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Anxiety Disorders

Patient name: _____ Admission: _____

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- I. The client/caregiver can define anxiety disorders.**
- A. Anxiety is an emotional feeling of uneasiness and apprehension. It is a normal reaction to stress and helps a person to cope.
 - B. When the anxiety level becomes excessive, it can become a disabling disorder.
 - C. The level of anxiety becomes a problem when it
 - Interferes with adaptive behavior
 - Causes physical symptoms
 - Becomes intolerable to client
 - Interferes with personal, occupational, and social function
 - D. Anxiety disorders include
 - Panic disorder (with or without agoraphobia)
 - Phobias (agoraphobia, social phobia, and specific phobia)
 - Obsessive-compulsive disorder
 - Generalized anxiety disorder
 - Stress disorders (posttraumatic stress disorder and acute stress disorder)
- II. The client/caregiver can recognize signs and symptoms of anxiety.**
- A. Signs and symptoms vary in severity and can appear in any combination. They may include
 - Restlessness
 - Feeling of being keyed up or on edge
 - Feeling a lump in your throat
 - Difficulty concentrating
 - Fatigue
 - Irritability
 - Being easily distracted
 - Muscle tension
 - Trouble falling or staying asleep
 - Shortness of breath
 - Stomachache
 - Diarrhea
 - Headache

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- III. The client/caregiver can explain the behavioral and physical changes at the four levels of anxiety.**
- A. Mild anxiety
 1. Reality is intact.
 2. Person feels in control.
 3. Information can be processed accurately.
 4. Muscle tone increases.
 5. Heart rate, blood pressure, and breathing slightly increase.
 6. Perspiration is noticeable.
 - B. Moderate anxiety
 1. Person is easily distracted.
 2. Concentration is impaired but can redirect attention.
 3. Problem solving becomes difficult.
 4. Person feels irritable and has feelings of inadequacy.
 5. Muscles are tense.
 6. Slight tremor of hands.
 7. There are changes in speech (rate, pitch, and volume changes).
 8. Sleep is disturbed.
 - C. Severe anxiety
 1. Person's attention span decreases.
 2. Person is unable to concentrate or remain focused.
 3. Learning ability is impaired.
 4. There are feelings of extreme discomfort.
 5. Person has trouble keeping control of emotions.
 6. Person feels incompetent.
 7. Hyperventilation, dizziness, heart palpitations, and hypertension are seen.
 8. Fine motor skills are impaired.
 9. Communication is limited.
 - D. Panic levels of anxiety
 1. Person exaggerates details.
 2. Perception is distorted.
 3. Person is unable to learn.
 4. Person has fragmented thoughts.

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5. Feelings of helplessness are seen.
6. Speech is incoherent.
7. Movements are haphazard.
8. There is shortness of breath, tremors, sweating, and even fainting.

IV. The client/caregiver can list measures to control anxiety.

- A. Reduce external stimuli (noise, activity, etc.) to promote comfort and communication. Remove to calm, quiet location without extra stimuli.
- B. Avoid touching client without asking permission. Position self at least an arm's length to allow client sense of control.
- C. Encourage client to seek out supportive person when anxiety level increases to describe how they feel.
- D. Assist in identifying the source of anxiety.
- E. Establish trust by being available and keeping promises.
- F. Stay with client during times of severe anxiety.
- G. Remain calm, and speak to client with soft voice, short sentences, and clear messages.
- H. Create and follow consistent schedule for routine activities.
- I. Discuss present coping methods and evaluate their effectiveness.
- J. Introduce and assist client with relaxation techniques.
 1. Slowly count backward from 100.
 2. Breathe slowly and deeply (in through the nose and out through the mouth).
 3. Suggest warm bath or offer back massage.
 4. Progressively relax groups of muscles beginning with toes and moving toward head.
 5. Create and repeat positive statements using "I am" format.
 6. Visualize a pleasant, relaxing, and safe place.
 7. Listen to relaxation tape or music.
 8. Participate in activities that use large muscles, such as walking or biking.

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- K. Take medication (antianxiety) as ordered.
- L. Encourage no use of caffeine, nicotine, alcohol, or stimulating drugs (diet pills).
- M. Advise client to talk with physician before discontinuation or addition of any medications.

RESOURCES

Emergency numbers, such as crisis intervention, near the phone

Spiritual support/clergy

Support groups

National Institute of Mental Health
www.nimh.nih.gov/publicat/anxiety

Mental Health: A Report from the Surgeon General
www.surgeongeneral.gov/library/mentalhealth/chapter4/sec2.html

Anxiety Disorders Association of America
www.adaa.org/

National Institutes of Mental Health—Public Inquiries and Dissemination Branch
866-615-NIMH (6464)
www.nimh.nih.gov

Anxiety Disorders Association of America
240-485-1001
www.adaa.org

Obsessive-Compulsive Foundation, Inc.
203-315-2190
www.ocfoundation.org

REFERENCES

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Timby, B. K., & Smith, N. C. (2003). *Introductory medical-surgical nursing* (8th ed.). Philadelphia: J. B. Lippincott Williams & Wilkins.

Varcarolis, E. M. (2006). *Manual of psychiatric nursing care plans*. St. Louis: Saunders Elsevier.