

Student Name: Mireya Olegueda

Date: 12/3/24

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): MDD - a disturbance of mood involving depression or loss of interest or pleasure in usual activities and pastimes.</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.); Family problems Grief due to family loss</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References) 1. Depressed mood most of the day, nearly every day. 2. Diminished interest or pleasure in almost all activities 3. Insomnia nearly every day 4. Fatigue, loss of energy nearly every day 5. Feelings of worthlessness or excessive guilt 6. Recurrent thoughts of death</p>
<p>4. Medical Diagnoses: Hypothyroidism</p>	<p>6. Lab Values That May Be Affected: N/A</p>	<p>7. Current Treatment: Hydroxyzine Pamoate (Anxiety) Mirtazapine (depression) Divalproex Sodium (mood changes) Quetiapine Fumarate (Insomnia)</p>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis Hamilton Depression Rating Scale (HDRS) Suicidal Ideation scale</p>		

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<p>8. Focused Nursing Diagnosis: Risk for suicide</p>	<p>12. Nursing Interventions related to the Nursing Diagnosis in #7: 1. Create a safe environment for the patient</p>	<p>13. Patient Teaching: 1. Make sure to teach patient to adhere to medication regimen</p>
<p>9. Related to (r/t): Grief & hopelessness</p>	<p>Evidenced Based Practice: Client safety is a nursing priority</p>	<p>2. Teach patient about stress management techniques</p>
<p>10. As evidenced by (aeb): N/A</p>	<p>2. Maintain close observation of client</p>	<p>3. Help the patient identify triggers and find strategies to cope with them</p>
<p>11. Desired patient outcome: 1. Client will seek staff when feeling urge to harm self. 2. Client will remain free of harm to self 3. Client will collaborate with staff to create safety plan</p>	<p>Evidenced Based Practice: Close observation is necessary to ensure that client does not harm self in any way</p> <p>3. Spend time with the client</p>	<p>14. Discharge Planning/Community Resources: 1. Grief counseling/support group</p> <p>2. Clear instructions on how to access crisis support</p> <p>3. Development of a personalized safety plan</p>

3 SUICIDE

- 0 Absent.
- 1 Feels life is not worth living.
- 2 Wishes he/she were dead or any thoughts of possible death to self.
- 3 Ideas or gestures of suicide.
- 4 Attempts at suicide (any serious attempt rate 4).

4 INSOMNIA: EARLY IN THE NIGHT

- 0 No difficulty falling asleep.
- 1 Complains of occasional difficulty falling asleep, i.e. more than 1/2 hour.
- 2 Complains of nightly difficulty falling asleep.

5 INSOMNIA: MIDDLE OF THE NIGHT

- 0 No difficulty.
- 1 Patient complains of being restless and disturbed during the night.
- 2 Waking during the night - any getting out of bed rates 2 (except for purposes of voiding).

6 INSOMNIA: EARLY HOURS OF THE MORNING

- 0 No difficulty.
- 1 Waking in early hours of the morning but goes back to sleep.
- 2 Unable to fall asleep again if he/she gets out of bed.

7 WORK AND ACTIVITIES

- 0 No difficulty.
- 1 Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies.
- 2 Loss of interest in activity, hobbies or work - either directly reported by the patient or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities).
- 3 Decrease in actual time spent in activities or decrease in productivity. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
- 4 Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

8 RETARDATION (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)

- 0 Normal speech and thought.
- 1 Slight retardation during the interview.
- 2 Obvious retardation during the interview.
- 3 Interview difficult.
- 4 Complete stupor.

9 AGITATION

- 0 None.
- 1 Fidgetiness.
- 2 Playing with hands, hair, etc.
- 3 Moving about, can't sit still.
- 4 Hand wringing, nail biting, hair-pulling, biting of lips.

10 ANXIETY PSYCHIC

- 0 No difficulty.
- 1 Subjective tension and irritability.
- 2 Worrying about minor matters.
- 3 Apprehensive attitude apparent in face or speech.
- 4 Fears expressed without questioning.

11 ANXIETY SOMATIC (physiological concomitants of anxiety) such as:

- gastro-intestinal - dry mouth, wind, indigestion, diarrhea, cramps, belching
- cardio-vascular - palpitations, headaches
- respiratory - hyperventilation, sighing
- urinary frequency
- sweating

- 0 Absent.
- 1 Mild.
- 2 Moderate.
- 3 Severe.
- 4 Incapacitating.

12 SOMATIC SYMPTOMS GASTRO-INTESTINAL

- 0 None.
- 1 Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
- 2 Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastro-intestinal symptoms.

13 GENERAL SOMATIC SYMPTOMS

- 0 None.
- 1 Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability.
- 2 Any clear-cut symptom rates 2.

14 GENITAL SYMPTOMS (symptoms such as loss of libido, menstrual disturbances)

- 0 Absent.
- 1 Mild.
- 2 Severe.

15 HYPOCHONDRIASIS

- 0 Not present.
- 1 Self-absorption (bodily).
- 2 Preoccupation with health.
- 3 Frequent complaints, requests for help, etc.
- 4 Hypochondriacal delusions.

16 LOSS OF WEIGHT (RATE EITHER a OR b)

- | | | | |
|---|---|---|---|
| a) According to the patient: | | b) According to weekly measurements: | |
| 0 <input type="checkbox"/> No weight loss. | 1 <input checked="" type="checkbox"/> Probable weight loss associated with present illness. | 0 <input type="checkbox"/> Less than 1 lb weight loss in week. | 1 <input type="checkbox"/> Greater than 1 lb weight loss in week. |
| 2 <input type="checkbox"/> Definite (according to patient) weight loss. | 3 <input type="checkbox"/> Not assessed. | 2 <input type="checkbox"/> Greater than 2 lb weight loss in week. | 3 <input checked="" type="checkbox"/> Not assessed. |

17 INSIGHT

- 0 Acknowledges being depressed and ill.
- 1 Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
- 2 Denies being ill at all.

Total score: 12/16

Miraya Olegueda

NURSING SHIFT ASSESSMENT

DATE: 12/3/24



SHIFT: Day(7A-7P)

Night(7P-7A)

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

Orientation <input checked="" type="checkbox"/> Person <input checked="" type="checkbox"/> Place <input checked="" type="checkbox"/> Time <input checked="" 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	Thought Content <input type="checkbox"/> Obsessions <input type="checkbox"/> Hallucinations <input checked="" type="checkbox"/> Worthless <input checked="" type="checkbox"/> Hopeless	Behavior <input 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 checked="" type="checkbox"/> Guarded <input type="checkbox"/> Intrusive
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Thought Processes
 Goal Directed Tangential Blocking
 Flight of Ideas Loose association Indecisive
 Illogical Delusions: (type) _____

REVIEW OF SYSTEMS

Cardio/Pulmonary:
 WNL Elevated B/P B/P
 Chest Pain
 Edema: upper lower

Respiratory/Breath sounds:
 Clear Rales Crackles Wheezing
 Cough S.O.B. Other: _____
 O2 @ _____ l/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

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 checked="" type="checkbox"/> V/S <input type="checkbox"/> O2 sat.	<input type="checkbox"/> Tx Team	<input type="checkbox"/> Wt. Monitoring	<input type="checkbox"/> Elevate HOB	<input type="checkbox"/> MD notified _____

Nursing group/session (list topic): Anxiety
 ADLs assist I&O PRN Med per order _____

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

Ask Question 2*	Since Last Contact
2) <u>Have you actually had thoughts about killing yourself?</u>	YES <input checked="" type="radio"/> NO <input type="radio"/> 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>	MOD <input checked="" type="radio"/>
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 <input checked="" type="radio"/>
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 <input checked="" type="radio"/>
6) <u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>	HIGH <input checked="" type="radio"/>

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

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 _____

Nurse Signatures) _____ Date: _____ Time: _____