

PROTOCOL FOR: Anxiety: Care of the Patient

POLICY: 1. All patients will be assessed for *debilitating* anxiety upon admission.

DESIRED PATIENT OUTCOMES:

1. The patient will exhibit and/or experience a decrease in symptoms of anxiety.
2. The patient will demonstrate the ability to identify specific symptoms he/she experiences when feeling anxious.
3. The patient will access staff as needed for assistance to reduce symptoms of anxiety.
4. The patient will verbalize an understanding of precipitants to anxiety.
5. The patient will verbalize and/or demonstrate skills in coping constructively with symptoms of anxiety.

SUPPORTIVE DATA

1. When assessing a patient who may be experiencing anxiety, it is important to consider physiological, emotional and cognitive factors, as well as the etiological factors involved. Anxiety has been defined according to four levels, each with the following characteristics:
 - a. Mild - sensory perception and ability to focus are enhanced allowing learning to take place. Individual is alert and able to function.
 - b. Moderate - sensory perception is somewhat narrowed, but alertness continues to the extent that the patient is able to concentrate on relevant data.
 - c. Severe - sensory perception is greatly reduced and the individual is unable to understand the total experience. Learning cannot take place.
 - d. Panic - there is a major dissociation of experience; communication is not understood by the patient and disorganization is apparent. Learning cannot take place.

CLINICAL ASSESSMENT AND

CARE:

1. Assess the patient for the following:
 - a. Physiological Symptoms:
 - 1) Increased heart rate and/or palpitations
 - 2) Elevated BP
 - 3) Increased respiratory rate
 - 4) Voice tremors or pitch changes
 - 5) Trembling

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- 6) Dry mouth
- 7) Body aches (especially chest, neck and back)
- 8) Restlessness
- 9) Insomnia
- 10) Weakness or fatigue
- 11) Flushing
- 12) Nausea and/or vomiting
- 13) Frequent urination
- 14) Diarrhea
- 15) Dilated pupils
- 16) Faintness/dizziness
- 17) Visual disturbances
- 18) Ringing in the ears
- 19) Paresthesia
- 20) Choking sensation

b. Emotional Symptoms:

Subjective

Objective

- | | |
|------------------------------------|------------------------|
| 1) Apprehension | 1) Crying |
| 2) Tension | 2) Exaggerated startle |
| 3) Lack of self-confidence | 3) Impatience |
| 4) Fear | 4) Irritability |
| 5) Helplessness | 5) Angry outbursts |
| 6) Anticipation of misfortune/doom | 6) Social withdrawal |
| 7) Fear of "going crazy" | |
| 8) Fear of losing control | |
| 9) Fear of dying | |
| 10) Unacceptable level of pain | |

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c. Cognitive Symptoms:

- 1) Difficulty concentrating
- 2) Rumination
- 3) Hyper-attentiveness
- 4) Forgetfulness
- 5) Lack of awareness of surroundings
- 6) Blocking of thoughts
- 7) Phobias
- 8) Delusions
- 9) Hallucinations

d. Etiological and risk factors:

- 1) Situational (actual or perceived):
 - a) Threat to self concept (i.e. failure, lack of recognition from others)
 - b) Threat to biological integrity (i.e. disease, assault)
 - c) Threat to value system ideals (i.e. ethical dilemmas)
 - d) Threat to goal achievement
 - e) Change in environment (i.e. moving, hospitalization)
 - f) Change in socioeconomic status (i.e. unemployment, promotion, new job)
 - g) Unmet needs
 - h) Unconscious conflict
- 2) Maturational:
 - a) Marriage
 - b) Pregnancy
 - c) Parenting
 - d) Effects of aging

e. Factors which contribute to effective coping:

- 1) Range of coping behavior previously or currently demonstrated by patient

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- 2) Previous adaptive vs. maladaptive coping skills
 - 3) Level of awareness of and insight into behavior
 - f. Any imminent signs of loss of control, self-directed violence or violence toward others.
2. For mild to moderate anxiety, the following interventions may be utilized:
 - a. Provide relaxation tapes/exercises when appropriate.
 - b. Encourage expression of feelings.
 - c. Explore, with the patient, any unmet expectations or threats to self, which may have preceded feelings of anxiety.
 - d. Explore patient's past and present mechanisms for coping.
 - e. Explore constructive behaviors/coping skills. Refer to Safety Assessment obtained on admission.
 - f. Provide positive feedback when adaptive coping skills are utilized.
 - g. Provide alternative activities/distraction if patient is unable to verbalize feelings (i.e. journaling, structured projects, physical activity).
 - h. Assist patient to utilize mild level of anxiety to enhance self-assessment and learning of adaptive coping mechanisms.
 3. The following interventions are used with levels of severe anxiety and panic where the immediate goal is relief:
 - a. Provide reassurance and comfort:
 - 1) Remain with the patient.
 - 2) Support coping mechanisms by allowing patient to talk, pace and cry.
 - 3) Speak slowly and calmly.
 - 4) Do not make demands or ask patient to make decisions.
 - b. Decrease sensory stimulation:
 - 5) Allow patient to rest in a quiet room.
 - 6) Limit contact with others and/or milieu.
 - 7) Use short, simple sentences.
 - 8) Provide concise directions.

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- 9) Focus upon the here and now.
- 10) Encourage slow, deep breathing.
- c. Administer PRN medication as ordered.
- d. Maintain patient safety:
 - 11) Consider the least restrictive intervention as follows:
 - a) Center circle
 - b) Voluntary time out
 - c) Private room with treatment plan
 - d) Constant observation
 - e) One to One
 - 12) For threats and/or actual loss of control; threats and/or actual harm to self, others or both:
 - a) Locked seclusion
 - b) Restraints
 - 13) Ensure safe environment (remove potentially dangerous articles)

PATIENT

- TEACHING:**
- 1. Use of relaxation techniques (i.e. tapes, exercises, other mechanisms to reduce stress).
 - 2. Utilization of staff for support as needed.
 - 3. How to structure free time or use of leisure activities.
 - 4. Maintenance of patient's physical well being (i.e. nutrition, exercise, rest).
 - 5. Use of effective coping mechanisms.
 - 6. Use of constructive problem solving.
 - 7. Differentiate normal/expected levels of anxiety (everyday stress) from excessive levels of anxiety.
 - 8. Identification of situations that may trigger or potentiate anxiety.
 - 9. Use of anti-anxiety medication.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 12/90

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REVISION DATES: 11/94, 10/97, 10/00, 10/03, 6/06, 7/08