

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:

The brain consists of three main parts called the cerebrum, cerebellum, and brainstem.

The cerebrum is the largest part of the brain composed of the right and left hemisphere. It handles conscious thoughts and actions. It also plays a big role in processing sensory information such as vision, hearing, and touch along with the movement of the body.

The cerebellum is right beneath the cerebrum, also known as the "little brain." This part of the brain is responsible for coordinating movement and balance. It can also play a role in language, processing of emotion, attention, pleasure and reward response, and fear response.

The brainstem is the center at which the cerebrum, cerebellum, and spinal cord connect. It is responsible for many autonomic functions such as breathing, regulating heart rate, and more.

Lobes of the brain...

Frontal: control of voluntary movement, involved attention, short term memory tasks, motivation, planning, and speech.

Parietal: Integrates stimuli involved in greater language processing.

Temporal: Break down sensory input into derived meanings for memory and language comprehension. Occipital: Center for visual processing

Emotional Brain:

The human brain contains an estimated 86 billion neurons. Those billions of brain cells communicate by passing chemical messages at the synapse, the small gap between cells, in a process called neurotransmission. Those chemical messages are unique molecules called neurotransmitters. There are many types of neurotransmitters in the brain. When a cell is activated, these neurochemicals are released into the synapse from specialized pouches clustered near the cell membrane called synaptic vesicles. Specific receptors on neighboring cells can then take up the neurotransmitters, which can increase or decrease the signal being passed along a particular circuit.

Neurotransmitters...

GABA, Norepinephrine, Serotonin, Glutamate, Acetylcholine, and Dopamine!

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

Serotonin: regulator of sleep, appetite, libido

Serotonin-circuit dysfunction can lead to poor impulse control, low sex drive, decreased appetite, disturbed regulations of body temperature, and irritability.

Norepinephrine decreases levels that account for anergia, anhedonia decreased concentration, and diminished libido.

Dopamine: reward and incentive behavior process, emotional expression, and learning processes

*Depression is shown to have a decrease in dopamine, norepinephrine, and serotonin. With this decrease, we see symptoms of depressive disorder such as...

- sadness
- hopelessness
- anhedonia
- anergia
- reduced appetite and weight loss
- tiredness and lack of energy
- slowed thinking
- difficulty concentrating
- frequent/recurrent thoughts about death or ending life.
- unexplained physical pain

A connection between traumatic life events can be linked to the onset and diagnosis of depression. Neurotransmitters are just one aspect of depression, where other reasons might be more complex and personal depending on the patient.

To Be Completed Before the Simulation

Anticipated Patient Problem: Ineffective Coping

Goal 1: Pt will identify unhealthy coping mechanisms and barriers preventing the adoption of new behaviors during my time of care.

Relevant Assessments	Multidisciplinary Team Intervention
(Prewrite) What assessments pertain to your patient's problem? Include timeframes.	(Prewrite) What will you do if your assessment is abnormal?
Assess barriers to adopting healthy coping strategies qshift.	Assist in identifying behaviors that disrupt healthy coping.
Assess for personal stressors qshift.	Provide opportunities to express concerns, fears, feelings, and expectations.
Assess current ineffective coping mechanisms. qshift.	Encourage use of stress relief techniques and relaxation strategies.
Assess for adequate support system upon admission.	Encourage involvement of support system in plan of care. or Encourage support group therapy (for pts with or without support system)
Assess readiness to learn new coping mechanisms and behaviors qshift.	Assist the patient with problem-solving in a constructive manner.
Determine the perception of stressful situations daily.	Explain and reorient pt to the reality of the current situation.

Goal 2: Pt will verbalize at least one new healthy coping strategy during my time of care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Hopelessness

Goal 1: Pt will express positive expectations about the future during my time of care.

Relevant Assessments	Multidisciplinary Team Intervention
(Prewrite) What assessments pertain to your patient's problem? Include timeframes.	(Prewrite) What will you do if your assessment is abnormal?
Assess the role that depression plays in hopelessness qshift.	Establish trust and rapport by use of verbal and nonverbal therapeutic communication.
Identify values and satisfaction with role or purpose in life qshift.	Encourage identification of own strengths and abilities.
Assess the patient's expectations for the future qshift.	Help set realistic goals by identifying short-term goals and revising them as needed.
Listen for verbalizations of hopelessness, lack of self-worth, giving up, and suicidal ideas qshift.	Convey feelings of acceptance and understanding.
Assess appetite, exercise, and sleep patterns q shift.	Encourage self-care activities daily. Provide foods that the pt enjoys, sm frequent meals.
Assess the patient's social support network and potential source of hope upon admission.	Support relationships with significant others and involve them in care as appropriate.

Goal 2: Pt will set goals consistent with optimisms, meaning in life, and belief in self during my time of care.

To Be Completed During the Simulation:

Actual Patient Problem: Ineffective Coping
 Goal: Ben will identify unhealthy coping mechanisms (alcohol use) and barriers preventing the adoption of new behaviors during my time of care.
 Met: Unmet:

Goal: Ben will verbalize at least one new healthy coping strategy such as yoga, meditation, or listening to music during my time of care.
 Met: Unmet:

Actual Patient Problem: Risk for Suicide
 Goal: Ben will notify the healthcare team if he experiences suicidal thoughts during my time of care.
 Met: Unmet:

Goal: Ben will agree to a treatment plan to reduce the risk for suicidal behaviors during my time of care.
 Met: Unmet:

Additional Patient Problems: Hopelessness, Imbalanced Nutrition: less than body requirements, 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
1,2,3	1045	Ben explains “a lot has happened to me recently” and can’t move past it. Also stated “I’ve been drinking a lot” and claims “there isn’t anything enjoyable about life and I need help”	1050	RN Alex encourages Ben to come into the office for help. Alex says “admitting that you need help is a good first step”	1100	Ben agrees to coming into the clinic and asks if his brother, Jordan, can come with him.
1,3	1130	Ben explains he lost his partner, Claire, recently, along with the loss of his job as a police officer. He states, “I feel like I’ve lost control of my life and I’m spiraling out of control.” “The only thing that helps is drinking”	1140	RN Alex uses therapeutic communication to ask about Ben’s current life stressors along with ways he has coped in the past aside from drinking.	1450	Ben explained to RN Morgan that he is looking forward to joining a support group to help maintain his sobriety.
1,2,3,4	1145	Jordan explained his brother Ben has not been sleeping and has not had an appetite. Ben stated, “I’ve lost about 25 pounds the last month and a half.” Ben began giving	1155	RN Alex utilized restating to clarify the major stressors in Ben’s life that play a role in his depression along with how it is impacting his health. Alex explained that	1445	Ben explained to RN Morgan that he recognizes the warning signs that he should be aware of before a personal crisis would occur.

		personal belongings to others. And stated “I don’t want to be a burden”		coming in for help is a big step in the right direction.		
2,3	1200	The C-SSRS screening tool for assessing Ben’s suicide risk reveals suicidal ideation with a lethal plan.	1215	RN and NP encourage Ben be transferred to an acute facility for individualized care and therapy sessions to meet his needs.	1220	Ben expresses concern about length of stay at facility but states “I’m just ready to get better”
2,3	1300	Ben arrives at the inpatient facility. He explained his brother’s concern for him and his acceptance of help. Jordan arrived with personal belongings for Ben.	1315	RN Jesse provides Education of what type of therapies Ben will experience during his time at the facility along with a safety plan, which includes a 1:1 sitter and removing unsafe items from his belongings.	1330	Jesse went through Ben’s belongings to remove things that pose a risk for the safety of Ben and other pt’s within the facility. Ben was upset to hand over his Necklace from Claire that he wears daily.
5	1345	Ben was “nervous” upon RN Jesse’s assessment.	1345	Jesse administered first prescription of Sertraline and reviewed chart for a medication to help with Ben’s anxiety.	1350	Provider ordered lorazepam to be included for Ben’s anxiety.
2,3	1400	Ben met with RN Morgan at a new facility following discharge from inpatient tx. Ben doesn’t know the expected side effects of sertraline.	1400	RN Morgan educated Ben on what the new program is like, and his plan of care moving forward. He educated on the side effects of sertraline and how it should be avoided with S. John’s wort due to the risk for serotonin syndrome.	1415	Ben states “I feel like I’m getting better.” Meeting with therapist for some nonpharmacological care measures for depression to continue.
1,2,3	1420	Ben denies thoughts of self-harm and explains his therapy is working well. He is “walking 1 mile a day” He also stated he’s doing yoga, meditation, listening to music, and riding his bike again with friends. Ben also stated, “I’m looking for a new job.”	1425	RN Morgan encourages Ben to reflect on his time in therapy and note positive changes he has seen since his admission.	1430	Ben explains that he used to use drinking to cope, but now he knows healthy ways to cope with his feelings.
1,2,3	1445	Ben shared that he is working toward building his self-confidence and each day is working toward “a better me.”	1450	RN Morgan provided Ben with additional resources to continue in Ben’s outpatient recovery along with encouraging ways to keep Ben’s environment safe at home.	1455	Ben explains he has already removed all alcohol from is house and given all his guns to his brother to keep safe at his house. He is “looking forward” to more outpatient therapy sessions.

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
 CIWA: 1
 C-SSRS: HIGH RISK
 HDRS: 5

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
 Anhedonia, anergia, flat speech, heavy alcohol use, insomnia, weight loss (12.5%), labile mood, fatigue, anxiety, suicidal ideation with plan (lethal).

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
 Hx of suicide in family
 Lost loved one (Claire)
 Unemployed (lost job)

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures
Non-surgical
 Therapeutic communication
 Therapy sessions
 Suicide precautions

Surgical
 N/A

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

 *Risk for suicide
 Imbalanced nutrition

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management

 Sertraline

 Lorazepam

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

 Milieu
 CBT
 Therapy Sessions
 Yoga/Meditation
 Music
 Exercise/walking
 Therapeutic communication
 Support Person (Jordan)

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?
 Lost partner (Claire)
 Lost job
 Anxiety from being admitted to inpatient facility.

Client/Family Education

Document 3 teaching topics specific for this client.
 • Medication compliance (sertraline/lorazepam)
 • Importance of continuing therapy for mental health and support groups to maintain sobriety.
 • Remove harmful object such as alcohol and guns from the house to decrease access to self-harm.

NCLEX I (1): Safe and Effective Care Environment

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

Patient Resources

AA, 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?

The biggest takeaway from participating in the care of this client is how difficult it can be for a person struggling with depression to seek help. It then reveals the importance of the healthcare team to respect that strength and to be kind and understanding while helping them and caring for them during such a hard and vulnerable time.

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

There wasn't anything that stood out as a surprise in this scenario, however it was nice to see how quickly the transfer to the inpatient facility was for Ben. The communication between the outpatient and inpatient facilities and continuation of care was something that stood out and should be used as a great example to be carried out in the real world of nursing.

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

Something I would do differently in the care of this client was being gentler and more understanding upon the initial admission to the mental health clinic. Although the RN, Alex, did practice some therapeutic communication techniques, he seemed to rush Ben into answering questions and didn't take the time to allow him to express his feelings at that time or further explain his answers to the questions being asked of him. I understand that Alex was getting admission information with little detail, however I feel that it seemed a bit ingenuine and rushed, which seemed to upset Ben.

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

This simulation experience reinforced the importance of therapeutic communication and patient safety in mental health facilities specifically. The nurses in the scenario were discussing how it can be difficult to take away pt belongings upon admission but doing this important step involved the safety of the patient and those around them. This scenario also gave me a glimpse of how a patient being admitted to a mental health facility might feel, further reinforcing the importance of being kind, understanding, and nonjudgmental.

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

Ben demonstrated normal growth and development during this scenario, however he endured a lot of losses that many other people during his stage of development might have not experienced such as the loss of his partner at a younger age, along with the loss of his career as a police officer. Following his admission to the inpatient mental health facility, he was able to determine healthy coping mechanisms to assist in his recovery from his major depression.