

# Anxiety Signs/Symptoms

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

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## 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
- Education: When to Seek Medical Attention

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## 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

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## Activity and Energy Impairment (Anxiety Signs/Symptoms)

### Signs/Symptoms/Presentation

- edginess
- fatigue
- freeze response
- hypervigilance
- jumpy
- pacing

- 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

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## 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.
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## 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

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## 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 wakening 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

- 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

## 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

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## **Somatic Disturbance (Anxiety Signs/Symptoms)**

### **Signs/Symptoms/Presentation**

- 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
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## 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
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## 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.

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## Table

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Additional Information: BH\_Anxiety Signs/Symptoms Peds Table. PDF. Download

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