

Name_____ Mental Health Critical Thinking Map Date_____

University:

School:

Department:

Name:

Reg number:

Professor:

Date:

Name_____

Mental Health Critical Thinking Map

Date_____

Psychiatric Diagnosis(s): Seeing, hearing, or tasting things that others do not. Suspiciousness and a general fear of others' intentions. Persistent, unusual thoughts or beliefs. Difficulty thinking clearly. Withdrawing from family or friends. A significant decline in self-care. Chief Complaint (subjective, patient's own words): Voice telling her to jump from roof tops and jump in front of trains Admission Status: Voluntary or Involuntary Voluntary History of Present Illness: He sleeps poorly in the night and voice get worse all the night	Pathophysiology (In your own words): Risk Assessment: Does patient have thoughts of hurting themselves? Yes or No No Does patient have thoughts of hurting others? Yes or No No Suicide risk factors: The patient should now be bared from access to any life threatening material Protective factors: To be trated in a isolated room	Complications/Potential Complications (Physiologic Adaptation(s)/Reduction of Risk Potential): **Include substance use/abuse history From shift nurse report; The patient is threatening other patient's and continues causing alot of disturbance in the night	Psychosocial Concerns (Psychosocial Integrity): **Include psychosocial history The patient is clearly indicating that he is suffering from paranoid schizophrenia. Admitted only 24hrs ago he is making loud noises all the night and woke up very like not just like a normal person
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Psychiatric History: The patient does not have earlier sickness Past Medical History: N/A			
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Assessment (Physiological Adaptation) **performed by the student **include age/sex **MSE, MMSE, CIWA, COW, if applicable)	Age-59years <u>Assessment</u> Weight on admission Vital signs Privilege
Labs and Diagnostics (Reduction of Risk Potential) ** Must include therapeutic drug levels, tox screen and pregnancy test.	CBC with diff,ECG, urine toxicology screen, blood alcohol level.
Planning and Goals (short term and long term goals) **Actual priority problems with prioritized goals	Both of these experiences can be persecutory or threatening in nature. A patient may hear a voice or voices in their head that they do not recognize as their own thoughts or internal voice. These voices can be demeaning or hostile, driving a person to do things they would not do otherwise.The patient therefore needs a personal"watchman" to monitor his behaviors
Nursing Interventions (Basic Care and Comfort, Safety and Infection Control) **What did the student/nurse perform throughout the day **Include rationale	The patient should be treated in an isolated room Visited by a 1 to 1 family members Be bared from access to any life threatening material The attending nurse administered doses to the patient
Evaluation of Interventions	If the patient is a danger to himself or others and is unwilling to seek treatment, they can be involuntarily committed to a hospital and held for a period of evaluation usually lasting three to seven days.

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Medication Name (Generic) and Drug class	<u>Patient's</u> Dose, Route, and Frequency	Why is <u>patient</u> receiving this medication?	Nursing considerations (labs, assessment, etc.)	Side effects and Major adverse effects	Patient Teaching
Haldol 5mg	4hr	eliminate the problems of a patient not regularly taking their medication (called "medication noncompliance")	Improved	Weight gain	Continue taking medication
Psychotherapy	Once	help patients develop and retain social skills, alleviate comorbid anxiety and depression symptoms, cope with trauma in their past, improve relationships with family and friends, and support occupational recovery	Retained social skills.	No	Avoid drug abuse
Tylenol 650 mg	4hr	For headache pain	Headache ceased	Nausea	Do not take alcohol for it may impare your judgement

Alternative Treatments with benefits and risk: For example, if patient is currently being treated with SSRI's for depression what other options for treatment are available?
N/A

Patient Teaching (Health Promotion, Safety and Infection Control, and Management of Care):

The patient has to be given;

- I. Balanced diet
- II. Love and care
- III. Given treatment like other normal patients

For safety measures;

- a) The patient should be treated in an isolated room
- b) Visited by a 1 to 1 family members
- c) Be bared from access to any life threatening material.

Patient Summary (SBAR Format):

S-Mr Peter makes loud noise which is not normal in the night,wakes up early and has impaired judgement.

B- a slight evidence that Mr Peter might have engaged in heavy drug abuse

A-The patient suffered paranoid schizophrenia as revealed by the symptoms

R-Take the advised medication seriously and avoid alcohol