



**N108 Care for Clients with Psychosocial Problems in Adaptation and Adjustment**  
 AY 2021-2022

**Student name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Skills Checklist: Post-traumatic Stress Disorder**

Procedure	Points	NA	Remarks
Performs hand hygiene	1		
Dons PPE as appropriate to avoid transfer of microorganisms	1		
Identifies the patient according to facility protocol	1		
Introduces himself/herself to the patient and family members, if present, and explains that he/she will be providing crisis interventions	1		
Evaluates whether the patient/family require special considerations regarding communication(e.g., due to illiteracy, language barriers, or deafness); makes arrangements to meet these needs,if present	1		
Follows facility protocols for using a professional certified medical interpreter, either in person or via phone, when a language barrier exists	1		
Assesses the patient/family for knowledge deficits and anxiety regarding crisis interventions;provides emotional support and additional information, as needed	1		
As appropriate, performs the following to assess the patient as the first stage of the ACT model:			
<ul style="list-style-type: none"> <li>Asks about/assesses the immediate needs of the patient, including relief of pain, resolution of bleeding, or providing information urgently requested by the patient/family</li> </ul>	1		
<ul style="list-style-type: none"> <li>Takes vital signs and performs triage assessment to determine the need for immediate referral to emergency medical care or outpatient medical care</li> </ul>	1		
<ul style="list-style-type: none"> <li>Provides first aid to patients who require emergent medical care, as appropriate, and immediately refers/transportes them to a healthcare facility/temporary medical station for more</li> </ul>	1		

extensive treatment			
If immediate referral/transfer is not required, takes a brief patient history to collect information relevant to formulation of the treatment plan, including			
<ul style="list-style-type: none"> <li>patient identity, age, and gender</li> </ul>	1		
<ul style="list-style-type: none"> <li>physical or somatic complaints or stressors related to the crisis</li> </ul>	1		
<ul style="list-style-type: none"> <li>known medical or other conditions (e.g., mental illness)</li> </ul>	1		
<ul style="list-style-type: none"> <li>current medications (including herbs, over-the-counter drugs, and homeopathic remedies) and the date and time each was most recently taken</li> </ul>	1		
<ul style="list-style-type: none"> <li>recent exposure to communicable diseases or potential toxins</li> </ul>	1		
<ul style="list-style-type: none"> <li>mobility status</li> </ul>	1		
<ul style="list-style-type: none"> <li>the possibility of pregnancy, miscarriage, or active labor in female patients of reproductive age</li> </ul>	1		
Performs a psychosocial assessment to collect information about the patient's usual environment, existing interpersonal relationships, and crisis state (i.e., psychological status related to perception of the crisis), including			
<ul style="list-style-type: none"> <li>other persons who are dependent on or supportive of the patient</li> </ul>	2		
<ul style="list-style-type: none"> <li>primary psychological or other stressors</li> </ul>	2		
<ul style="list-style-type: none"> <li>perception of the event(s) that precipitated the crisis</li> </ul>	2		
<ul style="list-style-type: none"> <li>mental status and ability to communicate</li> </ul>	2		
<ul style="list-style-type: none"> <li>ability to focus and follow directions</li> </ul>	2		
<ul style="list-style-type: none"> <li>predominant defense mechanisms (e.g., denial, minimization), if present</li> </ul>	2		
<ul style="list-style-type: none"> <li>coping skills that the patient used successfully during past stressful situations</li> </ul>	2		
<ul style="list-style-type: none"> <li>feelings and insights the patient expresses about the crisis and ensuing activity</li> </ul>	2		
<ul style="list-style-type: none"> <li>any expression of intent to injure self or others</li> </ul>	2		
<ul style="list-style-type: none"> <li>patient behaviors (e.g., agitated, controlled, nonverbal, tearful)</li> </ul>	2		
<ul style="list-style-type: none"> <li>the appearance of or any report of substance abuse</li> </ul>	2		

<ul style="list-style-type: none"> <li>any patient report of victimization or violence</li> </ul>	2		
Initiates the following strategies for crisis intervention as the second stage of the ACT model to resolve crisis-related medical conditions, stress, psychological trauma, and emotional conflicts:			
<ul style="list-style-type: none"> <li>Assesses/reassesses the patient's physical status and administers prescribed treatment for medical needs, if present and the patient is not transferred/transported. Monitors physiologic status and response to treatment closely, as appropriate</li> </ul>	4		
<ul style="list-style-type: none"> <li>Asks about factors related to the crisis, and encourages the patient to discuss his/her experience and feelings regarding the crisis event</li> </ul>	3		
<ul style="list-style-type: none"> <li>Assesses for and identifies coping mechanisms the patient uses regarding the crisis, and collaborates with the patient/family to explore healthy alternative coping mechanisms, as appropriate</li> </ul>	2		
Collaborates with the treating clinician and the patient/family to develop an individualized treatment plan (e.g., referral to a mental health clinician for counseling; referral to a social worker identification of local resources for support groups) that will help the patient find meaning in the crisis event and gain a sense of mastery in coping with the crisis	1		
Schedules and emphasizes the importance of keeping scheduled follow-up appointments for serial evaluation of patient status and progress toward effective coping	1		
As appropriate immediately after the crisis or during a subsequently scheduled patient care appointment, performs the following as the third stage of trauma treatment:	1		
Evaluates the patient's emotional status for signs and symptoms of posttraumatic stress disorder(PTSD) to prevent or resolve PTSD	4		
Evaluates the danger to or safety of the victim, clinician, and others present in the immediate area; if follow-up serial screening is being performed, evaluates the danger posed by the patient to self and others	4		
Assesses physiologic status and provides prescribed treatment for ongoing medical conditions	2		
Assesses for continued biopsychosocial responses/manifestations of traumatic stress, including			

<ul style="list-style-type: none"> <li>• physiologic manifestations of nausea, vomiting, tremors, and profuse sweating</li> </ul>	1		
<ul style="list-style-type: none"> <li>• dizziness</li> </ul>	1		
<ul style="list-style-type: none"> <li>• denial</li> </ul>	1		
<ul style="list-style-type: none"> <li>• dissociative behavior</li> </ul>	1		
<ul style="list-style-type: none"> <li>• confusion</li> </ul>	1		
<ul style="list-style-type: none"> <li>• disorganized thinking</li> </ul>	1		
<ul style="list-style-type: none"> <li>• difficulty making decisions</li> </ul>	1		
<ul style="list-style-type: none"> <li>• disordered sleep</li> </ul>	1		
Encourages the patient to talk about his/her experiences during and after the crisis, including current experiences	2		
Reviews the established treatment plan and evaluates the effectiveness of the prescribed strategies	2		
Asks the patient/family how effective they perceive the prescribed treatment strategies have been	1		
In collaboration with the treating clinician, modified the prescribed treatment plan as appropriate, including requesting referral to other healthcare clinicians (e.g., a social worker; a mental health clinician)	1		
Schedules a follow-up appointment for continued patient evaluation, as appropriate	1		
Disposes of used procedure materials according to facility protocol	1		
Removes PPE, discards appropriately, and performs hand hygiene	1		
<b>Post-Procedural Responsibilities</b>			
Monitors closely for signs and symptoms of clinical depression; requests referral to a mental health clinician for evaluation and treatment of signs and symptoms of clinical depression develop	1		
Monitors closely for suicide risk	2		
follows facility protocols for emergency intervention if the patient is at increased risk	1		
If laboratory tests or other diagnostic procedures are ordered, explains how these tests and/procedures are performed and when the results will likely become available	1		
Explains how the patient/family can contact the treating clinician if questions or problems arise	2		
Explains the importance of keeping follow-up appointments for continued assessment and treatment	3		

Provides written information, if available, to reinforce verbal education	2		
Updates the patient's plan of care, if appropriate, and documents performing crisis interventions in the patient's medical record, including the following information:			
Date and time of crisis intervention	1		
Patient assessment findings	1		
Specific strategies performed, including referrals to other healthcare clinicians	1		
Patient's response to the crisis intervention	2		
Any unexpected patient events or outcomes, interventions performed, and whether or not the treating clinician was notified	1		
Patient/family member education, including topics presented, response to education provided/discussed, plan for follow-up education, barriers to communication, and/or techniques that promote successful communication	2		
Total	100		

**General comments:** \_\_\_\_\_  
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**Name and signature of FIC:** \_\_\_\_\_

**Date:** \_\_\_\_\_

#### Reference

Crisis Interventions: Providing Schub T; Pravikoff D; CINAHL Nursing Guide, EBSCO Publishing, 2017 Aug 18 (Skill Competency Checklist)