

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

NCLEX IV (7): Reduction of Risk

Anatomy and Physiology  
Normal Structures

- brain is an organ composed of nervous tissue that commands task-evoked responses, movement, senses, emotions, language, communication, thinking and memory
- made of different lobes: brain stem (RR, HR, BP), temporal (hearing, memory, language), frontal ("executive" functions), parietal (touch, taste, temperature), occipital (vision), cerebellum (balance, coordination)
- serotonin (mood), dopamine (pleasure), GABA (↓ anxiety, ↑ mood), glutamate (learning and memory)
- white matter: mostly axons, different parts of brain communicate
- gray matter: neuronal cell body, control movement, memory, and emotions

Pathophysiology of Disease

- depression is alteration in mood that is expressed by feelings of sadness, despair, and pessimism
- depression causes hippocampus to raise cortisol levels, impairing the development of neurons in the brain
- reduction of dopamine can also contribute to depression
- depression also increases risk of disease and other conditions from ↑ in stress hormones like cortisol and adrenaline
- GABA and glutamate, both major excitatory neurotransmitters, are also found to play a role in depression
- ↓ of both GABA and glutamate
- ↓ in serotonin can also cause depression in some people
- brain imaging shows ↓ in brain activity

To Be Completed Before the Simulation

Anticipated Patient Problem: RISK FOR SUICIDE

Goal 1: ATI will remain safe from suicide and self injury during my time of care.

Goal 2: ATI will identify ≥ 2 factors contributing to thoughts of suicide during my time of care.

<p><b>Relevant Assessments</b></p> <p>(Prewrite) What assessments pertain to your patient's problem? Include timeframes</p>	<p><b>Multidisciplinary Team Intervention</b></p> <p>(Prewrite) What will you do if your assessment is abnormal?</p>
<p>Assess for a suicide plan or ideations on admission.</p>	<p>Continually re-evaluate suicide risk</p>
<p>Identify characteristics or behaviors pertaining to suicidal ideations q 4, prn</p>	<p>Promote safety: 1 to 1 wither, suicide precautions</p>
<p>Assess for early signs of distress or anxiety and recognize trigger during care.</p>	<p>Help to redirect emotions in to activities (exercise and crafts)</p>
<p>Assess familial history of mental health on admission</p>	<p>Maintain straightforward communication</p>
<p>Assess cognitive ability on admission</p>	<p>Remain calm and set limits on behavior</p>
<p>Assess for support system on admission</p>	<p>Encourage participation in support groups</p>

To Be Completed Before the Simulation

Anticipated Patient Problem: Ineffective Coping

Goal 1: ATI will recognize 2 instances that caused increased stress prior to discharge.

Goal 2: ATI will use 2 coping strategies when stressed during my time of care.

<p><b>Relevant Assessments</b></p> <p>(Prewrite) What assessments pertain to your patient's problem? Include timeframes</p>	<p><b>Multidisciplinary Team Intervention</b></p> <p>(Prewrite) What will you do if your assessment is abnormal?</p>
<p>Assess for possible causes of ineffective coping on admission</p>	<p>Establish rapport</p>
<p>Assess for nonverbal signs of stress q 2 hrs</p>	<p>Encourage to verbalize fears, feelings, and anxiety</p>
<p>Assess history of coping on admission</p>	<p>Assist and educate on relaxation techniques, visualizations, and diversions</p>
<p>Assess for support system on admission</p>	<p>Encourage support available for self</p>
<p>Assess for destructive habits (excessive drinking)</p>	<p>Educate on medications such as disulfiram, acamprosate, and naltrexone</p>
<p>Evaluate perception of situation on admission</p>	<p>Encourage participation in therapeutic writing such as journaling, guided or follow-up</p>

To Be Completed During the Simulation:

Actual Patient Problem: RISK FOR SUICIDE  
 Goal: ATI will remain safe from suicide and self injury during my time of care. Met:  Unmet:   
 Goal: ATI will identify 2 factors contributing to thoughts of suicide during my time of care. Met:  Unmet:   
 Actual Patient Problem: Ineffective Coping  
 Goal: ATI will recognize 2 instances that caused increased stress prior to discharge. Met:  Unmet:   
 Goal: ATI will use 2 coping strategy when uttered during my time of care. Met:  Unmet:

Additional Patient Problems:  
 3 Hopelessness

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, and 3	day 1 1000	called mental health clinic, "drinking a lot", "I need help"	1005	encouraged to come to clinic	1020	arrived at clinic with brother
2 and 3	1025	looking down, monotone speech, partner died 6mo ago, lost job, spiraling	1040	"tell me more", used therapeutic communication	1045	6 pack/day atleast, difficult not drinking in past 3 days
1 and 3	1050	not eating or sleeping, "whats the point"	1055	asked more about concerns and feelings	1100	tried to give away motorcycle and gun collection
1 and 3	1105	"I dont think life is worth living any more"	1110	paraphrased information, conducted suicide risk assessment	1120	Based on assessment, recommendation of acute facility by APRN
1 and 3	1130	Admitted to acute facility, no eye contact	1135	provided schedule and care plan while admitted, suicide precautions	1140	happy to see brother and have belongings
2	1145	verbalized feeling of protection by necklace	1150	asked to remove necklace, administered vertraline	1155	slightly agitated, removed necklace
2	1200	appeared more nervous, "heart is racing"	1205	administered lorazepam	1230	stated understanding of use of medication
1, 2, and 3	day X 1000	"getting better" taking medications as ordered	1010	encouraged nonpharmacologic interventions	1020	stated doing "yoga and meditation", walking

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  
 - electrolytes, LFTs, tox screening, kidney function  
 - CT, MRI, EKG

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms  
 - weight loss  
 - insomnia  
 - anhedonia  
 - loss of appetite  
 - suicidal thoughts / ideations  
 - feeling of hopelessness, worthlessness

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors  
 - family hx  
 - traumatic life experiences  
 - chronic stress  
 - grief or loss  
 - lack of social support  
 - illness / medical issue

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures  
Non-surgical  
 - light therapy  
 - electroconvulsive therapy  
Surgical  
 - deep brain stimulation

Prevention of Complications  
 (Any complications associated with the client's disease process? If not what are some complications you anticipate)  
 - self harm / suicide  
 - substance abuse  
 - family / social conflicts  
 - social isolation  
 - anxiety / panic disorder  
 - relationship trouble  
 - serious additional health issues (COPD, CAD, HTN)

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management  
 - SSRIs  
 - benzodiazepine  
 - SNRIs  
 - atypical antidepressant  
 - TCAs  
 - MAOIs

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures  
 - CBT  
 - interpersonal therapy  
 - psychodynamic therapy  
 - vitamin D  
 - herbs: St John's wort (some cases)

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?  
 - lost partner 6 mo ago  
 - lost job 2 mo ago  
 - job injury 2 years ago  
 - finances after losing job

Client/Family Education

Document 3 teaching topics specific for this client.  
 • slowly decrease benzodiazepines  
 • use of nonpharmacologic interventions  
 • effective coping mechanisms

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement  
 (Which other disciplines were involved in caring for this client?)  
 - therapist / counselor  
 - mental health clinic  
 - dietitian  
 - psychologist

Patient Resources

- suicide hotline  
 - support groups  
 - therapists / counselors