

PROTOCOL FOR: Altered Thought Process, Care of the Patient

POLICY: 1. All patients will be assessed for altered thought processes.

DESIRED PATIENT

- OUTCOMES:**
1. Safety for the patient and the milieu will be maintained.
 2. Patient will begin to verbalize altered thought processes to staff in order to utilize support and reassurance.
 3. Patient will begin to differentiate between altered thought processes and reality.
 4. Patient will utilize skills to cope effectively with altered thought process.

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Assess for signs / symptoms of altered thought processes at least every 8 hours and more often, if indicated, including:
 - a. Delusional thinking (i.e., persecution, grandeur)
 - b. Thought broadcasting (belief that their thoughts can be heard by others)
 - c. Thought insertion (belief that thoughts are inserted into one's mind)
 - d. Ideas of reference (belief that the communication of others has special meaning for that individual)
 - e. Various abnormal thought processes (loose associations, tangentiality, circumstantiality, flight of ideas, disorganized thinking, thought blocking, racing thoughts, word salad)
 - f. Hallucinations (visual, auditory, olfactory, tactile, gustatory)
 - g. Depersonalization (belief that one is different, changed, unreal or has lost identity)
 - h. Social isolation
 - i. Decreased functioning related to ADL's
 - j. Impaired communication
 - k. Preoccupation with hallucinations or altered thoughts
 2. Utilize measures to maintain safety (i.e., 15 minute checks, time out, center circle, private room, constant observation, 1:1 observation, locked seclusion or restraints) as indicated.
 3. Increase observation, decrease stimulation and provide structure as needed.
 4. Provide orientation and reality testing as tolerated to decrease fear and anxiety.

PROTOCOL FOR: Altered Thought Process, Care of the Patient

5. Modify approach according to patient status (i.e., brief supportive contacts, gentle confrontation or exploration of symptom changes).
6. Administer *prn* medications and assess response.

PATIENT

- TEACHING:**
1. Educate patient to inform staff of presence of altered thought processes (type, content).
 2. Educate patient to use of medications for managing specific target symptoms.
 3. As appropriate, educate patient to methods of managing symptoms of altered thought processes (i.e., seek private/quiet area, activity, distraction, journaling, grounding techniques, talk with staff).

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 12/90

REVISION DATES: 12/91, 7/92, 11/94, 12/97, 7/99, 10/00, 10/03, 6/06, 7/08