Student Name: Emily Arismendez

Date: 4.16.25

8. Focused Nursing Diagnosis:

Schizophrenia/
Schizoaffective

9. Related to (r/t):

Risk for self-directed or other-directed violence

10. As evidenced by (aeb):

Lack of trust
Panic level of anxiety
command hallucinations
Dellusional thinking

11. Desired patient outcome:

- Recognize signs of increasing anxiety & agitation + report to staff
- Client will not harm self or others

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

1. Maintain low level of stimuli

Evidenced Based Practice: Anxiety level rises in a stimulating environment

2. observe client's behavior frequently q 15min

Evidenced Based Practice: close observation is necessary so that intervention can occur if required to ensure client safety.

3. Remove all dangerous objects from client's environment

Evidenced Based Practice: His or her agitated, confused state client may not use them to harm self or others

13. Patient Teaching:

1. Alert nurse of side effects from Invega sustenna.
2. Alert if SI. occur or if HI occur.
3. Keep millieu low stimulus.

14. Discharge Planning/Community Resources:

1. Reccommendation for outpatient facilities
2. Adhere to medication regimen + instruction
3. Do not stop meds abruptly. Alert HCP if SI or HI occur again.

Adopted: August 2016, revised October 2018

Student Name: EMILY ARISMENDEZ Date: 4.16.25

J.

IM6 (Acute Psychiatric) Critical Thinking Worksheet

1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):	2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.);	3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)
SCHIZOPHRENIA -alterations in content + organization of thoughts, sense of identity, volition, psychomotor behavior & ability to establish satisfactory interpersonal relationships.	Substance use: -CBD -weed	A. Present delusions, hallucinations, disorganized speech B. significant portion of time disturbance in level of function, interpersonal relations, self-care C. persistant signs for at least 6 months E. Not attributable to a drug abuse.
4. Medical Diagnoses: N/A		
5. Diagnostic Tests Pertinent or Confirming of Diagnosis	**6. Lab Values That May Be Affected:** N/A	**7. Current Treatment:**
QSPS · Answered yes to ?'s 2-6. · Not suicidal		group medications milieu Therapy Tx team Close obs. q15 V/S, O_2 Sat, Ind. support monitor intake wt. monitoring