

# Posttraumatic Stress Disorder (PTSD)

## SKINNY Reasoning



Marcus Jackson, 34 years old

<b>Primary Concept</b>
<b>Mood and Affect</b>
<b>Interrelated Concepts (In order of emphasis)</b>
<ul style="list-style-type: none"> <li>• Stress</li> <li>• Coping</li> <li>• Anxiety</li> <li>• Clinical Judgment</li> <li>• Patient Education</li> </ul>

NCLEX Client Need Categories	Percentage of Items from Each Category/Subcategory	Covered in Case Study
Safe and Effective Care Environment		
<ul style="list-style-type: none"> <li>• Management of Care</li> </ul>	17-23%	✓
<ul style="list-style-type: none"> <li>• Safety and Infection Control</li> </ul>	9-15%	✓
Health Promotion and Maintenance	6-12%	✓
Psychosocial Integrity	6-12%	✓
Physiological Integrity		
<ul style="list-style-type: none"> <li>• Basic Care and Comfort</li> </ul>	6-12%	✓
<ul style="list-style-type: none"> <li>• Pharmacological and Parenteral Therapies</li> </ul>	12-18%	✓
<ul style="list-style-type: none"> <li>• Reduction of Risk Potential</li> </ul>	9-15%	✓
<ul style="list-style-type: none"> <li>• Physiological Adaptation</li> </ul>	11-17%	✓

# 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:
<p>Poor sleep, nightmares, isolation, jumpiness to loud noises, 4th visit with symptoms getting worse. Tells wife he should have died.</p>	<p>Client is <u>not</u> coping with his PTSD, Survivors guilt with possible suicidal ideation.</p>
RELEVANT Data from Social History:	Clinical Significance:
<p>Multiple reconstructive surgeries Lost best friend + others in explosion Blind in 1 eye, leg injury 4 combat tours + 6 moves</p>	<p>Client deals w/ chronic pain Source of PTSD Physical limitations client must deal with on a daily basis Stress on family</p>

## Patient Care Begins:

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

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

RELEVANT VS Data:	Clinical Significance:
P 92 Leg Pain 5/10	Borderline high Constant

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:
Anxious, tense, <sup>dark</sup> circles around eyes, night mares, stress, poor appetite insomnia	Client is suffering heavy stress due to PTSD. Malnutrition Chronic Pain
Mental Status Examination:	
"feel nothing" "flies off handle" "startles easy" "good men died" "should have died"  Client is isolated	Client is suffering mental instability due to PTSD, experiencing survivors guilt.

**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:
	labs look normal? Na is borderline High, encourage fluids

## 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 + Survivors guilt.	Client is experiencing PTSD and Survivor's guilt due to trauma while in military. Issues manifest in sleep deficit, flashbacks, and general anxiety. Client doesn't think he can be cured.

### 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.	Client is in great need of help.	Address PTSD
2. Initiate milieu therapy.	Gives client "community" all there to help.	Hopefully recover from Survivor's guilt
3. Initiate safety measures according to unit protocol, including keeping environment free of dangerous items and maintain regular close observation.	Client does not appear suicidal, precaution.	↓ risk suicide
4. VS every shift while awake	Monitor for changes	HR ↓
5. Paroxetine 40 mg daily	SSRI, antidepressant	Address depression may take weeks
6. Prazosin 4 mg PO HS	Antihypertensive?	↓ Nightmares
7. Mirtazapine 15 mg PO HS	Antidepressant	treat depression helps fall asleep

### 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:
Develop therapeutic relationship & Client  Pt Safety	Assist Client in recognizing the need to address feelings of PTSD. Develop stress management exercises & Client.	Client agrees to accept help. Work with care team in finding Rx to help.

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

(Psychosocial Integrity/Basic Care and Comfort)

<b>Psychosocial PRIORITIES:</b>		
<b>PRIORITY Nursing Interventions:</b>	<b>Rationale:</b>	<b>Expected Outcome:</b>
<b>CARING/COMFORT:</b> How can you engage and show that this pt. matters to you? Therapeutic Communication Explor how client feels. Show empathy  <b>Physical comfort measures:</b> Therapeutic Touch, Give Calm comfortable environment	Show the client that you want to help him  Give client an environment that is stress free.	Client trust  Client comfort.
<b>EMOTIONAL SUPPORT:</b> Principles to develop a therapeutic relationship offer yourself to client.	Being there when the client needs it most.	
<b>SPIRITUAL CARE/SUPPORT:</b> Ask client his beliefs	Make accommodations within reason	Spirituality is important to client recovery.
<b>CULTURAL CARE/SUPPORT:</b> (If Applicable)		

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

Client needs to recognize his PTSD and survivors guilt.

Accept that though he could have died, he was given an opportunity to keep going. His best friend and other soldiers would have wanted him to be there for his family.

Family/friends need to know that though he may improve, he will still have days where he needs their support.