ELSEVIER Clinical Skills

# Anxiety: Panic and Agoraphobia Assessment (Behavioral Health) – CE

## CHECKLIST

**S** = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

| Step | S | U | NP | Comments |
|---|---|---|---|---|
| Performed hand hygiene. | | | | |
| Introduced self to the patient, family, and designated support person. | | | | |
| Verified the correct patient using two identifiers. | | | | |
| Assessed the patient's mental status and ability to understand information and participate in decisions. Included the patient as much as possible in all decisions. | | | | |
| Assessed the patient for suicidal or homicidal ideation or thoughts of self-harm. Used an organization-approved standardized tool for suicide assessment. | | | | |
| Evaluated the patient's, family's, and designated support person's understanding of the patient's illness. | | | | |
| Assessed and discussed the patient's goal for treatment. | | | | |
| Collaborated with the patient, family, and designated support person to develop a plan of care. | | | | |
| Identified the patient's psychiatric advance directives, if available. | | | | |
| Determined the patient's desire for the family or designated support person to be kept informed and involved in treatment. | | | | |
| Determined the family's or designated support person's ability to support the patient during treatment. | | | | |
| Considered the use of a standardized tool for screening and assessment to determine the patient's condition and severity. | | | | |
| When assessing for panic disorder, understood that a patient could experience panic attacks related to substance use; other anxiety disorders, such as social anxiety; or medical conditions, such as hyperthyroidism or cardiac conditions. | | | | |
| Assessed the patient for suicidal or homicidal ideation or thoughts of self-harm. Used an organization-approved standardized tool for suicide assessment. If homicidal or suicidal ideation was present, implemented | | | | |

# Anxiety: Panic and Agoraphobia Assessment (Behavioral Health) – CE

## CHECKLIST

**S** = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

| Step | S | U | NP | Comments |
|---|---|---|---|---|
| appropriate precautions based on the patient's status. | | | | |
| Explained the strategies to the patient, family, and designated support person and ensured that they agreed to treatment. | | | | |
| Maintained a calm, collaborative communication approach, avoiding the use of coercion. | | | | |
| Created an environment of trust that allowed the development of a therapeutic relationship. | | | | |
| Oriented the patient to the unit. Included discussion of unit routines, guidelines, patients' rights and expectations, and schedules. Informed the patient that he or she would be checked on frequently throughout the stay. | | | | |
| Created an environment that advocated for the patient's needs using an interdisciplinary team. Engaged the team in collaborative assessment and treatment planning with the patient. | | | | |
| Engaged the patient in treatment, including participation in therapeutic groups and individual sessions. | | | | |
| Administered psychiatric medications as ordered and monitored the patient's response to the medications. | | | | |
| Monitored the patient's responses and social interactions in the milieu; reinforced appropriate social skills. | | | | |
| Implemented appropriate precautions based on the patient's status. | | | | |
| Responded to crisis in a calm, therapeutic, and nonthreatening manner. Used the least restrictive interventions to prevent harm to patients or staff. | | | | |
| Collaborated with the patient, family, designated support person, and team in identifying the physical signs and symptoms the patient experienced at the time of a panic attack to increase his or her awareness that the basis of the attack was anxiety and not a significant medical issue. | | | | |

ELSEVIER Clinical Skills

# Anxiety: Panic and Agoraphobia Assessment (Behavioral Health) – CE

## CHECKLIST

**S** = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

| Step | S | U | NP | Comments |
|---|---|---|---|---|
| Explained to the patient, family, and designated support person that panic attacks could happen spontaneously without any apparent trigger and that the experience of the attack could increase the signs and symptoms of panic, impacting the patient's distress. | | | | |
| Collaborated with the patient, family, designated support person, and team in planning for patient discharge and follow-up care. | | | | |
| Provided the appropriate education related to medications, crisis management, and follow-up care to the patient, family, and designated support person at the time of discharge. | | | | |
| Explained to the patient, family, and designated support person that ongoing treatment was vital to continuing recovery. | | | | |
| Reassessed the patient's pain status and provided appropriate pain management. | | | | |
| Reassessed the patient's experience of panic attacks. | | | | |
| Reassessed the patient's signs and symptoms of agoraphobia. | | | | |
| Reassessed the family's understanding of the patient's condition. | | | | |
| Performed hand hygiene. | | | | |
| Documented the strategies in the patient's record. | | | | |

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____