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

Student Name: Sophia Fitler

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 a complex organ that controls thought, memory, emotion, touch, motor skills, vision, breathing, temperature, hunger, and every process that regulates our body. It is protected by the skull bones and vertebra protect our spinal cord coming from the brain. Together the brain and spinal cord make up the CNS. The brain weights about 3lbs in the average adult and is 60% fat. The remaining 40% is a combination of water, protein, carbohydrates, and salts. The brain also contains blood vessels and nerves, including neurons and glial cells. Grey matter is primarily composed of neuron somas and white matter is mostly made of axons wrapped in myelin. The neurotransmitters in the brain are chemical messengers that the body can't function without. Their job is to carry chemical signals from one neuron to the next target cell. After a neurotransmitter delivers their message, the molecules must be cleared from the synaptic cleft.
Glutamate: most common excitatory neurotransmitter that plays a key role in cognitive functions like thinking, learning, and memory.
Gamma-aminobutyric acid (GABA): most common inhibitory neurotransmitter that regulates brain activity to prevent problems that can lead to anxiety or depression.
Glycine: most common inhibitory neurotransmitter in the spinal cord that is involved in controlling hearing, pain transmission and metabolism.
Serotonin: Helps regulate mood, sleep patterns, sexuality, anxiety, appetite, and pain; medications can aid in helping depression can regulate the serotonin levels (SSRI and SNRI)
Histamine: Regulates body functions including wakefulness, feeding behavior and motivation.
Dopamine: Plays a role in your body's reward system that includes feeling pleasure, achieving heightened arousal, and learning. Also helps with focus, concentration, memory, sleep, mood, and motivation.
Epinephrine: Responsible for the 'fight or flight' response to fear and stress. Stimulate the body's response by increase HR, RR, BP, blood sugar and blood flow to muscles as well as heightened attention and focus to allow for acting or reacting to different stressors.
Norepinephrine: Increases BP and HR. Has effects of alertness, arousal, decision-making, attention, and focus.

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

GABA, an inhibitory neurotransmitter, and glutamate and glycine, both of which are major excitatory neurotransmitters are found to play a role in the etiology of depression. Patients have been found to have lower plasma, CSF, and brain GABA levels. GABA is considered to exert its antidepressant effect by inhibiting the ascending monoamine pathways, including mesocortical and mesolimbic systems. Severe or early stress can result in drastic alterations in neuroendocrine and behavioral responses, which can cause structural changes in the cerebral cortex, leading to severe depression later in life. Structural and functional brain imaging of depressed individuals has shown increased hyperintensities in the subcortical regions and reduced anterior brain metabolism on the left side.
-A decrease in the production of serotonin by the serotogenic neurons can cause depression in some people, other mood disorders and more specifically, a mood state that can cause some people to feel suicidal.
-Low dopamine levels can lead to anhedonia
-Some people who are vulnerable to depression may have a norepinephrinergic system that doesn't handle the effects of stress easily.

To Be Completed Before the Simulation

Anticipated Patient Problem: Ineffective health maintenance

Goal 1: Pt will express willingness to participate in activities improving health status during my time of care.

Goal 2: Pt will be able to identify appropriate resources to aid in helping depression 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?
Assess for familial support q shift	Involve family as applicable; support system is important to facilitate healing
Evaluate for substance abuse upon admission	Educate about negative effects on health if continued use
Assess for recent losses or life changes upon admission	Teach about coping strategies to aid the grieving process
Assess for willingness to improve health q shift	Encourage attendance at support groups after discharge; provide resources
Assess prior coping strategies upon admission	Encourage deep breathing, exercise, doing a pleasure activity (ect.)
Assess any prior medication use to treat depression upon admission	Help plan medication regimen schedule and teach when/how to taper correctly

To Be Completed Before the Simulation

Anticipated Patient Problem: Hopelessness

Goal 1: Pt will be able to incorporate coping mechanisms to counteract feelings of hopelessness during my time of care.

Goal 2: Pt will develop short-term goals to foster a positive outlook 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 for any recent physical or emotional changes upon admission	Use therapeutic communication and take time to listen to the patient
Assess for history or family hx of depression upon admission	Start on medication regimen PRN based on depressive symptoms
Assess for suicidal ideation q 2 hours	Encourage group activities so pt does not feel so alone
Assess for a support system q shift	Encourage to have support system involve in healthcare experience
Assess for level of self-care pt can complete q shift	Help establish short term goals to prevent overwhelming the patient
Evaluate pt if using harmful defense mechanisms q shift	Offer distraction PRN and focus on strengths pt is able to accomplish to aid confidence level in creating positive coping mechanisms

To Be Completed During the Simulation:

Actual Patient Problem: Ineffective health maintenance
Goal: B.R. will be able to provide teach-back about depressive and suicidal symptoms prior to discharge. Met: YES Unmet:☐
Goal: B.R. will be able to adapt to a lifestyle that limits alcohol use and enhances physical health needs during my time of care. Met: YES Unmet:☐

Actual Patient Problem: Readiness for enhanced coping
Goal: B.R. will be able to identify one or more coping mechanisms during my time of care. Met: YES
Goal: B.R. will be able to express willingness to attend support groups to help with his depression prior to discharge. Met: YES Unmet:☐

Additional Patient Problems:

3. Imbalanced nutrition: less than body requirements

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	1150	B.R. brother calling mental health clinic regarding concerns with B.R. and his major depressive disorder; B.R. states on phone "there's nothing about life that's enjoyable anymore, and I need help"	1200	Encourages B.R. to come into clinic and speak with mental health nurse in person within 20-30 minutes	1220	B.R. comes into clinic with brother at side
1	1230	Mood is down- not making any eye contact, states that partner passed unexpectedly 6 months ago and lost job as a police officer 2 months ago; also states "I feel like I have no control over my life anymore"; turns to drinking as an outlet for relaxation	1235	Uses therapeutic communication to talk with B.R. and as questions regarding drinking problem, sleeping pattern, eating habits, finances, and worries	1240	B.R. expresses concern about not being able to get better and always wanting to drink that has been going on for months
1,3	1250	Experiencing weight loss of 25lbs over the past month from not feeling the urge the eat or fix anything; brother mentioned B.R. wanting to give away personal belongings to himself and nephew; reporting no drinks in 3 days	1300	Nurse practitioner comes in to talk with the B.R. and brother; RN evaluates pts risks for suicide and depression with Colombia Suicide Severity Rating	1310	B.R. placed in high-risk category with intent for suicide
2	1330	B.R. ready to receive help for his problem	1330	Nurse practitioner is moving B.R. to an acute care facility to provide individualized	1400	B.R. at facility talking with RN; concerned about when brother can bring his belongings

				care and therapy sessions		
1,2	1420	B.R. admitted to facility; personal belongings were searched and allowed to keep underwear and socks	1430	Suicide precautions implemented and document q 15-30 mins	1445	B.R. got a little agitated when having to take of necklace that was a gift from wife; stated it brings him comfort and support; was offered Chaplin services
2	1500	Appearing anxious upon administration of sertraline; stated heart is racing	1530	Administer Lorazepam 2mg BID and teach to taper gradually to minimize withdrawal effects	1530	B.R. states he will abide by the medication to help with his anxiety
2	(one week later) 1000	Nurse Morgan reports B.R. is doing much better; B.R. states that he feels better- but not like his normal self; reports doing well in the therapy sessions and medications are working	1030	Educates about hospital program that includes group therapy; also educates about other treatments for B.R.s depression if the current plan starts to not help	1050	B.R. is not having any thoughts of self-harm. Reports starting to walk 1 mile a day, doing yoga, and riding his motorcycle. States planning to look for employment the following week

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

Blood tests to check electrolytes, liver function, toxicology screening, and kidney function
CT scan or MRI
EKG
EEG

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

Signs and Symptoms

Loss of interest or pleasure in once favorable activities
Lack of energy
Feelings of worthlessness/guilt
Feelings of loneliness
Sleep disturbances
Reduced appetite
Frequent or recurrent thoughts of death, suicidal thoughts

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

Contributing Risk Factors

Family hx
Major life changes
Traumatic experiences
Stress
Mood or anxiety disorders in childhood

Therapeutic Procedures

Non-surgical
Light therapy
Electroconvulsive therapy
Vagus nerve stimulation
Surgical
Deep brain 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)

Suicide
Alcohol or drug misuse
Family/friends hardships
Social isolation
COPD
CAD
Diabetes
HTN

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

Medication Management

Lorazepam
Other antidepressants
SSRIs (Fluoxetine and sertraline)

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

Non-Pharmacologic Care Measures

Vitamin D
St. John's wort
Cognitive behavioral therapy
Interpersonal therapy
Psychodynamic therapy

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

Stressors the client experienced?

Realizing the need to seek treatment
Not in the mood to do once pleasurable activities
Being away from family while being treated
Turing to drugs or alcohol to cope

Client/Family Education

Document 3 teaching topics specific for this client.

- Effective coping mechanisms
- Importance of taking medications and knowing when to taper
- Teach to report signs of suicide intent

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

Multidisciplinary Team Involvement

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

MD
Nurse
Therapist
Psychologist
Dietitian

Patient Resources

Support groups, other inpatient or outpatient help facilities, encouraged engagement in groups with the same interests

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 of this client was the various aspects of care that was involved when someone decides to seek help if they are dealing with depression. Many stressors in a patient's life can contribute to the onset of feeling lonely- like the trifecta of events that happened in B. R's life to make life not pleasurable anymore and willing to live.

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

   Something that surprised me while caring for B.R. was that the brother (J.R.) was able to point out how different B.R. was acting and encouraged him to seek help. I was also surprised by the turnaround time, in which the client started to get better, due to the medications and other treatments.

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

   I don't think that I would do anything differently in this scenario. The nurses provided excellent care that included using therapeutic communication that aided in the client answering their questions to the best of his ability and without getting agitated. By discharge, the client was very knowledgeable about how his depression had impacted his life and new coping mechanisms to further aid in the management of depressive-like symptoms.

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

   This simulation experience will impact my nursing practice by giving me the opportunity to see what the admission and inpatient process can be for a patient with depression. This simulation also gave me insight as to see what kind of treatment therapies seem to work best for this client. It also allowed me to see how important it is to sit and talk with a client who has depression and ensure them they are not alone.

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

   According to Erikson, B.R. is in stage 6, the intimacy vs isolation stage that lasts until age 40. It is normal that during this stage, we are getting married, starting families, or thriving in their place of work. An unexpected death of a spouse and loss of a job can lead to ineffective coping strategies, like drinking, and the onset of depression- which can be a deviation in development.