

Anxiety disorder

Nr.	Nursing Diagnosis	Date	Nursing Intervention/s and tasks	Sign.
	<p>Anxiety Related factors: Situational/maturational crises Unconscious conflict about essential values/goals of life Symptoms / Risk factors: Blocking of thought Confusion Outcome / Goal: Verbalize awareness of feelings of anxiety Will experience a reduction in anxiety</p>		<p>Anxiety reduction Assess reasons for anxiety Spend time talking with patient. Allow to express feelings Reduce unnecessary externa stimuli Administer medications as ordered and monitor for side effects, effectiveness.</p>	
	<p>Ineffective coping Related factors: Inadequate level of perception of control Inadequate opportunity to prepare for stressor Symptoms / Risk factors: Poor concentration Situational crisis Sleep disturbance Outcome / Goal: Patient performs self-care behaviors Patient verbalizes acceptance of disease</p>		<p>Coping Enhancement Assess current functional capacity (coping, defense mechanisms) Encourage verbalization of feelings, perceptions, and fears Assist the patient to clarify misconceptions</p>	
	<p>Impaired social interaction Related factors: Sociocultural dissonance Self concept disturbance Symptoms / Risk factors: Dysfunctional interaction with others Verbalized or observed discomfort in social situations Outcome / Goal: Patient engages in social interaction with significant other</p>		<p>Socialization Enhancement Encourage enhanced involvement in already established relationships Explore strengths and weaknesses of current network of relationships Give positive feedback when patient reaches out to others</p>	