NURSING SERVICE GUIDELINES
INPATIENT BEHAVIORAL HEALTH

Guideline: **Care of the patient who has an anxiety disorder**

Policy Number Superseded:

Effective Date:
July 2026

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September 1993

Description: Anxiety is a diffuse, highly unpleasant, often vague feeling of apprehension, accompanied by one or more bodily sensations. For example, pounding heart, perspiration, headache or the sudden urge to void. Anxiety is an alerting signal, it warns of impending danger and enables the person to take measures to deal with a threat. Anxiety is in response to a threat that is unknown, internal, vague, or conflicting in origin.

Purpose of Guideline:
The patient will understand, accept, and learn to live with anxiety. The patient will learn methods and skills to cope constructively with anxiety.

PROCEDURE	POINTS OF EMPHASIS
(A) Assess level of anxiety. Observe for behavioral characteristics of anxiety, restlessness, easily fatigued, problems concentrating, irritability, tension and sleep problems. Anxiety is a normal response to situations; however, it becomes a problem if it interferes with adaptive behavior, causes physical symptoms.	To identify anxiety. Changes in vital signs could occur such as blood pressure increases, increase in pulse, respirations, tightening of throat, epigastric pain. Work with the patient on identifying issues early in hospitalization so that treatment interventions can begin.
(B) Ask, “what are you feeling?”	To help the patient name the feeling.

(C) Connect the feeling with behavior. Patient will attend scheduled groups and address the following issues in those groups: (1) Explore with the patient what happened prior to feeling anxious. (2) Discuss alternatives for dealing with the situation (cause). Assessments, nursing care, and patient teaching must be documented on the daily assessment checklist and nursing progress notes. Assist patient in identifying precipitating factors to reduce frequency and intensity of anxiety.	 To discover the cause. To improve patterns of handling anxiety.
(D) Reduce stimuli as it can create confusion, also increasing anxiety. Speak in short, clear sentences.	As anxiety progresses, it results in decreased concentration and difficulty in decision-making and problem-solving.
(E) Teach alternatives to handling anxious situations; such things include: (1) Breathing techniques. (2) Imaging. (3) Visualization.	Help patient gain control over situation and decrease anxiety.
(F) For Child/Adolescent Psychiatric Hospital (CAPH) unit: Teach/educate parent(s) and the child about the anxiety disorder.	
(G) For Child/Adolescent Psychiatric Hospital (CAPH) unit: Educate parent(s) and the child regarding outpatient treatment.	

References

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www.guidelines.gov/summary ; Connolly, S.D., Berstein, G.A., Work Group on Quality Issues. Practice parameter for the assessment and treatment of children and adolescents with anxiety disorders. J Am Acad Child Adolesc Psychiatry 2007 Feb; 46(2): 267-83. (192 References)

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