ATI Real Life Student Packet
N201 Nursing Care of Special Populations
2023

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ATI Scenario: Major depressive disorder

To Be Completed Before the Simulation

*****Blue boxes should be completed using textbook information. What do you expect to find? This information should be collected before you start the ATI simulation*

Medical Diagnosis: Major depressive disorder

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

-Neurotransmitters are major components in the brain's chemical makeup
-Monoamine neurotransmitters include norepinephrine, dopamine, serotonin
-Activities of neurons are when an electrical impulse reaches the end of a neuron, a neurotransmitter is released, crossing the synapse to attach to receptors on the postsynaptic cell to inhibit or excite it.
Serotonin- Mood, sleep regulation, hunger, pain perception, aggression, and libido
Norepinephrine- Mood, attention and arousal, fight or flight in response to stress
Dopamine- Fine muscle movement, integration of emotions and thoughts, decision making, stimulates hypothalamus to release hormones
The limbic system- Regulates activities of emotions, physical and sexual drives, stress responses, processing, learning, and memory
Frontal lobe (thought processes)- Formulate or select goals, initiate plan terminates actions, decision making, insight, motivation, social judgment, voluntary motor ability starts in frontal lobe
Parietal lobe (sensory and motor)- Receive and identify sensory information, concept formation and abstraction, proprioception and body awareness, reading mathematics, right and left orientation
Temporal lobe (auditory)- Language comprehension, stores sound into memories language and speech, connects with limbic system
Occipital lobe (vision)- Interprets visual images, visual association, visual memories, involved with language formation

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

↓**Serotonin:**
– Serotonin-circuit dysfunction = poor impulse control, low sex drive, decreased appetite, disturbed regulations of body temperature, and irritability
↓**Norepinephrine** anergia, anhedonia, decreased concentration, and diminished libido
↓**Dopamine:** reward and incentive behavior process, emotional expression, and learning processes these become disrupted in depression

-Interferes with everyday life

Major Depressive Disorder-
Characterized by depressed mood
-Loss of interest or pleasure in usual activities
-Symptoms present for at least 2 weeks
-No history of manic behavior
-Not related to substance use
-Can be mild, moderate, severe most of the day, or every day
-Sadness, hopelessness, tearful
DSM-5: Need >5, one must be either depressed mood or anhedonia, >2 week
-Depressed Mood
-Anhedonia: loss of interest/pleasure
-Change in weight
-Insomnia/hypersomnia
-Psychomotor agitation or retardation
-Fatigue/energy loss
-Feelings of worthlessness or guilt
-Diminished concentration or indecisiveness
-Recurrent thoughts of death or suicidal thoughts: can be common

To Be Completed Before the Simulation

Anticipated Patient Problem: Impaired mood regulation

Goal 1: Will demonstrate compliance with any medication or treatment plan during my time of care.
Goal 2: Will identify negative thoughts and rationally counter them and reframe them in a positive manner prior to discharge.

Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include timeframes	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Monitor mood and behavior changes q4 hour and PRN.	Provide a safe and supportive environment with a clean and clutter free space, free of judgment continuously and PRN.
Assess somatic symptoms of depression q shift.	Encourage client to participate in group therapy where the members share the same feelings and goals that they have prior to discharge.
Perform a mental status examination q shift.	Administer anti-depressant medications as ordered by the provider.
Identify predisposing risk factors of depression q shift.	Encourage the client to engage in 30 minutes of exercise each day while consuming a healthy diet prior to discharge.
Assess coping mechanisms utilized during times of hopelessness on admission and PRN.	Encourage client to write in a journal expressing thoughts and reflections on feelings and experiences each day during my time of care.
Assess loss of interest or pleasure in activities once enjoyed on admission and PRN.	Allow the client to have plenty of time to think and respond to conversations during my time of care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for self-directed violence

Goal 1: Will identify at least two people they can seek out for support and emotional guidance when they are feeling self-destructive prior to discharge.

Goal 2: Will not inflict any harm to themselves or others during my time of care.

Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include timeframes	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Assess suicide risk q shift and PRN.	Remove anything that the client may use to hurt or kill themselves i.e. tubing, call bell, shoe laces, gown, trash bags etc. and initiate 1:1 sitter during my time of care
Evaluate all support resources available to client during my time of care.	Contact the family and arrange for crisis counseling prior to discharge.
Assist the client in determining aspects of life that are under his or her control q shift and PRN.	Educate the client about crisis intervention services such as suicide hotlines, support groups, and talk therapy prior to discharge.
Assess feelings and attitudes towards self q shift and PRN.	Teach visualization techniques that can replace negative self-images with more positive images and thoughts about self during my time of care.
Assess for early signs of distress or anxiety PRN.	Encourage the client to express feelings and perceptions of problems by establishing rapport using therapeutic communication during my time of care.
Identify situations that trigger suicidal thoughts during my time of care.	Educate on effective coping mechanisms i.e. walking, jogging, mindfulness, journaling, and therapy prior to discharge and PRN.

To Be Completed During the Simulation:

Actual Patient Problem: Risk for suicide behavior
Goal: BR will not inflict any harm to themselves or others during my time of care. (MET)

Goal: BR will establish a safety plan with the nurse, including the identification of triggers, coping strategies, and emergency contacts during my time of care. (MET)

Actual Patient Problem: Impaired mood regulation
Goal: BR will demonstrate compliance with any medication or treatment plan during my time of care. (MET)

Goal: BR will verbalize effective coping mechanisms such as attending group therapy, individual therapy, eliminating stressors, and implementing physical activity and relaxation techniques prior to discharge. (MET)

Additional Patient Problems:

#3 Anxiety, #4 ineffective coping, #5 complicated grieving, #6 imbalanced nutrition: less than body requirements, #7 readiness for enhanced hope

Below will be your notes, add more lines as needed. **Relevant Assessments:** Indicate pertinent assessment findings. **Multidisciplinary Team Intervention:** What interventions were done in response to your abnormal assessments? **Reassessment/Evaluation:** What was your patient's response to the intervention?

Patient Problem	Time	Relevant Assessments	Time	Multidisciplinary Team Intervention	Time	Reassessment/ Evaluation
1,2,4,5	Day 1 1200	Phone call from brother worried about his depression and drinking, stated "A lot has happened recently and I'm not able to move past it, I've been drinking a lot, life is not enjoyable, and I need help".	1210	Conveyed acceptance and established rapport to build trust by asking further questions using therapeutic communication.	1215	Agreed to come into the clinic with his brother.
2,3,4,5	1245	Lost partner 6 months ago and lost job 2 months ago stated, "The only thing that helps me is drinking".	1255	Explored what drinking meant to him with a non-judgmental demeanor, questioned how he copes with difficult times.	1255	Stated alcohol is relaxing but he used to travel with his wife and take walks.
2,3,4,6	1320	Hasn't taken anxiety medication for 6 months, insomnia, and	1330	Focused on the new information given and continued to ask	1340	Expresses he doesn't think he will get better, Weight loss of

		weight loss.		questions by seeking clarification.		12.5%
1,2,4	1400	Made aware that he wants to give his motorcycle to his nephew and his gun collection to his brother.	1410	Restated the information to clarify and offered recognition of going in the right direction.	1420	No other further questions, NP will be in soon.
1,2,3,4	1450	Presented behavior of being over the conversation, risk factors include anxiety disorder, lethal means of suicide, Increased etoh intake, family hx of SI.	1455	Using information to formulate a plan with NP and documented all comments made.	1455	Appears with blunt affect and Jordan continues to be by his side.
1,2,3,7	1500	C-SSRS was determined SI with intent.	1530	Provide education that he would need to stay in a facility that was qualified to give him all the help that he needs.	1535	Stated “I'm just ready to get some help.” Transferred to an inpatient facility.
1,2	1630	States “what’s the crisis state plan about.”	1635	Explained it’s an ongoing plan that will gradually be worked on when staying there to achieve optimal health.	1800	Crisis care plan has been initiated with names, numbers, coping strategies, reasons to live.
1	1700	Jordan brought in personal belongings to the facility.	1710	Removed all belongings that may pose a risk.	1710	Implemented suicide precautions by establishing a 1:1 sitter documenting q 15 minutes.
1,2,3	1715	Stated “This is a lot to take in.”	1730	Gave recognition that this was overwhelming and educating on the suicide precautions that have been placed.	1735	No further questions.
3	Day 2 0800	Upon taking his sertraline seemed very nervous.	0845	Administered lorazepam 2 mg and provided education that effects may not happen for 15-60 minutes.	0845	No further questions.

1,3,7	Day 3 0800	Meets requirements for discharge to another program.	0810	Inquired how he was feeling.	0810	Stated “Ahh, I'm better, but I'm not back to my old self yet.”
2,3,7	0812	Stated “I was attending individual and group therapy sessions for a while my doctor prescribed medications I feel like I'm getting better.”	0820	Provided a supportive environment with acceptance and hope. Provided information on the new program.	0825	Will attend 5 days a week, six hours a day, first session at 0900 and the last session at 1400 continuing group and individual therapy.
3	0830	Prescribed sertraline and lorazepam, states “I'm not really sure what the side effects are.”	0830	Educated on the side effects that can include N/V, muscle/abd cramps, and tremors.	0835	Verbalized understanding.
2,3,7	1100	Stated “I didn’t realize there were any other options besides medication and therapy.”	1105	Educated on non-pharmacological therapy including exercise and light therapy.	1110	Therapist will be in soon to discuss this further.
1,2,3,4,6,7	1130	Stated “I really think that the medications and therapy sessions are working has been walking, meditating, yoga, and listening to music. I plan to look for a job next week and ride motorcycles with friends.”	1140	Encouraged and celebrated on positive improvement.	1142	Reports sleeping 6 hours per night, eating a well-balanced diet, able to concentrate, no feelings of self-harm, and sets realistic goals with a positive demeanor. States “I'm finally starting to feel good about myself.”

To Be Completed After the Simulation

The orange boxes should be filled out with your simulation patient's actual results, assessments, medications, and recommendations

NCLEX IV *(7)*: Reduction of Risk

Actual Labs/ Diagnostics
-DSM-5
-**Hamilton depression scale**
-Beck depression inventory
-Zung self-rating depression scale
-Patient health questionnaire (PHQ-9)

NCLEX II *(3)*: Health Promotion and Maintenance

Signs and Symptoms
-**Anxiety**
-**Change in eating patterns i.e. anorexia**
-**Sad blunted affect**
-**Socially isolated**
-**Slowed speech and delayed responses**
-Sluggishness
-Constipation
-Sleep disturbances i.e. insomnia
-Decreased libido
-Somatic symptoms i.e. fatigue, gastrointestinal changes, and pain
-Poor grooming lack of hygiene
-Psychomotor retardation i.e. pacing and restlessness
-**Thoughts of suicide**

NCLEX II *(3)*: Health Promotion and Maintenance

Contributing Risk Factors
-**History of prior episodes of depression**
-Family history of depressive disorder, especially in first-degree relatives
-**History of suicide attempts or family history of suicide**
-Member of the LGBTQ community
-Female gender
-**Age 40 years or younger**
-Postpartum period
-Chronic medical illness
-Absence of social support
-**Negative, stressful life events**, particularly early trauma
-**Active alcohol** or substance use disorder
-History of sexual abuse

Therapeutic Procedures
Non-surgical
-**Mileu therapy**
-**Cognitive behavioral therapy**
-**Interpersonal therapy**
-**Group therapy**
-**Family therapy**
-**Light therapy**
-**Herbal therapy**
Surgical
-Electroconvulsive therapy
-Transcranial magnetic stimulation
-Vagus nerve stimulation

NCLEX IV *(7)*: Reduction of Risk

Prevention of Complications
(Any complications associated with the client's disease process? If not what are some complications you anticipate)
-**High risk for suicide**
-**Insomnia**
-**Weight loss**/gain
-Socioeconomic changes
-**Loss of job**
-**Family changes**
-**Substance abuse**

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies

Medication Management
Sertraline
Lorazepam 2mg PO twice a day
-Selective serotonin reuptake inhibitors (SSRIs)
-Serotonin-norepinephrine reuptake inhibitors (SNRIs)
-Atypical antidepressants

NCLEX IV *(5)*: Basic Care and Comfort

Non-Pharmacologic Care Measures
-**Exercise**
-**Meditation**
-**Yoga**
-**Music therapy**
-**Support from family**
-**Help client set goals**
-**Encourage expression of**

NCLEX III *(4)*: Psychosocial/Holistic Care Needs

Stressors the client experienced?
-**Lost his job**
-**Weight loss**
-**Trouble sleeping**
-**Anxiety**
-**Family or financial strain**
-**Suicidal ideation**
-**Refraining from substance**

-Tricyclic antidepressants (TCAs) -Monoamine oxidase inhibitors (MAOIs)	**feelings**	**abuse**

Client/Family Education

Document 3 teaching topics specific for this client.

- **Medication side effects of lorazepam**
- **Identifying healthy coping strategies**
- Educate on signs and symptoms of depression

NCLEX I *(1)*: Safe and Effective Care Environment

Multidisciplinary Team Involvement

(Which other disciplines were involved in caring for this client?)

RN, NP, Provider, Therapist, Social worker, Case manager, Psychiatrist, Brother, Sitter, Pharmacy

Patient Resources

-Suicide hotline
-Support groups
-Therapists/ counselors
-Pharmacy

Reflection Paper

Directions: Write reflection including the following:

1. What was your biggest "take away" from participating in the care of this client?

   My biggest take away from participating in the care for Ben was that he was always supported. Whether he was ready for the care or not he had his brother by his side, the nurses, case workers all available to him for support through his tough time. Support systems are such a huge part of coping, everyday living, and crisis survival. People can underestimate the importance of a support system for example I know at the end of the day I have people in my corner who are there for me through thick or thin. To someone who may not have anyone, I could not imagine even the smallest inconvenience of not having someone to talk to, feed ideas off of, or support you can begin to feel alone. Add someone going through a rough patch, diagnosed with anxiety/depression, or feeling slightly alone can turn into a deep dark hole of loneliness, suicidal ideation, and an abundance of life altering consequences.

2. What was something that surprised you in the care of this patient?
   Something that surprised me in the care for Ben was how he knew exactly how he would end his life and his openness of telling us exactly how he would do it. I've learned that when someone is so deep in their depression they can be very brutally honest about how they're feeling and to some people they may not know how to handle that honesty. As a nurse, it is our job to acknowledge their feelings, keep them safe, convey acceptance, and assist them to healthy living.

3. What is something you would do differently with the care of this client?
   Something I would do differently in the care of this client is conduct my screening tools more organically and cluster my care with them. I felt during the simulation as soon as Ben arrived at the clinic people were coming and leaving very often. I feel that would be very high stimuli, making someone anxious, and they should be introduced to new things slowly. On the other hand, I do understand that this was a high-priority patient giving his suicide risk assessment. So, everyone was doing their best to aid this patient with the best care.

4. How will this simulation experience impact your nursing practice?

This simulation experience will impact my nursing care by always having my therapeutic communication sharp and knowing who my clients' support system is before leaving my care. I want my clients to feel supported during my care as well as when they go home. For example, when you are teaching a child rules at home and it's not carried out at grandma's the ground rules can get skewed. When we assist clients with care, therapy, or medications and they're not carried out after discharge we hope that their support system can help them get back on track by holding them accountable. The simulation made me thankful for the people around me and showed me to continue to be a good friend and always being there through the good times and bad.

5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.

   Norms and deviations of growth and development during this simulation would go back to Maslow hierarchy of needs and then working our way up. When Ben arrived at the clinic he was flooded with an abundance of nursing diagnoses, but with any patient, you must meet them with basic needs first. Ben was losing weight, had sleep disturbances, with a high risk for SI. We had to support him with a supportive and safe environment to achieve these needs were met before we handled his ongoing care of depression and anxiety.