N201 Nursing Care of Special Populations — ATI Real Life Packet

Directions: Initials/ Signature MS / M. Stigmarco SNB

Chart any and all nursing interventions done for your patient during your time of care (if nursing interventions performed by others, write as an "E" note). After each intervention, document your patient's response to the intervention (evaluation note).

Time	I or E (NI or Eval)	Notes	Specify NDx #
0800	E	Fidgeting w/ hands + fingers, loose association speech pattern observed - MS	1
0815	I	Increasingly anxious mood - stand off to side at arms length — MS	1
0825	E	Anxiety decreasing when utilizing calm communication — MS	1 2 2nd time
0830	E	Sister states "Has missed 2 shifts at work and very little energy lately" — MS	2
08-0	I	Discussed compliance w/ medication regimen — MS	1
0840	E	States "No, the pharmacist is trying to poison me" — MS	1
0845 8-1 2nd time	I	Taught signs of Schizophrenia, and to report symptoms to provider - MS	1
0900	E	Questioned if experiencing command hallucination, states "no" - MS	1
0905	I	Utilized SAFE-T screening tool for hearing hallucinations — MS	1
0915	I	Taught to report if hearing command hallucinations to healthcare staff - MS	1
0920	E	States prior use of cocaine and ETOH use a week — MS	3
0920	I	Taught that cocaine can mimic/worsen symptoms of Schizophrenia, pt understand - MS	3
0920	E	States "I don't want it to get worse" — MS	3
0930	E	Sister voices concern about "Ken not wanting to do much, restless, and anxious" - MS (w/ friends)	2
0930	I	Taught anxiety and social isolation is common + to regular visit him — MS	2
0940	E	NP order: Paliperidone IM injection 1x/month — MS	1
0945	I	Taught S.E of med (abnormal body movements) + report to provider - MS	1
0945	E	States "I feel safer not taking a pill" + able to come to clinic 2x/month - MS	1
0950	E	Caregiver asked the need for therapy and recommendations — MS	2
0950	I	Advised group therapy w/ med - establish long-term continuent group therapy MS	2
0950	E	States "It is good to know local group therapy sessions" — MS	2
0955	E	Unable to focus, facial movements to side, preoccupied w/ wrist band + hearing voices - MS	1
0955	I	Reassured safety when experiencing the hallucination + acknowledged fear - MS	1
1000	E	Urine drug test positive for marijuana, uses to help "relax" him - MS	3
1000	I	Taught to relax by other methods: deep breathing, meditation, journaling - MS	3
1000	E	Verbalizes understanding of other mechanisms to cope w/ stress - MS	3

Reflective Thinking:
1) Read over your notes
2) Reflect on the patient problems you identified in your documentation
3) Determine appropriate nursing diagnoses for your patient based on the problems you identified
4) List your nursing diagnoses below in proper NANDA format, assigning each a number
5) Return to your notes and write the corresponding nursing diagnosis # beside each entry

NDx1	Disturbed Sensory Perception r/t Panic anxiety 2° Schizophrenia AEB fidgeting with hands + fingers, loose association present, unable to focus, abnormal facial movements.
NDx2	Social Isolation r/t lack of interest or skills in interpersonal interaction 2° Schizophrenia AEB "I have to be careful of people", lack of interest with sibling and friends, and increasing anxiety, restlessness
NDx3	Ineffective Coping r/t panic anxiety 2° Schizophrenia AEB use of illicit drug - Marijuana to relax, use of cocaine in the past

N201 Nursing Care of Special Populations Meghan Stirparo 9/24/20 ATI Real Life Packet

N201: Nursing Diagnosis Form

List the two Nursing Diagnoses along with expected outcomes, assessments, and nursing interventions for each patient. The nursing diagnosis must be complete, be in priority order, use correct terminology, and include relevant related to factors and AEB statements for actual problems.

NDx # 1 Disturbed Sensory Perception r/t panic anxiety 2° Schizophenia AEB rapid mood swings, poor concentration, stops talking mid sentence, tilts head to side as if to be listening, and disorientation
EO: Pt will report contents of hallucinations by the end of my care.
EO: Pt will recognize distortions of reality caused by hallucinations by the end of my care

Ongoing Assessments: . Assess hallucinations prn . Assess delusions prn . Assess speech pattern prn . Assess mood prn . Assess behavior prn . Assess anxiety prn . Asses safety to self/others prn

NI:
1. Teach to report when hallucinations are happening prn.
2. Help understand the connection between increasing anxiety and hallucinations prn
3. Use distraction techniques (music therapy) during episodes of hallucinations prn
4. Teach the importance of complying with antipsychotic medication regimen prn
5. Avoid touching the patient without warning him/her beforehand. during my time of care
6. Help identify stressors that precipitate hallucinations during my time of care

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NDx # 2 Social Isolation r/t lack of interest or skills in interpersonal interaction 2° Schizophenia AEB withdrawal from group activities, dull affect observed, keeps to themselves, and does not interact with others.
EO: Pt will willingly participate in group activities once a day by the end of my care
EO: Pt will report feelings of sadness and loneliness by the end of my care.

Ongoing Assessments: . Assess emotions prn . Assess sadness prn. Assess affect prn. Assess interaction w/ others prn

NI:
1. Give positive reinforcement for interactions with others prn.
2. Establish trust and rapport during periods of isolation prn
3. Offer to be with patient during group activities that might be difficult prn
4. Encourage participation in small group activities during my time of care.
5. Encourage to report feelings of loneliness and disinterest during my time of care.
6. Convey an accepting attitude when communicating with pt during my time of care.

Student Name: Meghan Stinparo

Medical Diagnosis/Disease: Schizophrenia

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation **NCLEX IV *(7)*: Reduction of Risk**

Anatomy and Physiology
Normal Structures

The brain has 3 major divisions subdivided into 5 major parts: 1.) Forebrain a.) → Cerebrum b.) Diencephalon 2.) Midbrain 3.) Hindbrain a) pons b) medulla c) Cerebellum & 4 lobes: frontal (judgment, body movement, expression of feeling), Parietal (perception + interpretation of sensory info) Temporal (Hearing, Short-term memory, smell, limbic system) →

Pathophysiology of Disease

Schizophrenia is a brain disorder that affects a person's ability to think, feel, and behave clearly. The exact cause is unknown but there are many theories: genetics, dopamine hypothesis, C4 gene theory, viral infection. With this disease there is a severe deterioration of social & occupational function. Has 4 phases (premorbid, prodromal, acute schizophrenic episode, & residual phase)

Anticipated Diagnostics
Labs

- N/A

Additional Diagnostics

- MRI
- CT Scan
- H&P
- Family hx
- Psych evaluation
- DSM-5

NCLEX II *(3)*: Health Promotion and Maintenance **NCLEX IV *(7)*: Reduction of Risk**

Contributing Risk Factors

- Genetics
- Family hx
- Environment
- Neurotransmitter abnormalities (serotonin, norepinephrine, acetylcholine, GABA)

Signs and Symptoms

- Positive symptoms (see back)
- Negative symptoms (see back)

Possible Therapeutic Procedures
Non-surgical

- Psychotherapy
- Cognitive behavior therapy

Surgical

N/A

Prevention of Complications

(What are some potential complications associated with this disease process)

- Suicide
- Harm of self / others
- Relationships ruined

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies **NCLEX IV *(5)*: Basic Care and Comfort** **NCLEX III *(4)*: Psychosocial/Holistic Care Needs**

Anticipated Medication Management

- Antipsychotics
- Mood stabilizers
- Benzodiazepines

Non-Pharmacologic Care Measures

- Milieu management
- Therapy (psychosocial)
- Cognitive behavior therapy

What stressors might a patient with this diagnosis be experiencing?

- Delusions / Hallucinations
- Diagnosis
- Hospitalization or other ~~facility~~ MH facility
- Family / relationships

Client/Family Education **NCLEX I *(1)*: Safe and Effective Care Environment**

List 3 potential teaching topics/areas

- Teach compliance of drug regimen
- Teach to report EPS side effects
- Teach family psychologic strategies to help reduce psychotic symptoms

Multidisciplinary Team Involvement

(Which other disciplines do you expect to share in the care of this patient)

- Psychiatrist
- MD (PCP)
- Psychologist
- Behavioral Health nurse
- Therapist

Brain A+P

Occipital (visual reception and interpretation). All lobes are apart of Cerebrum. (Forebrain) The diencephalon is composed of Thalamus, Hypothalamus, + Limbic system. The hindbrain consists of: Pons (regulates Respiration + skeletal muscle tone), Medulla (regulate HR, BP, respiration + reflex center for swallowing, sneezing, coughing + vomiting, and the Cerebellum (regulates muscle tone and coordination + maintains posture + equilibrium).

Schizophrenia

Premorbid phase → shy + withdrawn, poor peer relationships, antisocial,

Prodromal phase → lasts wks - yrs. Deterioration in role functioning + social withdrawal, sleep disturbances, anxiety, irritability, depressed mood, fatigue

Acute schizophrenia episode → psychotic symptoms are prominent (delusions, hallucinations, impairment in work, social relations + self-care)

Residual phase → symptoms similar to prodromal phase. Flat affect and impairment in role of functioning prominent. Remissions + exacerbation

Positive symptoms

Delusions
Hallucinations
Illusions
Echopraxia
Form of thought
(concrete thinking, echolalia, loose association, neologisms, clang associations, word salad, circumstantiality, tangentiality, mutism, perseveration, magical thinking)

- The disease probably results from a combination of influences including: biological, psychological, + environmental factors

Negative symptoms

Affect (inappropriate, blond, flat, apathy)
Avolition
Emotional ambivalence
Deterioration in appearance
Impaired social interaction
Social Isolation
Anergia
Anhedonia

Associated features:
- Waxy flexibility
- Posturing
- Pacing + rocking
- Regression