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 nervous system is divided into the central nervous system (CNS) which consists of the brain and spinal cord and the peripheral nervous system (PNS) which consists of the all the nerves everywhere else in the body. The central nervous system works to relay messages from the peripheral nervous system to the brain using the spinal cord and then carry out messages from the brain back to the peripheral nerves. How that works is by using neurons. Neurons communicate via neurotransmitters by releasing them across the synapse (the space between neurons) where neurotransmitters then attach to receptor sites on the other neuron. Neurotransmitters are vital chemical messengers that carry signals to neurons throughout the body. Receptor sites receive and process the message and then send it on to the next neuron. This process goes until the message reaches receptor centers in the brain via motor nerve. When info is going to the brain it is carried by sensory neurons when the brain receives the message and responds it is called motor neurons. The limbic system is also involved in the CNS, specifically the hippocampus which controls emotional behavior and long term memory.

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Major Depressive Disorder involves a lack of neurotransmitters serotonin and norepinephrine in the brain. As mentioned before neurotransmitters are vital chemical messengers between neurons. If there are a lack of these messengers a person is affected mentally and physically. Serotonin is responsible for regulating mood, sleep, and appetite. Norepinephrine is responsible for alertness, arousal, attention, and memory. If these neurotransmitters were lacking, a person may have no appetite, no desire to do anything, melancholy mood, and more key features of depression. Neurotransmitters do not just stop being produced, depression affects the limbic system of the brain which causes the hippocampus to raise its cortisol levels which then impedes development of neurons in the brain, meaning less neurotransmitters to transfer messages to.

To Be Completed Before the Simulation

Anticipated Patient Problem: Hopelessness

Goal 1: The client will discuss 2-3 things that give their life meaning with the nurse 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 destructive behaviors qshift	Utilize therapeutic communication to create safe environment for positive discussion and reflection of behaviors
Assess the clients belief in self and own abilities qshift	Encourage self care and independence assist in what they are unable to do
Listen for verbalizations of hopelessness, lack of self-worth, suicidal ideations qshift	Encourage the client to identify strengths and abilities
Assess previous coping strategies and their effectiveness qshift	Facilitate problem solving and provide new coping mechanisms
Assess the patients expectations for the future qshift	Encourage an attitude of realistic hope
Assess the cause of hopelessness, illness?, career?, family/personal life? Qshift	Convey feelings of acceptance and understanding to facilitate the most open communication

Goal 2: The client will state 2-3 realistic goals they want to achieve within their time of care with the nurse.

I feel like all mental health assessments and interventions are ongoing there are not specific times to communicate with clients its after observing and getting to know them (building rapport) that a nurse can determine when to talk to them more deeply about their feelings.

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for Suicide

Goal 1: The client will identify at least 2-3 people they can seek out for support and emotional guidance when they are feeling self-destructive before discharge 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?
Identify level of suicide precautions for pt, high risk or low risk upon admission and qshift	If high risk hospitalization required and suicide precautions initiated, if low risk are determine if safe to go home establish support person or people.
Assess somatic complaints of headache, stomach ache, fatigue changes in weight qshift	Encourage client to express deeper feelings, ask if they are angry, sad, frustrated
Identify predisposing factors: family history, job, personal life upon admission	Encourage therapy based on predisposing factor if current factor recommend CBT if factor is from childhood recommend IPT
Perform a mental status examination upon admission	If criteria met for dx, discuss medications, therapies, support groups, positive life changes that could be made
Assess appetite qshift	Encourage small frequent meals
Assess support people if any upon admission	Contact and inform support people on situation and establish a plan

Goal 2: The client will state they want to live before discharge during my time of care

To Be Completed During the Simulation:

Actual Patient Problem: Hopelessness
Goal: The client will discuss 2-3 things that give their life meaning with the nurse during my time of care.
Met: yes Unmet:☐
Goal: The client will state 2-3 realistic goals they want to achieve within their time of care with the nurse.
Met: yes Unmet:☐

Actual Patient Problem: Risk for suicide
Goal: The client will not show signs of suicide ideation upon discharge during care such as: giving away possessions, having a plan in place, having access to lethal weapons or access to substances that change cognitive function Met: yes Unmet:☐
Goal: : The client will state they want to live before discharge during my time of care
Met: yes Unmet:☐

Additional Patient Problems:

3. Readiness for enhanced coping

4. Readiness for enhanced hope

5. Anxiety

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	before coming into clinic	Brother called for help, client (Ben) states "A lot has happened I'm not able to move past it, nothing about life is enjoyable anymore"	Before coming into clinic	Alex (RN) establishes that they want to help him, asks Ben to come in to be seen, he agrees.	Arrived at clinic	Ben and his brother showed up to clinic together ready to discuss what lead Ben to seek help
1	MSE at clinic	Partner died 6 months ago, becomes tearful saying it. Lost job 2 months ago. "Feel like I have no control over my life anymore" , admits to drinking "helps to relax me" goes to bar to talk to people, 6 pack a day but has not drank last three days	MSE at clinic	Alex utilizes therapeutic communication asking him to "Tell me more about the loss of your partner and how that has made you feel like you are spiraling out of control" CIWA score: 1	MSE at clinic	Ben opens up on how the loss has affected him shows signs of anhedonia and depressed mood
1, 3	MSE at clinic	Previous coping mechanisms were him and his partner used to go on long walks and traveled "happy times", states feel so lonely.	At acute inpt facility	Prescribed CBT and group psychotherapy sessions to establish better coping mechanisms such as exercise, relaxation and support groups.	At oupt facility, after both treatment	After acute facility and partial hospitalization program goes on 1 mile walks a day, yoga, meditation, listening to music, rides motorcycle with friends
5	MSE at clinic	Previously dx with anxiety and medicated with venlafaxine	At acute inpt facility	Prescription used in tx is lorazepam 2mg PO for short term relief	Partial hospitalization program	No c/o of anxiety
1	MSE at clinic	C/o worsening back pain since losing his partner, no sleep and loss of appetite loss 25 lbs in 1 month, worried about "way I feel I cant seem	MSE at clinic	Assessed for dx of depression using screening tools HAM-D	Clinic	Upon assessment results of consistent manifestations of MDD with a HAM-D score of 17 indicating mild to moderate depression,

		to shake this feeling of being down and not wanting to do anything except have a drink"				transferring to higher level of acuity treatment
1	Clinic	Appears dishelved, uncombed hair, unshaven, shirt stained and too large, jeans too large, shoes have hole	Acute inpt facility	New clothes provided at facility transferred to and packed by brother	Partial hospitalization program and oupt program	After acute facility care is well groomed, shaved, fitting professional clothes
2	MSE at clinic	Ben wants to give his motorcycle with significant importance away to nephew and that he wants his brother to have his gun collection. Ben states "I just don't think life is worth living anymore' Uncle dx with MDD committed suicide	MSE at clinic	Assessing suicide risk with specific screening tool to determine high or low risk, becoming frustrated with "all these questions"	MSE at clinic	Ben is experiencing suicidal ideation with intent, high risk of suicide, transferring to acute facility to provide individualized care
3,4	MSE at clinic	Ben states "Im ready to get some help"	Acute inpt facility	Taught plan of care to ben upon arrival and established support person as his brother Jordan. Suicide precautions in place, belongings checked for safety	Partial hospitalization program	After treatment states having no thoughts of self harm, plans to start looking for job within a week. Expresses feelings of hopefulness, gets 6 hrs of sleep per night and eats a well balanced diet
4	MSE at clinic	HAM-D score 17 experiencing anhedonia and depressed mood	Acute inpt facility	Sertraline 50mg PO administered, taught reasoning for prescription	Acute inpt facility	After admin, experiencing anxiety
5	Acute inpt facility	Experiencing anxiety and is nervous, "heart is racing, feeling funny"	Acute inpt facility	Lorazepam 2mg PO administered, taught reasoning for prescription and what to expect	Partial hospitalization	Anxiety decreased apparent by no c/o of anxiety feelings or nervousness
3,4	Partial hospitalization program	Moved from acute care facility to partial hospitalization program due to meeting outcomes for discharge. States "I feel like I'm getting better" "Dry mouth, so thirsty, some morning nausea, HA, constipation and hyperhidrosis"	Partial hospitalization program	Taught partial hospitalization program, individual and group therapy times and there will be an individualized plan, discussed side effects of current medications he is experiencing and non-pharmacological tx options	Partial hospitalization program	Ben actively participates in group and individual therapy as well as CBT to alleviate negative thoughts he uses pharmacological treatment as well as support groups and non-pharmacological tx. Referral to social services to assist client in financial management and career.
3,4	Outpt intensive care	Reflects on how "I did not care about my self, I did not care about if I lived"	Outpt intensive care	Asked how his feelings have changed	Outpt intensive care	"Because of medication and therapy, I have been able to work through those issues and working towards building my self confidence each day working towards a better me"
3,4	Outpt intensive care	Safe for discharge	Outpt intensive care	Discussed crisis safety plan, identifies warning signs of crisis beginning and occurring, removed all alcohol from house and firearms	Outpt intensive care	"Thank you I'm looking forward to finding additional sessions and learn about the intensive outpatient program"

Based time frame on where Ben was receiving care at time of initial assessment to what place did the intervention take place to then where a good reassessment was done.

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
HAM-D
CIWA
Suicide risk assessment (C-SSRS)
CMP
BMP

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

Signs and Symptoms
Anhedonia
Depressed mood
Change in weight
Insomnia
Fatigue
Suicidal Ideation
loneliness

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

Contributing Risk Factors
Family Hx
Substance Abuse
Recent loss of loved one
Loss of career

Therapeutic Procedures
Non-surgical
CBT
Group psychotherapy
Individualized therapy

Surgical
n/a

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
Anorexia
Electrolyte imbalances

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

Medication Management
Sertraline 50mg
Lorazepam 2mg

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

Non-Pharmacologic Care Measures
Support groups
Exercise
Light therapy

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

Stressors the client experienced?
Hopelessness, loneliness
Financial fear, no job
Fear of loss of self

Client/Family Education

Document 3 teaching topics specific for this client.
- Teach not to take St. Johns wart with SSRI treatment
- Teach to lower dose of lorazepam and if long term management needed for anxiety discuss with Dr to switch to long term anxiety medication
- Teach to go over crisis safety plan with support person

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

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

Patient Resources
Suicide hotline
Local support groups
Local gyms
Safety plan

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 watching this client go through care was that as nurses and a mental health team we can initiate therapy, prescribe medication and have a one on one be there for a client at all times but if that client is not ready, not motivated or care enough to get better, they won’t. The only reason treatment worked for Ben was because he had a very close support person wanting him to get better that made the call for him and Ben stated “I am ready to start feeling better”.
2. What was something that surprised you in the care of this patient?
   What surprised me in the care of Ben was starting immediately with pharmacological management of his depressive symptoms and then later on utilizing non pharmacologic measures like exercise. It made me question well what if they just started with support groups and then getting him to go on walks with nurses or his brother. Then would the antidepressant and anxiolytic that caused all those side effects later on even be necessary?
3. What is something you would do differently with the care of this client?
   Initiate non pharmacologic measures first and therapy before using medication.
4. How will this simulation experience impact your nursing practice?
   It will impact my nursing practice by trying to help these patients holistically, making sure they are feeling better mentally, physically, emotionally. I feel like this applies to all areas of nursing. I feel as in the hospital setting nurses become accustomed to just worrying about the physical aspect of healing but it is important to understand and accept the emotional and mental aspect as well.
5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.

   It stated Ben was 35 years old but due to the depression and physical toll it had on him he had light gray appearing hair and wrinkled facial features, red eyes and appeared to me to be closer to 50. After treatment these physical traits disappeared, he gained weight his hair was blonde eyes no longer red and less wrinkles. Socially he felt isolated before and had no kids and loss his job with that stated he did not want to burden anyone. This deviates from the norm of having a family and established job at this age as a middle adult. Even though he may deviate from this norm after treatment and therapy Ben established support groups, motorcycle friends, healthy habits and a want to live.