

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

The brain is composed of cerebrum, cerebellum, and brainstem. It has 4 lobes. (Frontal, parietal, occipital, and temporal) has deep structures: hypothalamus (plays a role in controlling behaviors as well with hunger, thirst, and sleep). Limbic system: is the center of our emotions, learning, and memory. Within in it is hypothalamus, amygdala (emotional reactions) and hippocampus (memory). In depression that structures that play a significant role in depression is the amygdala, thalamus, and hippocampus system. Activity in the amygdala is higher when a person is sad. The hippocampus plays a key role in processing long-term memory. Hippocampus is smaller in some depressed people.

**NCLEX IV (7): Reduction of Risk**

Pathophysiology of Disease

Major depressive disorder. characterized by depressed mood, diminished interests, impaired cognitive function and disturbed sleep or decreased appetite. Occurs due to environmental factors, such as sexual, physical, or emotional abuse during childhood. It's associated with alterations in regional brain volumes, especially with the hippocampus. 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.

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Risk for Suicide

**Goal 1: The client will verbalize suicidal thoughts to nurse/provider in my time of care.**

<b>Relevant Assessments</b>  (Prewrite) What assessments pertain to your patient's problem? Include timeframes	<b>Multidisciplinary Team Intervention</b>  (Prewrite) What will you do if your assessment is abnormal?
Assess thoughts of suicide q 4hr	Implement suicide precautions (remove wires, sitter, paper scrubs) in my time of care
Assess factors that predispose client to depression in my time of care	Encourage the client to identify triggers and to avoid them in my time of care
Assess individual signs of hopelessness during my time of care	Encourage client to express feelings and perceptions of problems
Assess s/sx of antidepressants q 4 hr	Administer antidepressant medications as ordered in my time of care
Assess client's support system during my time of care.	Encourage client to join support groups during my time of care
Assess the types of coping skills client is utilizing and if it's working during my time of care.	Teach clients some coping skills technique during my time of care

**Goal 2: The client will refrain from self-harm during my time of care**

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Ineffective coping

Goal 1: The client will identify at least 2-3 people he/she can seek out for support and emotional guidance when he/she is feeling self-destructive before discharge.

<b>Relevant Assessments</b>  (Prewrite) What assessments pertain to your patient's problem? Include timeframes	<b>Multidisciplinary Team Intervention</b>  (Prewrite) What will you do if your assessment is abnormal?
Assess the presence of depression q 4hr	Provide trust and rapport to encourage client to verbalize feelings in my time of care; Offer positive responses without false reassurances in my care
Assess nutritional status q 4 hr	Encourage the client to eat small frequent meals in my time of care
Assess if using drugs/ETOH as coping mechanisms in my time of care	Provide different type of coping mechanisms and relaxation techniques in my time of care
Assess if client is sleeping well during my time of care	Encourage client to rest as well as exercise to relieve stress during my time of care
Assess support system q shift	Encourage to join support groups during my time of care
Assess the presence of anxiety q 4 hr	Administer benzodiazepine as prescribed during my time of care

Goal 2: Client will identify factors that are affecting him from coping adequately (sleep disturbances, lack of appetite, not compliant with medication within my time of care

**To Be Completed During the Simulation:**

Actual Patient Problem: Risk for Suicide  
 Goal: **Ben will not cause any harm to himself or others and if they are having suicidal thoughts to notify nurse/provider in my time of care.**  
 Met:  Unmet:

Goal: **Ben will identify at least two-three people/places he/she can seek out for support and emotional guidance when he/she is feeling self-destructive before discharge**  
 Met:  Unmet:

Actual Patient Problem: Ineffective Coping  
 Goal: Ben will verbalize at least one coping skill that has helped him by the end of discharge  
 Met:  Unmet:

Goal: Ben will identify factors that are affecting him from coping adequately (sleep disturbances, lack of appetite, not complaint with medication within my time of care)  
 Met:  Unmet:

Additional Patient Problems:

Anxiety (3), Imbalanced nutrition: less than body requirements (4)  
 Ineffective health self-management (5), Readiness for enhanced health management (6)

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
1,5	08:10	Jordan was concerned about his brother because of his depression and drinking so he decided to call a mental health clinic	08:11	Alex encouraged Ben to talk about what was going on, Alex told him that he did a good job admitting that he needs help	08: 15	Ben stated, “there’s nothing enjoyable anymore”, speech: stuttering, mood: depressed, affect: flat, looks sad, disheveled, hair not combed good
1,2,3,4,5	8:17	Ben lacked eye contact, stated that his partner died 6 months, lost his job, stated “I feel like I have no control over life anymore.”, was crying	8:18	Alex started asking opened ended questions, encouraged Ben to express what he is going through	8:20	Ben stated that drinking helps him relax, hasn’t been drinking for 3 days, used to cope with difficult time by going on long walks with wife, stated “I just find

						myself so lonely and anxious now”, diagnosed with anxiety disorder, hasn’t been taking med, hasn’t been eating and sleeping well (insomnia), has no appetite
1&2,4, 5	8:30	Lost 12.5% weight in a month, wanted to give his motorcycle to Jordan’s son, Ben has a gun collection, has guns at home, stated “I just think life is worth living for”	8:35	Passed information to the nurse practitioner Thanked Ben for coming in, nurse practitioner asked if they had any questions or concerns	8:40	Ben still lacking eye contact have a flat affect
1, 4	8:45	Alex stated that Ben “I have no control over my life”,	8:50	Jamie and Alex identified some cues and started to determine his suicidal risk, did an assessment to assess risk of suicide and feelings of depression	9:00	Stuttering, looking at the ground, flat affect, said “I’m getting sick of all these questions”
1,2,	Day 2 8:10	Jamie notified that Ben is going to be transferred to acute facility	8:20	Taught Ben that his time spent in the acute facility will depend on his progress and tx plan	8:25	Alex called the acute facility and provided a report of Ben
1,2, 4	9:00	Ben arrives to acute facility, looks tired, disheveled, lack eye contact	9:10	Provided information about his treatment plan, taught him that he will attend group psychotherapy and CBT, taught some coping skills (Exercise, relation techniques), develop a safety plan	9:15	Ben asked what crisis safety plan is
1,2,4	9:30	Happy to see Jordan, got	9:35	Nurse checked his belongings and	9:38	Looks annoyed, nurse told him that

		frustrated when nurse was checking clothes and started to cry		removed objects that caused a risk, implemented suicide precautions		he will a one-to-one sitter, nurse told him to remove necklace (was refusing at first)
1,2, 3	9:40	Liz said that prescriptions will meet ben's needs, will have milieu therapy	9:45	Nurse administered sertraline,	9:50	Nurse said that he seemed more nervous, reviewed information on lorazepam
1&2,3,4	10:00	Ben fidgeting with fingers, said that his heart is racing and feels funny	10:10	Encouraged to take lorazepam and to taper down	10:15	Nurse Morgan talked to Ben, Ben stated that he feels better but not back to his old self, joined group therapy
2,6	10:18	Ben not aware of nonpharmacological approaches	10:20	Nurse Morgan taught about light therapy, exercise	10:25	Stated that he's taking St John Worts
1&2,6	Day 3 9:00	Looks well groomed, dressed well, making eye contact, no thoughts of self harm, been doing yoga, started to ride motorcycle with friends, listens to music, plans to look for a job	9:10	Nurse Morgan encouraged Ben to tell more of what he learned in the program	9:15	Stated that therapy has helped him interact with other especially with his feelings and emotions, stated that he doesn't use EtOH for his coping strategy, stated "I'm working towards building my confidence"
1&2,6	9:20	Ben is going to intensive OP programs	9:25	Nurse Morgan provided suicide helpline number and community and local agencies that can help him, as well as personal contacts that he can reach when a crisis begins	9:30	Stated that he already give his guns to Jordan to keep it locked, stated that he is looking forward to find support to maintain goal of sobriety, stated that outpatient will provide him with more information

**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

Crisis safety plan  
Suicide Risk assessment

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

Signs and Symptoms

Poor concentration, impaired judgment, fatigued, comprehension is slow, unable to comprehend, lethargic,

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

Contributing Risk Factors

Anxiety  
Death of spouse  
Loss of job

**NCLEX IV (7): Reduction of Risk**

Therapeutic Procedures

Non-surgical

Surgical

Prevention of Complications  
(Any complications associated with the client's disease process? If not what are some complications you anticipate)

Suicide (has guns at home)

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

Medication Management

Venlafaxine (hasn't been taking it on the daily basis)  
Sertraline  
Lorazepam

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

Non-Pharmacologic Care Measures

CBT  
Exercise  
light therapy  
Relaxation techniques  
Group therapy  
Milieu therapy

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

Stressors the client experienced?

Coping with ETOH  
Depressed because of the loss of his wife

**Client/Family Education**

Document 3 teaching topics specific for this client.

- Teach how to take lorazepam during my time of care
- Teach different coping mechanisms in my care
- Encourage to verbalize suicidal thoughts in my time of care

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

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

Mental health facilities/nurses  
Family involvement  
Primary doctor  
Outpatient therapy

Patient Resources

Support therapy/group therapy. Psychotherapy, outpatient therapy

## 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 takeaway in participating in the care is how important support system are. Jordan, Ben’s brother took initiative and called the mental health clinic in concerns about Ben’s depression and alcohol consumption. If Jordan didn’t took that initiative, I don’t think Ben would have voluntary called the mental health clinic and many adverse outcomes could have occurred including suicide death.

2. What was something that surprised you in the care of this patient?

3.

What surprised me the most about this care is the necklace that Ben had. That necklace was very meaningful for Ben. The nurse told Ben to take off the necklace because it’s part of the suicide precaution. At first Ben was refusing to remove it but the nurse did a good job explaining the reason why it should be removed and then Ben was compliant and removed it even though it upset him.

4. What is something you would do differently with the care of this client?

Something that I would do differently in this care is during the beginning of the scenario Jordan, Ben’s brother was talking for Ben. I would encourage Ben to talk more by providing therapeutic communication (silence, patience) and letting him know that he his here to get help and to get better. Another thing I would do is when teaching him about the medications, I would make sure he is alert and oriented. If he is still showing depressive signs its best to wait snice he won’t be comprehending much.

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

This stimulation will experience my impact by assess if the client has a support system. It’s also important to provide the client information on how to contact the suicide hotline and encourage personal contacts that one can reach when a crisis begins. Having the personal contact can help encourage and vent the feelings the client is experiencing and can guide them to the correct steps.

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

Ben falls in the formal operation stage. In this stage Ben should be able to logically think and have deductive reasoning. Some deviations that I noticed is that in the beginning of the scenario Ben was disheveled and was poorly groomed. He was showing depressive moods due to changes that he was experiencing in life, which affected him with decision making and couldn’t think logically. There were 2 stressors that affected Ben a lot. One of them is the passing of his wife Claire and the other was the loss of his job. At the end of the scenario Ben was much better and well-groomed and could logically think.

