

**STANDING ORDER****ANXIETY****I. ASSESSMENT**

- A. **SUBJECTIVE.** Obtain subjective complaints of nervousness, shortness of breath, nausea, chest pain, palpitations and dizziness. Obtain subjective complaints of changes in sleeping, eating, and grooming.
- B. **OBJECTIVE.** Take vital signs. Blood pressure and pulse may be elevated. Observe behavior and patterns of movement. May demonstrate decreased attention span, poor hygiene, trembling, tearfulness, pressured speech, hyperventilation and diaphoresis. Pupils may be dilated.
- C. **ASSESSMENT.** Patient unable to self-regulate anxiety coping techniques. May have situational anxiety and inability to complete activities of daily living.

**II. MANAGEMENT PLAN**

- A. Consider underlying medical or psychiatric cause. Ask patient if they have history of mental health disorder, substance abuse history, tobacco use (nicotine withdrawal can cause anxiety), thyroid problems, or current/recent stressors.
- B. Anxious patients may be at risk for suicide. Evaluate all anxious patients for suicide risk. If the inmate is currently under treatment by a physician or psychiatrist and the medication can be verified, the Facility Nurse may request orders from the Facility Provider. Referrals to the MCAT Worker will be made, if, on assessment by the Facility Nurse, there is a potential mental health problem and no DCAJ Mental Health providers are present.
- C. Offer time to talk through problems and discuss self-help techniques. For hyperventilation, have the inmate sit quietly and breathe slowly into a rebreather bag or paper sack until lightheadedness ceases and respirations return to normal limits (16-20/minute) or coach on controlled breathing.
- D. For acute anxiety may administer Hydroxyzine 25-100 mg every 4-6 hours x 4 doses prn for acute anxiety (pregnant patients are able to receive).

**III. EVALUATION**

- A. If symptoms persist more than twenty-four (24) hours, have Behavioral Health assess, and contact Facility Provider with update.