

Student Name: Cynthia A. Cerda

Date: 4-2-25

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference): <b>Major Depressive Disorder</b> Describe as a disturbance of mood involving depression or loss of interest/pleasure in usual activities; pathologic evidence of interference in social &amp; occupational functioning for at least 2 wks. Recurrent</p>	<p>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.): <b>Homeless - (lack of)</b> (Subjective) She stated she has an attorney to get her belongings. She doesn't have a home, since she lived with her boyfriend for 5 yrs. So she is "homeless" this is a huge psych stressor. She also stated she does not have friends here. She is also an alcoholic.</p>	<p>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References) Depressed mood most of the day, nearly every day indicated by subjective comments (feels sad, hopeless) or observation made by others (crying). Insomnia often Feeling of worthlessness. Recurrent thoughts of death, recurrent suicidal ideation with a specific plan.</p>
<p>4. Medical Diagnoses: <b>N/A</b>  Depression PTSD Alcohol abuse</p>	<p>6. Lab Values That May Be Affected: <b>N/A</b></p>	<p>7. Current Treatment: <b>Group Therapy</b> Close Obs q 15 VS Nsg group/session Ind. Support Monitor Intake TR Team I: 0 Encourage Discharge Wt. monitor 1/kt  Meds: Buspirone HCL Mirtazapin Quetiapine Oxycarbazepine Hydroxyzine</p>
<p>5. Diagnostic Tests Pertinent or Confirming of Diagnosis <b>Numerical / brief summary</b> Results from my assessments High Risk for suicide</p>		

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**8. Focused Nursing Diagnosis:**

Disturbed Sleep Patterns

Risk for suicide

**9. Related to (r/t):**

Repressed fears / Depression

Homelessness - Has a suicide plan & means to carry it out.  
Hx of prior suicide attempt.

**10. As evidenced by (aeb): Define characteristics**

Verbal complaints of difficulty falling asleep  
Interrupted sleep

**11. Desired patient outcome: Short term/Long term**

Client is sleeping 6-8 hrs per night without medication  
Client is dealing with fears & feelings rather than escaping from them through excessive sleep.

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

1. Create a safe environment for the client. Remove all potentially harmful objects from client's access.

**Evidenced Based Practice: Bold under each intervention**

Client safety is a nursing priority

2. **Powerlessness**: The lived experience of lack of control over a situation, including a perception that one's actions do not significantly affect an outcome.

**Evidenced Based Practice:**  
Providing the client with choices will increase his/her feelings of control

3. Low self-esteem - negative self-evaluation/feelings about self / self-capabilities

**Evidenced Based Practice:**  
An attitude of acceptance enhances feelings of self-worth

**13. Patient Teaching:**

1. To give meds time to work. "Start low & go slow"  
It takes the meds weeks to months to work effectively.

2. IF you feel suicidal tell someone you trust immediately.

3. Do not engage in stimulant activity before bed to ↓ insomnia.

**14. Discharge Planning/Community Resources:**

1. Cognitive-behavioral therapy  
Work with a therapist to identify & reshape the thought & behavior patterns that contribute to your depression.

2. Problem Solving Therapy.  
Taking a practical & systematic approach to the problems in your life & find effective ways to solve them.

3. Exercise is also supplemental treatment (Regular)  
It improves depressive symptoms. Exercise for 30 minutes 3x/wk.