Anxiety Signs/Symptoms

Setting: Behavioral Health  Population: Pediatric  Keywords: panic, phobia, GAD, anxious

Clinical Description

Care of the hospitalized child or adolescent patient experiencing signs/symptoms of anxiety.

Key Information

- Antidepressant discontinuation syndrome is a set of symptoms associated with the abrupt termination (or drastic reduction) of an antidepressant medication. Symptoms can resemble those of a persistent anxiety disorder.
- Many tools are available to assist in assessment and reassessment; however, these should not replace the clinical interview.
- Clinicians should avoid behavior that could promote transference of anxiety, such as a hurried manner or talking too fast.
- The presence of cognitive symptoms can impact learning. Education should be reinforced and retention assessed.
- The coexistence of anxiety and substance use disorders is common. Concurrent treatment is the “gold standard” model of care.
- Anxiety must be reduced to a mild or moderate level before working on problem-solving and coping.
- Anxiety disorders in children and youth are known to precede severe psychiatric illness in adulthood, making effective intervention at this developmental stage important.

Clinical Goals

By transition of care

A. The patient will demonstrate achievement of the following goals:
   - Optimized Energy Level
   - Optimized Cognitive Function
   - Improved Mood Symptoms

B. Patient, family or significant other will teach back or demonstrate education topics and points:
   - Education: Overview
   - Education: Self Management
• Improved Sleep
• Enhanced Social, Academic or Functional Skills
• Improved Somatic Symptoms

Correlate Health Status

Correlate health status to:

• history, comorbidity, substance use, co-occurring disorders
• age, developmental level
• sex, gender identity
• baseline assessment data
• physiologic status
• response to medication and interventions
• psychosocial status, social determinants of health
• barriers to accessing care and services
• health literacy
• cultural and spiritual preferences
• safety risks
• family interaction
• plan for transition of care

Activity and Energy Impairment (Anxiety Signs/Symptoms)

Signs/Symptoms/Presentation

• edginess
• fatigue
• freeze response
• hypervigilence
• jumpy
• pacing
CARE PLANNING  

CPG bh anxiety symptom peds  
Setting: Behavioral Health  
Population: Pediatric  

• restlessness  
• tremors

Problem Intervention(s)

Optimize Energy Level

• Encourage activities to promote self-care.  
• Provide structured exercise options.  
• Encourage participation in expressive and recreational services.  
• Utilize stress management and applied relaxation techniques, such as progressive-muscle, release-only, cue-controlled or rapid relaxation.

Associated Documentation

• Activity (Behavioral Health)  
• Diversional Activity  
• Patient Performed Hygiene

Cognitive Impairment (Anxiety Signs/Symptoms)

Signs/Symptoms/Presentation

• concentration poor  
• confusion  
• detachment from oneself  
• difficulty thinking  
• distorted perception of reality  
• distractibility  
• feelings of unreality  
• mind going blank  
• racing thoughts  
• rumination
Problem Intervention(s)

Support and Promote Cognitive Ability

- Perform cognition assessment; identify the nature of deficit, degree of impairment and modifiable risk factors.
- Utilize an unhurried and calm approach.
- Communicate clearly; utilize short and concise words, speak slowly, maintain eye contact and allow time for response.
- Provide orientation or reorientation; use reminders and memory aids.
- Utilize cognitive behavioral therapy and techniques, such as cognitive-restructuring, cognitive-processing or exposure therapy, to evaluate and modify beliefs and challenge automatic, distorted, maladaptive and irrational thoughts and images.
- Utilize acceptance and commitment therapy, as well as attention-process training to encourage recognition of thoughts as merely thoughts, not necessarily grounded in reality and truth.
- Utilize motivational-interviewing techniques to promote specific behavior changes, such as treatment adherence and relapse prevention.

Mood Impairment (Anxiety Signs/Symptoms)

Signs/Symptoms/Presentation

- clinging to family or objects
- crying
- depressed mood
- disproportionate fear
- dread
- excessive or persistent worrying
- feeling of emptiness
- feeling on edge
- guilt
- inability to identify or describe emotions
- inability to regulate emotions
- irritability
- nervousness
• sadness
• shame
• temper tantrums
• terror

Problem Intervention(s)

Optimize Emotion and Mood

• Assess subjective and objective presentation of mood and emotional state.
• Encourage and promote emotional awareness, acceptance and expression of feelings.
• Provide psychoeducation and supportive therapy interventions to improve mood and emotions.
• Utilize motivational interviewing techniques to promote motivation for change, treatment adherence and relapse prevention.
• Support medication adherence; monitor response and side effects; monitor laboratory values for therapeutic levels.
• Discuss the nature and complexity of anxiety; utilize positive communication to encourage, affirm and acknowledge progress.
• Utilize strengths, resources and positive psychology techniques to enhance wellbeing.
• Assess family and parental factors that contribute to symptoms; utilize child-parent/family therapy.

Associated Documentation

• Supportive Measures

Sleep Impairment (Anxiety Signs/Symptoms)

Signs/Symptoms/Presentation

• awakening during night with difficulty returning to sleep
• difficulty falling asleep
• difficulty sleeping alone
• difficulty staying asleep
• early morning awakening
• not feeling rested after sleep
• poor quality sleep
• reluctance or refusal to sleep away from home
• reluctance to sleep without a major attachment figure
• repeated nightmares involving separation

**Problem Intervention(s)**

**Promote Healthy Sleep Hygiene**

• Assess for psychologic and environmental factors contributing to hypersomnia or insomnia.
• Maintain conducive environment for sleep.
• Encourage sleep diary maintenance.
• Encourage consistent sleep-wake schedule and healthy sleep routine.
• Discourage remaining in bed, daytime napping and isolation; if napping is necessary, limit time.
• Decrease physical and environmental stimulation before bedtime, including activities that increase body temperature.
• Consider limiting fluid consumption in the evening.
• Encourage nonstimulating activities, if nighttime waking occurs.
• Provide parent/family psychoeducation about healthy sleep practices and unhelpful parenting behaviors.
• Consider cognitive-behavioral treatment of insomnia or repeated nightmares, such as imagery rehearsal and re-scripting.
• Encourage use of relaxation and mindfulness-based techniques.

**Associated Documentation**

• Sleep Hygiene Promotion

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**Social, Academic or Functional Impairment (Anxiety Signs/Symptoms)**

**Signs/ Symptoms/Presentation**
Problem Intervention(s)

Promote Social, Academic and Functional Ability

- Complete a functional assessment; identify deficit areas, such as hygiene, appearance and academic performance.
- Explore the effect of symptoms or behavior on academic and occupation functioning; evaluate quality of life.
- Provide family-based services, such as education, emotional support or family coping.
- Assess quality of relationships and peer interactions.
- Encourage participation in age-appropriate social-support-building activities, such as social skills groups.
- Provide frequent opportunities to increase, resume and repair relationships with others.
- Evaluate need and facilitate academic accommodations, modifications and related services.

Associated Documentation

- Developmental Enhancement
- Trust Relationship/Rapport

Somatic Disturbance (Anxiety Signs/Symptoms)

Signs/Symptoms/Presentation

- fear of leaving home
- fear or avoidance of real or anticipated exposure to a situation
- fear or avoidance of separation from home or attachment figures
- low social competence
- object fear or avoidance
- school refusal
- separation anxiety
- significant difficulty in academic functioning
- significant difficulty in interpersonal relationships
- social situations, fear or avoidance
- social withdrawal
abdominal pain  
bowel irritability  
chest pain or tightness  
chills  
diaphoresis  
diarrhea  
difficulty breathing  
dizziness  
dry mouth  
elimination urgency  
feeling shaky  
feelings of choking  
skin flushed  
headache  
heat sensation  
lightheadedness  
muscle tension, aches or soreness  
nausea  
neck stiffness  
numbness or tingling  
palpitations  
panic  
shortness of breath  
startle response exaggerated  
trembling  
twitching

Problem Intervention(s)

Minimize Somatic Disturbance

- Assess pain and the nature of the somatic complaint, as well as patient experience and perception.
- Provide a calm, quiet environment.
- Utilize a biopsychosocial approach; assess for major psychosocial stressors.
- Utilize relaxation-response training, including progressive muscle relaxation and diaphragmatic breathing, to aid in controlling somatic symptoms.
• Utilize mindfulness-based cognitive therapy techniques, such as meditation, breathing, body scanning, listening to sounds, as well as concentrating or focusing skills to increase awareness of present-moment experiences.
• Encourage participation in anxiety-management training to decrease anxiety arousal.
• Promote participation in complementary therapies.

Associated Documentation

• Complementary Therapy

General Education

• admission, transition of care
• orientation to care setting, routine
• advance care planning
• diagnostic tests/procedures
• opioid medication management
• oral health
• medication management
• pain assessment process
• safe medication disposal
• tobacco use, smoke exposure
• treatment plan

Safety Education

• call light use
• equipment/home supplies
• fall prevention
• harm prevention
• infection prevention
• MDRO (multidrug-resistant organism) care
• personal health information
• resources for support

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**Education: Overview**

• risk factors
• signs/symptoms

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**Education: Self Management**

• 24 hour crisis hotline
• adhere to follow-up plan
• coping strategies
• rehabilitation therapy
• self-care
• sleep/rest
• supportive relationships
• trigger identification
• utilize personal strengths

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**Education: When to Seek Medical Attention**

• unresolved/worsening symptoms

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**Population-Specific Considerations**

**Pregnancy**

• Some anxiety disorders occurring during pregnancy have been associated with increased risks for preeclampsia and preterm birth.
• When anxiety interferes with normal activity, and relationships are affected, treatment is warranted. Treatment may include both pharmacologic and cognitive behavioral therapy.
Table

References


Additional Information: BH_Anxiety Signs/Symptoms Peds Table. PDF. Download


