Posttraumatic Stress Disorder (PTSD)
SKINNY Reasoning

Marcus Jackson, 34 years old

Primary Concept
Mood and Affect
Interrelated Concepts (In order of emphasis)
• Stress • Coping • Anxiety • Clinical Judgment • Patient Education

NCLEX Client Need Categories	Percentage of Items from Each Category/Subcategory	Covered in Case Study
Safe and Effective Care Environment		
• Management of Care	17-23%	✓
• Safety and Infection Control	9-15%	✓
Health Promotion and Maintenance	6-12%	✓
Psychosocial Integrity	6-12%	✓
Physiological Integrity		
• Basic Care and Comfort	6-12%	✓
• Pharmacological and Parenteral Therapies	12-18%	✓
• Reduction of Risk Potential	9-15%	✓
• Physiological Adaptation	11-17%	✓

SKINNY Reasoning

Part I: Recognizing RELEVANT Clinical Data

History of Present Problem:

Marcus Jackson is a 34-year-old African American male who served four combat tours of duty in Iraq and Afghanistan. He came to the Veterans Administration (VA) today for an outpatient appointment because he has not slept more than two hours a night for the past week. This is his fourth clinic visit over the past year with the same symptoms: inability to sleep, nightmares, increasing anxiety, and isolation.

Every time he falls asleep, he relives the bombing and has flashbacks of bloody body parts that he witnessed after the explosion. He states that he is more aware of noises and any loud noise such as fireworks and or cars backfiring causes him extreme anxiety. His medications for PTSD have not been helping control his anxiety. He has been spending more time in his room watching TV and avoids spending time with his wife and children. Today he told his wife he should have died and not his friends. His primary care provider encouraged voluntary admission and his wife brought Marcus to the emergency department of the closest VA hospital so he can be admitted.

Personal/Social History:

During his last tour in combat, Marcus' best friend drove over an IED. The explosion killed everyone in the vehicle. During the blast, Marcus was hit with shrapnel in his left leg, stomach, and left eye. These injuries left him blind in his left eye. He has had multiple surgeries to his abdomen, and six reconstruction surgeries to his leg. He walks with a limp and continues to complain of severe pain in his left leg. He was given a medical discharge from the Marines because of the extensive nature of his injuries and is receiving disability.

Marcus is married with three children from six to twelve years of age. He has been married to his wife, Ariel, for fourteen years. While in the service, his family moved six times and endured four combat tours of duty. Each time he returned home from combat, his wife noted that he has no history of physical aggression and has been more agitated and had more trouble sleeping with frequent nightmares. Marcus reports he used to drink "a lot", but decided two years ago that alcohol was making everything worse. Reports he has not had a drink for the past 1 ½ years. Denies other drug use.

What data from the histories are RELEVANT and have clinical significance to the nurse?

RELEVANT Data from Present Problem:	**Clinical Significance:**
-he has not slept more than two hours a night for the past week. - This is his fourth clinic visit over the past year with the same symptoms: inability to sleep, nightmares, increasing anxiety, and isolation. - Every time he falls asleep, he relives the bombing and has flashbacks of bloody body parts that he witnessed after the explosion. He states that he is more aware of noises and any loud noise such as fireworks and or cars backfiring causes him extreme anxiety. - His medications for PTSD have not been helping	-Showing signs of sleep deprivation. -Past history of similar symptoms - Signs of PTSD from the war. -Meds not working for PTSD -Isolating himself -Saying that he should have died.
RELEVANT Data from Social History:	**Clinical Significance:**
-During his last tour in combat, Marcus' best friend drove over an IED. -The explosion killed everyone in the vehicle. - During the blast, Marcus was hit with shrapnel in his left leg, stomach, and left eye. -These injuries left him blind in his left eye. -He has had multiple surgeries to his abdomen, and six reconstruction surgeries to his leg. -He walks with a limp and continues to complain of severe pain in his left leg.	-Witnessed the death of his best friends and others - He was severely injured. - Blind in left eye and walks with a limp. - Multiple surgeries -Still complains of severe pain in left leg. -He has been in several (6)combats and has become more agitated and aggressive each time. -He has also had more issues with sleeping and nightmares.

Patient Care Begins:

Current VS:	P-Q-R-S-T Pain Assessment:	
T: 98.2 F/37.3 C (oral)	**P**rovoking/Palliative:	Movement provokes, always present. Goal is 5/10
P: 92 **(**regular)	**Q**uality:	Ache
R: 18 (regular)	**R**egion/Radiation:	Left leg
BP: 118/70	**S**everity:	5/10
O2 sat: 98% RA	**T**iming:	Continuous

What VS data are RELEVANT that must be recognized as clinically significant to the nurse?

RELEVANT VS Data:	Clinical Significance:
Continuous pain in left leg	Rated pain 5/10 for pain in left leg that is continuous.

Current Assessment:	
GENERAL APPEARANCE:	Appears anxious, body tense, tired (dark circles under his eyes)
RESP:	Breath sounds clear with equal aeration bilaterally, non-labored respiratory effort
CARDIAC:	Pink, warm & dry, no edema, heart sounds regular with no abnormal beats, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks
NEURO:	Alert & oriented to person, place, time, and situation (x4), flat affect, inability to fall asleep and stay asleep– averaging only two hours a night, nightmares, flashbacks while awake
GI:	Abdomen soft/non-tender, bowel sounds audible per auscultation in all four quadrants Reports poor appetite with no weight loss.
GU:	Voiding without difficulty, urine clear/yellow
SKIN:	Skin integrity intact
SUBSTANCE USE:	Last use of alcohol 1 ½ years ago. Denies use of other drugs

Mental Status Examination:	
APPEARANCE:	Casually dressed; facial scars noted; cooperative with interview
MOTOR BEHAVIOR:	Walks with a limp. No abnormal motor activity noted.
SPEECH:	Speech is of normal tone and cadence.
MOOD/AFFECT:	Anxious affect. Patient states, "I feel nothing" most of the time, but also states that he "flies off the handle" a lot. Reports he "startles easily" to environmental noises.
THOUGHT PROCESS:	Linear and logical
THOUGHT CONTENT:	Denies delusions when assessed; somewhat guarded in responses, but no evidence of paranoia. Admits to intrusive thoughts about his time in combat. Expresses excessive guilt that "good men died" and "I wasn't able to help." Also states he sometimes thinks he should have died with "his patrol."
PERCEPTION:	States he has periods of time in which he has visions (flashbacks) of being back in Iraq during the IED blast; also reports that sometimes he just sees "flashes" of body parts.
INSIGHT/JUDGMENT:	Recognized symptoms as part of PTSD diagnosis but states "There is probably nothing that can be done to help." Judgement intact.
COGNITION:	Oriented x3. Has some memory problems associated with the exact events during the IED blast. Possible TBI? Reports current difficulty concentrating at times.
INTERACTIONS:	Tends to stay to self
SUICIDAL/HOMICIDAL:	Stated that he thinks he should have died instead of the men in his unit. Denies current suicide ideation and has no plan. Denies homicidal ideation.

What assessment data are RELEVANT that must be recognized as clinically significant to the nurse?

PHYSICAL Assessment Data:	**Clinical Significance:**
- Appears anxious, body tense, tired (dark circles under his eyes)	- Dark circles are a sign of being sleep deprived.
Mental Status Examination:	
- Walks with a limp. - Anxious affect. Patient states, "I feel nothing" most of the time, but also states that he "flies off the handle" a lot. Reports he "startles easily" to environmental noises. - Denies delusions when assessed; somewhat guarded in responses, but no evidence of paranoia. Admits to intrusive thoughts about his time in combat. Expresses excessive guilt that "good men died" and "I wasn't able to help." Also states he sometimes thinks he should have died with "his patrol."	- Has a limp. - Anxious, depressed, and is isolating himseld. - Feels he should have died in combat with the others. -Feels that he should not be alive. - Nightmares from being in combat. - Guarded about his feelings.

Diagnostic Results:

Basic Metabolic Panel (BMP)					
	Na	K	Gluc.	Creat.	
Current:	138	4.6	88	1.1	
Complete Blood Count (CBC)					
	WBC	% Neuts	HGB	PLTs	
Current:	7.8	69	16.0	229	
MISC.					
	Acetaminophen	Salicylate			
Current:	0.00	0.00			
Urine Drug Screen					
	Opiates	Benzodiazepines	THC	Amphetamines	Cocaine
Current:	Neg	Neg	Neg	Neg	Neg

What data must be interpreted as clinically significant by the nurse? *(Reduction of Risk Potential/Physiologic Adaptation)*

RELEVANT Diagnostic Data:	**Clinical Significance:**
Normal Diagnostic Results	Normal Diagnostic Results

Part II: Put it All Together to THINK Like a Nurse!

1. After interpreting relevant clinical data, what is the primary problem?
(Management of Care/Physiologic Adaptation)

Problem:	**Pathophysiology in OWN Words:**
PTSD	The patient has a disorder where he is having difficulty going on with life because he experienced so much trauma during combat. NOTE: CANOT DO THE FOLLOWING PART ON COLLABORATIVE CARE BECAUSE IT ONLY TYPES 2 BIG LETTERS: ----------> hi

Collaborative Care: Medical Management

2. State the rationale and expected outcomes for the medical plan of care. *(Pharm. and Parenteral Therapies)*

Medical Management:	**Rationale:**	**Expected Outcome:**
1. Admit patient to unit under voluntary admission. 2. Initiate milieu therapy. 3. Initiate safety measures according to unit protocol, including keeping environment free of dangerous items and maintain regular close observation. 4. VS every shift while awake 5. Paroxetine 40 mg daily 6. Prazosin 4 mg PO HS 7. Mirtazapine 15 mg PO HS	h	i

Collaborative Care: Nursing

3. What nursing priority (ies) will guide your plan of care? *(Management of Care)*

Nursing PRIORITY:		
PRIORITY Nursing Interventions:	**Rationale:**	**Expected Outcome:**
PTSD management Pain	Patient needs PTSD managament to help him with his feelings of depression, anxiety, and not wanting to live. Patient needs medications or therapy to help with his pain.	Patient will get the help that is needed. Patient will have less pain.

4. What psychosocial/holistic care PRIORITIES need to be addressed for this patient?

(Psychosocial Integrity/Basic Care and Comfort)

Psychosocial PRIORITIES:		
PRIORITY Nursing Interventions:	**Rationale:**	**Expected Outcome:**
CARING/COMFORT: *How can you engage and show that this pt. matters to you?* **Physical comfort measures:**	NOTE: CANNOT TYPE IN THE FIRST BOXES - no loud noises to prevent episodes of combat - therapy for PTSD to help him cope - not leaving the patient alone so he feels safe.	Patient will be free from hearing loud noises that could be a trigger for PTSD.
EMOTIONAL SUPPORT: *Principles to develop a therapeutic relationship*	engaging in conversation with the patient and not leaving him alone so that he feels more safe and can talk about his feelings.	Patient will feel more free to talk about his feelings and feel safe.
SPIRITUAL CARE/SUPPORT:	Spirital group or group therapy so that he can share experiences with others that may have experienced similar situation.	Patient will feel more comfortable talking to others with similar situations.
CULTURAL CARE/SUPPORT: (If Applicable)	N/A	N/A

5. What educational/discharge priorities need to be addressed to promote health and wellness for this patient and/or family? *(Health Promotion and Maintenance)*

- Get him support groups
- Teach coping mechanisms
- 24/7 phone line
- Suicide hotline