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

Student Name: Sam Roberts

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

Limbic system: The Hippocampus and amygdala are responsible for making memories and emotional responses to events.

Hypothalamus: Mood regulation and hormonal stress response system

Amygdala: Processes fear and anxiety
Hippocampus: Formation of memories

Prefrontal cortex: Responsible for concentration, motivation, goals, and executive functioning.

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Effects how you think/ behave causing feelings of sadness and loss of interest in things that you once used to enjoy.
Possibly genetically linked
There is a decrease in serotonin, norepinephrine and dopamine
Symptoms could last for up to two weeks

Some symptoms: Insomnia/hypersomnia
Fatigue, energy loss
Decreased concentration
Guilt
Weight changes (gain or loss)
Suicidal ideations
Will need to evaluate for suicide risks

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for Suicide

Goal 1: Pt will not harm self and remain safe 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?
Perform mental status exam upon admission and PRN	Establish if a 1:1 sitter is needed q shift
Perform a suicide risk evaluation during my time of care	Initiate suicide precautions as needed during my time of care
Assess for support system/groups during my time of care	Encourage the use of family/friends for long-term recovery q shift
Identify triggers during my time of care or upon admission	Encourage interested activities to occupy time during my time of care
Determine if depression is the first or second condition upon admission	Provide therapeutic communication and encourage client to share how they are feeling q shift or PRN
Assess understanding/knowledge of disorder during my time of care	Encourage questions to be asked to better understand the diagnosis during my time of care

Goal 2: Pt will state reason for living or that they want to live during my time of care

To Be Completed Before the Simulation

Anticipated Patient Problem: Self-Neglect

Goal 1: Pt will be able to verbalize the importance of self-care 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 the client's ability to prepare meals during my time of care	Encourage the use of pre-made meals to help increase the likelihood of eating a meal to maintain a healthy weight q shift
Assess personal hygiene routine q shift	Encourage daily bathing and showering during my time of care
Assess routine for day-to-day activities during my time of care	Provide daily activities q shift
Assess preference for hygiene and clothing items during my time of care	Encourage having family/friends supply items PRN
Assess thoughts on self-care q shift	Provide therapeutic communication and for client to express feelings on self-care during my time of care
Assess barriers of self-care q shift	Encourage completion of at least 2 tasks before resting q shift

Goal 2: Pt will be able to maintain independence with basic needs, self-bathing, and feeding during my time of care

To Be Completed During the Simulation:

Actual Patient Problem: Risk for Suicide
Goal: BR will not self-harm during my time of care Met: ✓ Unmet:☐
Goal: BR Will develop a crisis safety plan during my time of care Met: ✓ Unmet:☐

Actual Patient Problem:
Goal: BR will be able to identify a support person/group during my time of care Met: ✓ Unmet:☐
Goal: BR will state alternate coping methods than alcohol during my time of care Met: ✓ Unmet:☐

Additional Patient Problems: Anxiety, readiness for enhanced learning

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	1100	Lost his wife Clair 6 months ago, also recently lost his job he was a police officer. "Feels like I am spiraling out of control." Has access to guns in home and keeps one loaded, has thought about using it on his self, and has been giving away possessions (guns and motorcycle). Complains of having insomnia and only sleeping a couple hours a night. Lost 12.5% of body weight in that last month and has been abusing alcohol to help with coping. States "I don't want to be a burden anymore." Drinks a 6 pack + every day. Has not had a drink in 3 days. CSSRS score was completed and is at a high risk for suicide.	1130	Referred to inpatient facility due to suicidal ideation and major depressive disorder.	1210	Ben agrees to go to inpatient facility, but wants to make sure his brother Jordan can come and bring him his personal belongings.
1,2	1330	Now admitted inpatient, has gone over and reviewed expectations for a crisis safety plan.	1340	Brother Jordan was called and was informed that he could bring his brothers clothes, also talked to	1400	Was very emotional when his brother brought a picture of his wife who has passed away, is verbalizing understanding of crisis plan and what he

				Liz about what items can and cannot be in the facility.		will have to do to follow the plan in order to help him during this time.
1	1430	Stated “what kind of things can I not have and why?”	1435	Explained why certain items needed to be removed and how removing items helps not only keep himself safe but other patients as well. This included his necklace that he always wears that is very sentimental to Ben.	1445	Was compliant and took necklace off to give to brother Jordan while in inpatient facility.
3	1500	Doctor Ordered Sertraline 50mg PO for Major depressive disorder and mild anxiety , Seemed more anxious and nervous at this time	1515	Administered Lorazepam 2mg, and educated on what not to take while taking this medication	1545	“I am already feeling a little better, and less anxious”
4	Day 5 1000	“ I have been taking St. John's wort to help with my sleeping, I did not realize that there were other non-pharmacological options for me, can you tell me more about them.”	1010	Went over different options, explained about exercise and continuing group therapy inpatient and outpatient, also educated on not taking St. John’s wort any longer while on current medications	1030	Verbalized understanding, and stated “I didn’t even think about exercising to help myself” Was grateful and verbalized “Thank you for sharing that with me”
4	1200	Stated “I have been walking a mile every day, and started doing yoga and meditation, sleeping around 6 hours a night and feeling more rested, I have also been riding my motorcycle again on Sundays with some friends” His mood seems much brighter than before	1230	Encouraged always keeping the crisis support plan on him and to continue using healthy coping mechanisms, also encouraged him to stay in the outpatient therapy groups.	1240	Stated “ I am working on building myself confidence back up, and getting back to my old self again, I am working towards a better me” Also mentioned he was looking forwards to additional sessions to help reinforce the healthy coping mechanisms he has learned.

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
Hamiliton depression rating scale
Columbia suicide severity rating

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

Signs and Symptoms
Using alcohol to cope
Weight loss
Personal losses
Giving away personal items
Insomnia
Stating "I don't want to be a burden"

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

Contributing Risk Factors

Recent job loss
Recent personal loss
Family history of suicide
Chronic back pain
Insomnia

Therapeutic Procedures
Non-surgical
Group therapy

Surgical

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)

Remove all and any alcohol from house
Remove all weapons (guns) from house
Develop a crisis care plan

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

Medication Management

Lorazapam 2mg PO BID
Sertraline 50mg PO daily

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

Non-Pharmacologic Care Measures
Group therapy
Milieu therapy
Meditation
Distraction techniques

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

Stressors the client experienced?

Loss of job
Loss of spouse
Insomnia
Alcohol use

Client/Family Education

Document 3 teaching topics specific for this client.
• Importance of refraining from alcohol especially when taking medications
• Side effects of Sertraline and anxiety meds
• Importance of not using St. John's wort when taking sertraline

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

Multidisciplinary Team Involvement
(Which other disciplines were involved in caring for this client?)
Psychiatrist
The tech
Nurses
Outpatient/inpatient treatment centers
Support people
Family – Brother
Group therapy

Patient Resources
Sobriety support groups
Inpatient therapy or outpatient
Family support groups

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 would be to make sure you are checking in on the ones you love and care about, you truly never know how much someone could be struggling. I also think that advocating for those loved ones is important. I do not think that if Ben did not have his brother Jordan pushing for him to get help he would have done it on his own.

2. What was something that surprised you in the care of this patient?
   How quickly they were able to move things along for Ben. He was almost immediately transferred to the inpatient facility and was provided with medication and therapy to help Ben.

3. What is something you would do differently with the care of this client?
   One thing I would have done differently would have done would have been I think I would have been a little more sympathetic with Ben. I think the nurses and doctors did a good job, but they just did not seem as sincere as I feel like they should have with him. He was really struggling, and I think that a softer approach to the whole situation would have made Ben a little less anxious.

4. How will this simulation experience impact your nursing practice?
   It showed that you really cannot take suicidal ideations lightly, immediate action and plans are important to ensure the client is safe from self-harm. I also think that remaining nonjudgmental is very important and to really understand they are hurting and to take that seriously and provide all interventions to help that client. Communication is important and keeping that open communication and building that trusting rapport is crucial.
5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.

Ben was a middle-aged adult male, who really relied on his Brother. He lost his partner and job all in a very short time frame and was really struggling to get back on track. He used alcohol to cope. Once Ben got the help he needed, he was able to use healthy coping mechanisms and even started finding joy in his life again. I think that once he gets the medication and therapy to help him, he is on the right track for his development.