

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

Neurons are the primary functional unit of the nervous system. The purpose of a neuron is to initiate, receive, and process messages about events both within and outside the body. The initiation of a neuronal message involves the generation of an action potential. A series of action potentials travel along the axon, and when the impulse reaches the end of the nerve fiber, a chemical interaction involving neurotransmitters transmits the impulse across the junction between nerve cells. A synapse is the structural and functional junction between 2 neurons, where the impulse is transmitted from 1 neuron to another. The essential structures of synaptic transmission are presynaptic terminal, synaptic cleft, and receptor site on postsynaptic cell. Neurotransmitters are the chemicals that affect the transmission of impulses across the synaptic cleft. The excitatory neurotransmitters (epinephrine, norepinephrine, glutamate) activate postsynaptic receptors that increase the chance that an action potential will be generated. Inhibitory neurotransmitters (serotonin, GABA, dopamine) activate postsynaptic receptors to decrease the chance that an action potential will be generated. Drugs and toxins can affect neurotransmitters by changing their function or blocking their attachment to receptor sites on the postsynaptic membrane.

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

Pathophysiology of Disease

Depression is a complex disease with many possible causes. It is believed that the causes of this disorder are a combination of genetic vulnerability, biochemical, and physical changes in the brain, environmental stressors, traumatic events, and other physiologic and psychological factors. Individuals who have a first-degree family member with depression are two-four times more likely to become depressed however, genetic factors must interact with environmental stressors as being a significant risk factor. It is also believed that many neurotransmitters are involved and changes in availability of these monoamines in the brain is important in the development of clinical depression, such as decreased norepinephrine, decreased dopamine, and serotonin dysfunction. Early life trauma is thought to result in hyperactivity of the CRF and norepinephrine systems of the CNS which induces neurotoxic effects in the hippocampus that can lead to neuronal loss. Neurotransmitters depletion may occur from being overtaxed during stressful events and cause permanent neuronal damage, leaving a person vulnerable to depression.

**To Be Completed Before the Simulation**

Anticipated Patient Problem: R/f suicide behavior

Goal 1: Pt will remain free of self-harm during my care

<p align="center"><b>Relevant Assessments</b></p> <p align="center">(Prewrite) What assessments pertain to your patient’s problem? Include timeframes</p>	<p align="center"><b>Multidisciplinary Team Intervention</b></p> <p align="center">(Prewrite) What will you do if your assessment is abnormal?</p>
<p align="center">Assess pts risk factors of suicide or harm to others on admission such as h/o depression and attempted suicide</p>	<p align="center">Initiate suicide precautions with a safe environment during my care</p>
<p align="center">Assess current feelings of depression/mood qshift</p>	<p align="center">Use active listening and offer self with silence throughout my care Administer prescribed antidepressants</p>
<p align="center">Assess suicidal intent on a scale from 0-10 qshift</p>	<p align="center">Provide 1:1 sitter at all times Provide suicide hotline</p>
<p align="center">Assess personal belongings on admission</p>	<p align="center">Develop a crisis intervention plan on admission</p>
<p align="center">Assess pts support system at beginning of shift</p>	<p align="center">Encourage frequent visits from support persons everyday</p>

Goal 2: Pt will adhere to a no-suicide contract during my care

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Ineffective coping

Goal 1: Pt will identify at least 1 healthy coping mechanism/resource by the end of my care

<b>Relevant Assessments</b>	<b>Multidisciplinary Team Intervention</b>
(Prewrite) What assessments pertain to your patient's problem? Include timeframes	(Prewrite) What will you do if your assessment is abnormal?
Assess pts usual coping strategies with everyday stressors qshift	Educate pt on different healthy coping mechanisms qshift
Assess pts support system at beginning of shift	Encourage pt to attend/participate in support groups qshift Provide positive reinforcement for active participation
Assess pts perception of their situation qshift	Use active listening, open-ended questions, and silence etc when speaking with patient
Assess pts readiness to learn new coping strategies qshift	Encourage pt to express feelings and concerns qshift
Assess pts vegetative signs of depression qshift	Provide small, frequent meals qshift Assist with self-care activities qshift

Goal 2: Pt will participate in a support group by the end of my care

**To Be Completed During the Simulation:**

Actual Patient Problem: R/f suicide Goal: Ben will remain free of self-harm during my care	Met: <input checked="" type="checkbox"/> Unmet: <input type="checkbox"/>
Goal: Ben will create at least 1 goal for himself during my time of care	Met: <input checked="" type="checkbox"/> Unmet: <input type="checkbox"/>
Actual Patient Problem: Ineffective coping Goal: Ben will identify at least 1 healthy coping mechanism by the end of my care	Met: <input checked="" type="checkbox"/> Unmet: <input type="checkbox"/>
Goal: Ben will participate in a support group by the end of my care	Met: <input checked="" type="checkbox"/> Unmet: <input type="checkbox"/>

Additional Patient Problems: Readiness for enhanced coping, anxiety
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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
R/f suicide, ineffective coping	Day 1	Ben stated “a lot has happened to me recently, and I’m not able to move past it. I’m drinking a lot. There’s nothing about life that it enjoyable anymore. I need help”	Day 1	Nurse Alex from the mental health clinic brings Ben in, uses open ended questions and active listening when speaking to Ben about what is going on, asked previous coping strategies during tough times, gave positive reinforcement for not drinking in 3 days and seeking help	Day 1	Avoids eye contact, appears disheveled weight loss of 25 lbs in the last month, difficulty sleeping, stated “drinking helps to relax me” and “Claire and I use to go on long walks and travel”, previous diagnosis of anxiety, chronic back pain, Jordan is support person, giving away prized possessions, stated “I Just don’t think life is worth living anymore”
R/f suicide	Day 1	Several risk factors for suicide including anxiety disorder, access to lethal means of suicide, increased alcohol consumption, and family hx of suicide	Day 1	Alex used screening tools to assess Bens’s risk for suicide including the Columbia-Suicide Severity Rating Scale	Day 1	Both responses were yes, so Ben is experiencing suicidal ideation
r/f suicide	Day 1	EMR indicated suicide lethality from Ben stating “I collect rifles and handguns”	Day 1	Referral to acute facility	Day 1	Ben stated “I’m just ready to get some help”
R/f suicide	Day 1	Ben sitting with head down, avoiding eye contact	Day 1	RN Jessie educated Ben about how psychotherapy and CBT	Day 1	Ben stated “I don’t have any questions about my treatment plan”

				sessions will be beneficial to address the source of Ben's symptoms and assist with developing better coping skills, Jessie also educated on how the Crisis Safety Plan is to keep him safe. Ensured another person was sitting with Ben while Jessie stepped out to call Jordan		
r/f suicide	Day 1	Jordan brought personal items for Ben	Day 1	Jessie identified and removed objects that could have posed a safety risk, including Ben's necklace	Day 1	Ben stated the necklace makes him feel safe, removed necklace hesitantly, stating "I don't understand its just a necklace"
R/f suicide, anxiety	Day 1	Sitting 1:1 with sitter	Day 1 1315	Administered 50mg sertraline PO	Day 1	Ben seemed very nervous, more so than when he first arrived inpt
anxiety	Day 1	Ben stated "my heart is racing. I just feel funny"	Day 1 Day 8(a week later)	Administered lorazepam, discussed s/sx of lorazepam	Day 8	stated "I have had a dry mouth and have been thirsty. Ive had some nausea in the mornings, a headache, and some constipation. I've been sweating like I have never sweated before"
R/f suicide, readiness for enhanced coping	Day 8	Ben stated "I feel like im getting better"	Day 8	Morgan educated Ben on non-pharmacological treatments such as light therapy and the importance of exercise	Day 8	"Thanks for letting me know", answered no to any thoughts of harming himself, stated "I really think the medications and therapy sessions ive been doing here are working. Ive been walking 1 mile a day and ive been doing some yoga and meditation, and ive been listening to music. I plan to look for a job next week, and I started riding my motorcycle with a couple friends"
Ineffective coping, readiness for enhanced coping	Day 8	Ben stated "I feel like therapy has helped me to better interact with others. Its allowed me to talk about my feelings and emotions. Before therapy, I used alcohol to deal with my problems. Now I know other ways to cope with my feelings"	Day 8	Morgan gave positive reinforcement for Ben's huge progress, provided Ben with additional resources such as suicide hotline, discussed identifying warning signs of a crisis occurring, and to keep environment safe and removing alcohol from house	Day 8	Ben stated "because of medication and therapy I've been able to work through my issues. I feel like each day im working toward a better me" and "yes, ive done those things already", "im looking forward to finding a support group that will help me maintain my goal of sobriety"

**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  
 Negative drug screening  
 Negative alcohol screening  
 BMP

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

Signs and Symptoms  
 Anhedonia, flat affect, disheveled appearance (hair not combed, face not shaven, shirt stained and too large, jeans large, shoes dirty with holes), poor appetite and weight loss, difficulty sleeping, giving away possessions, hopelessness,

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

Contributing Risk Factors  
 Trauma (wife passed away unexpectedly), family hx, loss of employment

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

Therapeutic Procedures  
Non-surgical  
 CIWA (1)  
 HAM-D (19)  
 CSSRS  
Surgical  
 N/A

Prevention of Complications  
 (Any complications associated with the client's disease process? If not what are some complications you anticipate)  
 Insomnia, anxiety, pain, alcohol consumption/substance disorders, social isolation, suicide, imbalanced nutrition less than body requirements/weight loss

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

Medication Management  
 Venlafaxine  
 Tramadol  
 St. John's wort  
 50 mg sertraline PO everyday  
 Lorazepam BID

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

Non-Pharmacologic Care Measures  
 Light therapy, exercise, therapeutic communication, support groups, therapy sessions

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

Stressors the client experienced?  
 Loss of job, wife passed away, how to carry out suicide

**Client/Family Education**

Document 3 teaching topics specific for this client.  
 • Educated on non-pharmacologic care measures  
 • Educated on avoiding St. john's wort with prescribed medications  
 • Educated the s/sx of lorazepam

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

Multidisciplinary Team Involvement  
 (Which other disciplines were involved in caring for this client?)  
 Oupt RN, Inpt RN, Nurse practitioner, pharmacy, therapist

Patient Resources

Therapist, support groups, suicide hotline

## 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 how important it is to receive the proper support, positivity, and care in order to overcome life barriers. Ben was in a point in his life that he was ready to give up and did not see that need to live anymore, but because of the care he received through therapy, support groups, and the right medications, he was able to get his life back on the right track and look at life more positively.
2. What was something that surprised you in the care of this patient?  
Something that surprised me during the care of this patient was his readiness for help and his participation in what the multidisciplinary team sought for him. Even with the nurse taking away his wife’s picture and his necklace that he stated made him feel safe, he was very compliant with what the team said was best in order to move forward with treatment and bettering his life.
3. What is something you would do differently with the care of this client?  
When looking back on the care that was provided to the pt, there isn’t anything that I would change or do differently. The whole multidisciplinary team used great therapeutic techniques when speaking with the patient and his brother, and were all very supportive and understanding of what Ben was going through. They ultimately changed Ben’s life and he seemed very grateful for the care they provided towards him and the resources they provided.
4. How will this simulation experience impact your nursing practice?  
I think this will impact my nursing practice if I ever have a patient with depression or going through something similar because I witnessed firsthand how important therapeutic communication and support is in the care of this patient, and it gives me a great framework to begin with with my own patients.
5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.  
Ben was a 35 y/o male who lost his wife, his job, and sees no meaning in life anymore. This shows tremendous deviations from the norm where most adults at this age have significant relationships, gratification from personal and professional achievements, and work is crucial at this point in their lives. Ben seemed to not be in control of his emotions and feelings until he began to seek help.