

**Week #4: Grand Rounds Discussion: Complex Case Study Presentation**

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PRAC 6675: *PMHNP Care Across the Lifespan II*

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June 23, 2022

*2/2/22 CMB*

# NRNP/PRAC 6665 & 6675 Comprehensive Focused SOAP Psychiatric Evaluation Template

## Subjective:

**CC:** "Anxiety and fear of death"

**HPI:** B.R. is a 43 y/o white male, married with 4 children. Who presented today with panic and anxiety. The onset of illness 18 years ago was "my whole life." He owns a liquor store and enjoys music. He endorses anxiety and panic attacks. "I felt out of control for a few weeks." Often than not I have chest pain or discomfort. Panic attacks or anxiety for the past month daily then recently relived within the past 3 weeks. "I ran for congress and lost my first career." Stressors are an employee making a post on social media which caused a wiretap in court dealing with this. He endorses depression. He denies a lack of motivation. He endorses guilt and hopelessness. He has frequent negative thoughts. His father is dying and endorses sadness. He denies suicidal or homicidal thoughts. He has had a passive death wish. He denies psychosis and auditory and visual hallucinations. He has irritability and mood swings. He sleeps on the floor with the dogs and on weekends sleeps with his wife. He sleeps 7.5 hours nightly. History of staying up without sleeping for 40 hours as a child. He denies fatigue. "I used to take naps." He denies increased energy or grandiosity.

**Past Psychiatric History:** Denies previous hospitalizations. H/o GAD and panic attacks. Recently started CBT.

**Psychotropic Medications :** Buspirone 10 mg BID ineffective, Sertraline 150mg QD, Xanax 0.25mg BID, prn

- **Substance Current Use:** Denies Substance abuse, Denies ETOH problem, denies drug or tobacco use.

**Medical History:** Hypertension

- **Current Medications:** Atorvastatin 20mg QD
- **Allergies:** NKDA
- **Reproductive Hx:** no issues
- **Family Psychiatric History:** Father anxiety, Mother was abused, PTSD, MDD on Prozac.
- **Psychosocial:** B.R. was raised by both parents in Baltimore, MD. His parents separated when he was 19, cutoff relationship with his mother at age 25, cutoff his relationship with his brother who made the social media recording of him. B.R. has a Bachelor degree. He currently works as a project manager

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at an AI company. He owns a liquor store. Married for 13 years and lives with his wife and 4 children. Denies abuse, arrest, or assault history.

### ROS:

- **GENERAL:** weight 205 lbs. Height 5'10, well developed, well-nourished, no acute distress
- **HEENT:** no c/o oral mucosa, no c/o sinus tenderness, no c/o sore throat pain/discomfort.
- **SKIN:** skin is normal to ethnicity, with no issues with dryness, itchiness, open wounds, or rashes.
- **CARDIOVASCULAR:** no c/o chest pain or discomfort, or heart palpitations
- **RESPIRATORY:** observed no s.o.b. or resp. distress.
- **GASTROINTESTINAL:** no c/o abdominal pain or discomfort, LBM yesterday, no constipation or diarrhea.
- **GENITOURINARY:** no c/o of urinary urgency or hesitancy.
- **NEUROLOGICAL:** awake and alert, sensation to light and touch.
- **MUSCULOSKELETAL:** no gross deformity of extremities, all extremities move well within range.
- **HEMATOLOGIC:** no c/o unknown bleeding or bruising.
- **LYMPHATICS:** no c/o enlarged lymph nodes, or unknown extremity swelling.
- **ENDOCRINOLOGIC:** n/o abnormal sweating or heat intolerance.

### Objective:

#### Diagnostic results:

Sodium 137-Potassium 3.8-BUN 4- AST 17- ALT 20- Cholesterol 162- Triglycerides 103-HDL 53- Hgb A1c 4.8- Hgb 14.0-HCT 41.3- WBC 5.68-Toxicology negative

#### Assessment:

Mental Status Examination: B.F. is A&Ox4 calm and cooperative. Age-appropriate, well-groomed and dressed appropriately for the season. Speech is clear and coherent. Mood and affect are neutral. The thought process is appropriate and logical, with no loose associations. Judgment and insight towards treatment are good. Did not appear anxious or emotionally unstable during the assessment. Denies SI/HI/AH/VH.

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## Diagnostic Impression:

- **Panic Disorder:** A panic attack is characterized by an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four or more of the following symptoms occur palpitations, pounding heart, sweating, trembling or shaking, shortness of breath, chest pain or discomfort, fear of dying (APA,2013). During an initial panic attack is entirely spontaneous or provoked by physical or emotional excitement or trauma. The onset of an attack is usually abrupt with rapid progress in the severity of symptoms that peaks within 10 minutes, can last for 20 to 30 minutes, rarely more than an hour, and may disappear quickly or gradually(Manjunatha & Ram, 2022).
- **Generalized Anxiety Disorder (GAD):** is one of the most prevalent and impairing mental health disorders. GAD is defined as a persistent and excessive worry associated with physical and psychological symptoms such as risk factors for cardiovascular conditions and mental health disorders such as depression and dysthymia, and the risk of suicide is up to six times higher among people suffering from GAD and comorbidities (Monteiro et al., 2022). GAD occurs for more days than not for at least 6 months, about several events or activities that are affected by daily living in the home, school, or work environment. For adults GAD is often associated with worrying every day, the routine of life circumstances, health, finances, the health of family/friends, or minor issues such as household chores or being late(APA,2013).
- **Major Depressive Disorder (MDD):** A mental health disorder characterized by persistently depressed mood or loss of interest in activities, causing significant impairment in an individual's daily life.MDD is a severe mental disease predicted by the World Health Organization to be the leading cause of disease burden by 2030(Stapel et al., 2022). MDD has five or more of the following symptoms to be present for 2 weeks with a change from previous daily functioning with one of the symptoms being either depressed mood or loss of interest or pleasure (APA,2013).

## Reflections:

The healthcare provider demonstrated patience and empathy toward the patient well being of his symptoms of anxiety and panic attacks. The healthcare provider included the patient in his treatment plan and behavioral modification which showed support for the patient which is associated with better outcomes by building a positive therapeutic relationship to increase the patient's overall health(Bjornestad et al., 2016).

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The diagnosis of the panic disorder, I agree with the preceptor's assessment. The preceptor allowed the patient to answer questions in an appropriate manner and pace in a non-judgmental environment. The preceptor engage B.R. to be included in his care by asking him questions about how he felt about his medication regimen and if the medication he thought was appropriate for his treatment and symptoms for a positive treatment plan.

As a provider recommends ethical considerations with education about anxiety disorders and teaching the importance of medication compliance to avoid an increase in co-morbidity and death. Encouraging B.R, to continue with his therapy and CBT sessions to avoid the negative effects of interpersonal and social interactions with others due to anxiety.

### Case Formulation and Treatment Plan:

Continue to take prescribed psychotropic medications and report any side effects.

Continue to educate the risk and benefits of psychotropic medications.

Continue to educate the importance of maintaining appointments with provider, therapist, and CBT for overall well-being.

Follow-up with a primary care provider for physical health.

Educate in the case of crisis to contact emergency Services 911, instruct the patient to go to the nearest ER or call 911 if they become actively suicidal and/or homicidal. Maryland's Helpline is available 24/7 to provide support, guidance, and assistance. Please call 211 and select option 1, text your zip code 898-211 or visit 211MD.org

Three questions

1. Which assessment tool is used for GAD?
2. Distinguish the difference between a panic attack and generalized anxiety disorder?
3. What are some of the medical disorders are associated with anxiety disorders ?

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