Discharge Planning/Community Resources: 1. Mental Health Support 2. Food Bank</p>
<p>11. Desired patient outcome: Short-term: client will no longer exhibit potentially injurious level of activity after 24 hrs w/ admin of medication. Long-term: client will experience no physical injury</p>	<p>Evidenced Based Practice: Clients hyperactivity, impulsivity + distractibility ↑ risk for inadvertent self harm. Client safety #1 priority</p>	<p>3. Utility resources</p>

Manuela Chavez
NURSING SHIFT ASSESSMENT

DATE: 8/28



SHIFT: Day(7A-7P) Night(7P-7A)

Label
Name: _____
MR#: _____ D.O.B. _____

- | | | | | | |
|--|--|--|---|---|--|
| Orientation
<input checked="" type="checkbox"/> Person
<input checked="" type="checkbox"/> Place
<input type="checkbox"/> Time
<input type="checkbox"/> Situation | Affect
<input checked="" type="checkbox"/> Appropriate
<input type="checkbox"/> Inappropriate
<input type="checkbox"/> Flat
<input type="checkbox"/> Guarded
<input type="checkbox"/> Improved
<input type="checkbox"/> Blunted | ADL
<input checked="" type="checkbox"/> Independent
<input type="checkbox"/> Assist
<input type="checkbox"/> Partial Assist
<input type="checkbox"/> Total Assist | Motor Activity
<input type="checkbox"/> Normal
<input type="checkbox"/> Psychomotor retardation
<input type="checkbox"/> Psychomotor agitation
<input type="checkbox"/> Posturing
<input type="checkbox"/> Repetitive acts
<input type="checkbox"/> Pacing | Mood
<input type="checkbox"/> Irritable
<input checked="" type="checkbox"/> Depressed
<input type="checkbox"/> Anxious
<input type="checkbox"/> Dysphoric
<input type="checkbox"/> Agitated
<input type="checkbox"/> Labile
<input type="checkbox"/> Euphoric | Behavior
<input checked="" type="checkbox"/> Withdrawn
<input type="checkbox"/> Suspicious
<input type="checkbox"/> Tearful
<input type="checkbox"/> Paranoid
<input type="checkbox"/> Isolative
<input type="checkbox"/> Preoccupied
<input type="checkbox"/> Demanding
<input type="checkbox"/> Aggressive
<input type="checkbox"/> Manipulative
<input type="checkbox"/> Complacent
<input type="checkbox"/> Sexually acting out
<input checked="" type="checkbox"/> Cooperative
<input type="checkbox"/> Guarded
<input type="checkbox"/> Intrusive |
|--|--|--|---|---|--|

- Thought Processes**
- Goal Directed Tangential Blocking
 Flight of Ideas Loose association Indecisive
 Illogical Delusions: (type) _____

- Thought Content**
- Obsessions Compulsions Suicidal thoughts
 Hallucinations: Auditory Visual Olfactory Tactile Gustatory
 Worthless Somatic Assaultive Ideas Logical
 Hopeless Helpless Homicidal thoughts

Pain: Yes No Pain scale score _____ Locations _____
 Is pain causing any physical impairment in functioning today No If yes explain _____

- Nursing Interventions:**
- | | | | | |
|--|---|--|--|--|
| <input checked="" type="checkbox"/> Close Obs. q15 | <input type="checkbox"/> Ind. Support | <input type="checkbox"/> Reality Orientation | <input type="checkbox"/> Toilet Q2 w/awake | <input type="checkbox"/> 1 to 1 Observation _____ reason (specify) |
| <input type="checkbox"/> Milieu Therapy | <input type="checkbox"/> Monitor Intake | <input type="checkbox"/> Encourage Disclosure | <input type="checkbox"/> Neuro Checks | <input type="checkbox"/> Rounds Q2 |
| <input type="checkbox"/> V/S <input type="checkbox"/> O2 sat. | <input type="checkbox"/> Tx Team | <input checked="" type="checkbox"/> Wt. Monitoring | <input type="checkbox"/> Elevate HOB | <input type="checkbox"/> MD notified _____ |
| <input type="checkbox"/> Nursing group/session (list topic): _____ | <input type="checkbox"/> I&O | <input type="checkbox"/> PRN Med per order _____ | | |

<input type="checkbox"/> DOCUMENT ABNORMAL OCCURENCES IN MULTIDISCIPLINARY NOTES (violence, suicide, elope, fall, physical health) DAILY SUICIDE RISK ASSESSMENT* Note - for frequent assessment purposes, Question 1 has been omitted		Since Last Contact	
Ask Question 2*	YES	NO	
2) <u>Have you actually had thoughts about killing yourself?</u>	LOW	<input checked="" type="checkbox"/>	
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>	MOD		
4) <u>Have you had these thoughts and had some intention of acting on them?</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."	HIGH		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u> As opposed to "I have the thoughts, but I definitely will not do anything about them."	HIGH		
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>	HIGH	<input checked="" type="checkbox"/>	

Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.

Low Risk Moderate Risk High Risk

Nurse Signatures) _____

Date: 8/28 Time: 0900

- REVIEW OF SYSTEMS**
- Cardio/Pulmonary:**
 CNL Elevated B/P B/P
 Chest Pain
 Edema: upper lower
- Respiratory/Breath sounds:**
 Clear Rales Crackles Wheezing
 Cough S.O. B Other: _____
 O2 @ _____ /min Cont. PRN
 via nasal cannula face mask
- Neurological / L.O.C.:**
 Unimpaired Lethargic Sedated
 Dizziness Headache Seizures
 Tremors Other _____
- Musculoskeletal/Safety:**
 Ambulatory MAE Full ROM
 Walker W/C Immobile
 Pressure ulcer Unsteady gait
 Risk for pressure ulcer
 Reddened area(s)
- Nutrition/Fluid:**
 Adequate Inadequate Dehydrated
 Supplement Prompting Other _____
 new onset of choking risks assessed
- Skin:**
 Bruises Tear No new skin issues
 Wound(s) (see Wound Care Packet)
 Abrasion Integumentary Assess
 Other: _____
- Elimination:**
 Continent Incontinent Catheter
 Diarrhea OTHER _____
- Hours of Sleep: _____ Day Night
- At Risk for Falls: Yes No
- At Risk for FALL Precautions:
 Arm Band Nonskid footwear
 BR light ambulate with assist
 Call bell Clear path
 Edu to call for assist Bed alarm
 Chair alarm 1:1 observation level
 Assist with ADLs Geri Chair
 Ensure assistive devices near
 Other _____