

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

Student Name: Kasey McNatt

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

Brain:

The brain can be broken up into 3 main parts: cerebrum, cerebellum, and brainstem

Cerebrum: composed of 2 hemispheres connected by corpus collosum, responsible for emotions, speech, senses, motor control, judgement, etc

Right side: creativity, spatial ability, art, music

Left side: speech, comprehension, arithmetic, writing

Cerebellum: coordinates muscle movements, posture, and balance

Brainstem: relay center from cerebellum and cerebrum to spinal cord, ANS functions (breathing, HR, temp, circadian cycle, digestion, sneezing, coughing, swallowing)

Neurotransmitters:

Dopamine: feeling of pleasure, satisfaction, motivation, memory, concentration, learning

Norepinephrine: increases alertness, attention, arousal, mood, memory, sleep-wake cycle

Serotonin: regulate mood, sleep, libido, emotion, appetite

Neurotransmitters work in the brain by traveling through the neuron (from dendrite, through cell body, to axon), into the synapse, then to the next neuron by receptor sites. They are chemical messengers and allow communication throughout the body.

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

In MDD there is a deficiency in neurotransmitters serotonin (mood/emotion regulator), norepinephrine (mood/memory/arousal), and dopamine (pleasure, motivation, and satisfaction) in the CNS, which causes mood dysregulation. There is also less grey matter in the brain, and sulci and gyri in the brain shrink. All of this contributes to mood dysregulation as well, along with loss of memory.

ACEs, traumatic events, and severe stress also play a role in the development of depression because they can cause structural changes in the cerebral cortex.

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for suicide

Goal 1: Pt will exhibit no thoughts of self-harm or suicidal ideations during my 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 for suicidal ideations q2h	Enforce suicide precautions (1:1 sitter) PRN SI
Assess mood and affect q4h	Create therapeutic milieu q shift
Assess triggers/stressors q shift	Educate on avoiding stressors in daily life q shift
Assess history of SI/ self-harm q shift	Create plan and no-suicide contract with patient PRN
Assess for alcohol/ substance use on admission	Educate on healthy coping strategies (exercise, reading, therapy) PRN/q shift
Assess support systems q shift	Provide community resources and therapist prior to discharge

Goal 2: Pt will identify stressors and recognize how to avoid them during my care.

To Be Completed Before the Simulation

Anticipated Patient Problem: ineffective coping

Goal 1: Pt will exhibit effective coping mechanisms (self-care, avoid ETOH/drugs, exercise) prior to discharge.

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 coping strategies q shift	Provide healthy coping strategies (music, exercise, etc) prior to discharge
Assess support systems q shift	Provide community resources and outreach programs prior to discharge
Assess present stressors q shift	Provide therapeutic environment (low stimuli)
Assess signs of stress q shift	Educate on stress relief mechanisms (care channel, mindfulness, deep breathing) PRN stress
Assess perception of situation q shift	Reorient if needed, educate on plan and next steps PRN
Assess mood and affect q shift	Create therapeutic nurse-patient relationship q shift

Goal 2: Pt will engage in individual or group therapy sessions during my care.

To Be Completed During the Simulation:

Actual Patient Problem: risk for suicide
 Goal: BR will exhibit no thoughts of self-harm or suicide during my care. Met: Unmet:

Goal: BR will identify stressors and recognize how to avoid them during my care. Met: Unmet:

Actual Patient Problem: ineffective coping
 Goal: BR will exhibit effective coping mechanisms (self-care, avoid ETOH, exercise) prior to discharge. Met: Unmet:

Goal: BR will engage in individual and group therapy sessions during my care. Met: Unmet:

Additional Patient Problems:

#3: 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	1000	Partner died 6m ago, lost job 2 months ago (cop), lost motivation in life	1005	Create therapeutic milieu for pt to open up about feelings	1005	“I have no control over my life”
2	1005	“Drinking is the only thing that helps me relax”	1010	Encouraged expansion on ETOH use	1010	Last drink was 3 days ago, would drink at least 6 beers her day
1,2,3	1015	Stated, “I feel very anxious and lonely” hx anxiety	1015	Actively listen, encourage explanation of hx of coping strategies	1020	Take long walks, travel with partner, rx: venlafaxine for anxiety, stopped taking
2	1020	Stated problems with sleeping, eating, and weight	1025	Asked follow up questions, allowed time to gather thoughts and share	1025	Sleep in recliner because can’t sleep in bed used to share with partner, sleep a few mins at a time, lost 25lb in 1 month (12.5% loss), have no desire to eat, “only want to drink”
1	1025	Gave away motorcycle and gun collection, “life’s	1030	Utilized CSSRS tool, educated on treatment at acute	1030	High risk CSSRS score, follow up questions answered

		not worth living anymore, I don't want to be a burden"		inpatient facility.		about treatment plan.
1	1040	Settling in at new treatment facility	1040	Educate on crisis safety plan and new treatments. Brother brought belongings from home, initiated suicide precautions.	1045	Allowed to keep socks and underwear from home, had to remove and send home necklace. Understood 1:1 expectations
1,3	1045	Feeling very nervous, fidgeting, anxious	1045	Administer SSRI sertraline and lorazepam. Educate on not using St. John's wart with SSRI to avoid serotonin syndrome.	1050	Understand education, see cognitive change.
1,2,3	NEW DAY	Feeling better, going to individual and group therapy, taking anxiety and depression meds	1100	Educate on non-pharm tx options: light therapy, exercise, walking	1105	Verbalized understanding, want to try walking
1,2,3	NEW DAY	No SI/ self-harm, walking 1 mile/day, yoga, meditating, music, looking for new job. Feel like therapy is helping with communicating feelings and emotions, know more coping strategies, building self-esteem.	1110	Educated on resources: national suicide hotline, local resources, personal contacts, coping strategies, maintaining safe environment.	1115	Already got rid of ETOH in home and gave guns to brother, "look forward to finding support group."

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

CSSRS

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
Anhedonia, feelings of hopelessness, giving away motorcycle and guns, using ETOH to cope, insomnia, decrease appetite, weight loss 25lb in 1 month unintentional, feels no reason to live, feels like a burden, didn't care about appearance, looked disheveled/ungroomed

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

Unemployed
Recent death of partner
ETOH use
Family hx

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures
Non-surgical

Light therapy, exercise
Surgical

none

Prevention of Complications
(Any complications associated with the client's disease process? If not what are some complications you anticipate)
Risk for suicide
ETOH use disorder
Risk for impaired nutrition/electrolyte imbalance
Insomnia

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management

Sertraline
lorazepam

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

Yoga
Music
Walk 1 mile
meditation

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?

Lost partner 6 months ago, then lost job 2 months ago

Client/Family Education

Document 3 teaching topics specific for this client.
•don't take st johns wart with SSRI
• non-pharm tx: light therapy, exercise, walking, etc
•utilizing resources in the community: national suicide hotline, personal contacts, and local resources

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement
(Which other disciplines were involved in caring for this client?)
Nursing team
Nurse practitioner
Therapist
pharmacy

Patient Resources

Suicide hotline, AA, partial hospitalization therapy, outpt therapy

Reflection Paper

Directions: Write a reflection including the following:

1. What was your biggest “takeaway” from participating in the care of this client?
My biggest takeaway from participating in the care of this client is that support systems play a huge role in caring for patients. Ben had many classic signs and symptoms of MDD, but many other things played a part in his diagnosis and treatment that may not have been addressed without his brother Jordan. He used alcohol to cope with his recent losses, he had a history of anxiety, and he had lost 25lb within 1 month. These all needed to be addressed to help in the overall healing of the patient, but Jordan was also trying to help with them before coming to the clinic. The alcohol was a coping mechanism but also could have worsened his depression and maybe even caused his death. The weight loss was acknowledged, but his brother also brought him food every day. His brother brought in his belongings and was even the one to call the clinic in the first place.
2. What was something that surprised you in the care of this patient?
Something that surprised me in the care of this patient was his willingness to participate, share his feelings, and take his medications. I think he knew he was hitting a very low point, but coming in without drinking for 3 days, admitting he wasn't taking his anxiety meds at home, talking about how he had the means to carry out SI, and eventually going to treatment and admitting that he was feeling better was interesting to me. I feel like sometimes patients are less trusting, and just want to say whatever they have to say to be able to go back home without the effort and fight.
3. What is something you would do differently with the care of this client?
Something I would do differently is prepare Ben for what would happen when he got to the second facility. Explaining that he can't keep any potentially harmful belongings, and how he would have a 1:1 sitter could have better prepared him because I feel like they just did it without explanation.
4. How will this simulation experience impact your nursing practice?
This simulation will impact my nursing practice because you truly never know what someone is going through, so having the same therapeutic, caring affect with every patient could potentially get someone to open up about their struggles without me knowing they needed it. I also think fully explaining things and getting patients involved in their plan of care can go a big way, so making sure I do that as well.
5. Discuss norms or deviations of growth and development that were experienced during the simulation, including the developmental stage.
Ben was a 35-year-old male, which means in his normal growth and development he falls into the middle adult stage. The main focus should be on work, but there is a deviation here because he recently lost his job. Physically he is pretty on track, although he had a back injury at work that could cause a deviation in his health. There should be many role changes happening in this stage, but since he has no kids, these would not be happening either.