

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. main function is to send messages from various parts of your body to your brain, and from your brain back out to your body to tell your body what to do. These messages regulate your: Thoughts, memory, learning and feelings, movements (balance and coordination), senses (how your brain interprets what you see, hear, taste, touch and feel), wound healing, sleep, heartbeat and breathing patterns, response to stressful situations, including sweat production, digestion, and body processes, such as puberty and aging. Neurotransmitters are often referred to as the body's chemical messengers. They are the molecules used by the nervous system to transmit messages between neurons, or from neurons to muscles. Communication between two neurons happens in the synaptic cleft (the small gap between the synapses of neurons). Here, electrical signals that have travelled along the axon are briefly converted into chemical ones through the release of neurotransmitters, causing a specific response in the receiving neuron. A neurotransmitter influences a neuron in one of three ways: excitatory, inhibitory, or modulatory. An excitatory transmitter (epinephrin, norepinephrine, glutamate) promotes the generation of an electrical signal called an action potential in the receiving neuron, while an inhibitory transmitter (serotonin, GABA, dopamine) prevents it. Whether a neurotransmitter is excitatory or inhibitory depends on the receptor it binds to. Along with the nervous system is the limbic system, and its primary function is to process

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

MDD is a medical illness that affects how you feel, think, and behave, causing persistent feelings of sadness and loss of interest in previously enjoyed activities. 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 of the brain, environmental stressors, traumatic events, and other physiological factors. Individuals who have first degree family member with depression are 2-4 times more likely to become depressed. It is believed that many neurotransmitters are involved in the appearance of depressive symptoms, including monoamines: serotonin, norepinephrine and dopamine. Changes in the availability of these monoamines in the brain seem to be important in the development of clinical depression, such as a decrease in norepinephrine, decreased dopamine, and serotonin dysfunction. Psychosocial stressors and interpersonal events can trigger certain neurophysiological and neurochemical changes in the brain. An example is, early life trauma can result in long term hyperactivity of the corticotropin-releasing factor and norepinephrine systems of the CNS. This can induce neurotoxic effects in the hippocampus that can lead to neuronal loss. Norepinephrine and, serotonin, and acetylcholine play a role in stress regulation and can become overtaxed through stressful events. Depletion of these neurotransmitters can cause permanent neuronal damage, leaving the person vulnerable to depression later in life.

<p>and regulate emotion and memory while also dealing with sexual stimulation and learning. Behavior, motivation, long-term memory, and our sense of smell also relate to the limbic system and its sphere of influence. The limbic system is a part of the brain consisting of several components such as the hippocampus and amygdala and serving many functions within the body. Since the limbic system is linked to the endocrine and autonomic nervous systems, it also plays a significant role in our body's reaction to stressful situations and environments.</p>		
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To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for suicide

Goal 1: Pt will identify factors contributing to thoughts of suicide 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 suicide plan q shift.	Acknowledge suicide and consequences q shift.
Perform mental status exam q shift.	Provide positive attitude, using active listening continuously during my time of care.
Identify support system PRN	Encourage to express feelings PRN
Assess personal belongings on admission.	Promote safety, removing any harmful objects PRN
Assess suicidal intent on a scale of 0-10 PRN	Provide 1:1 sitter at all times
Assess current feelings of depression/mood q shift.	Develop a crisis intervention on admission

Goal 2: Pt will remain safe from suicide or self-injury during my time of care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Ineffective Coping

Goal 1: Pt will identify at least 1 health coping mechanism 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 support system q shift	Use therapeutic communication at all times.
Assess individual stressors q shift	Explain procedures and next steps continuously during care.
Assess for destructive coping mechanisms q shift	Educate on smoking cessation, refer to counseling group prior to discharge.
Assess readiness to learn to coping strategies q shift.	Teach importance of proper coping strategies, encourage participation in group activities PRN
Assess for all s/s of depression q shift	Provide positive reinforcement for active participation PRN
Assess perception of their current situation q shift	Encourage pt to express feelings and concerns q shift.

Goal 2: Pt will participate in a support group during my time of care.

To Be Completed During the Simulation:

Actual Patient Problem: Risk for suicide
 Goal: Ben will not have any thoughts of harming self during my time of care. Met: Unmet:
 Goal: Ben will be compliant with removing dangerous belonging during outpatient care. Met: Unmet:

Actual Patient Problem: Ineffective Coping
 Goal: Ben will appear well groomed prior to discharge Met: Unmet:
 Goal: Ben will maintain eye contact while talking to nurse prior to discharge Met: Unmet:

Additional Patient Problems: (3) Anxiety, (4) Readiness for enhanced coping

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	Day 1	Ben states “a lot has happened to me recently, and I’m just not able to move past it. I’m drinking a lot lately. There’s nothing about life that is enjoyable anymore and I just need help.	Day 1	Nurse Alex brings Ben in, he speaks to Ben using therapeutic communication, Alex used active listening while Ben was talking, and asking open ended questions. Alex used positive reinforcement when Ben shared he had not drunk in 3 days.	Day 1	Ben appears disheveled, he avoids eye contact, appears on edge, has difficulty sleeping, lost 25 pounds, states he had previous diagnosis of anxiety prior to the death of his wife, Jordan is Ben’s support person, Worried about not getting better.
1,2	Day 1	Giving away motorcycle and gun collection, major losses, not eating, increased alcohol consumption, grieving, does not want to be a burden on his family, difficulty eating.	Day 1	Provided positive outlook on reaching out for help, providing empathy.	Day 1	No eye contact, states “lets get this over with,” several risk factors of suicide including anxiety disorder, access to lethal means of suicide, increased alcohol use, and family hx of suicide.
1	Day 1	No eye contact, slouched in chair	Day 1	Uses screening tools HAM-D and CSSRS to assess	Day 1	HAM-D score level of depression is moderate to severe

				Ben's risk for suicide.		and CSSRS shows suicide behavior is present.
1	Day 1	Lethality assessment from EMR indicates suicide lethality because of the collection of rifles.	Day 1	Refers client to acute outpatient facility, educates on transfer process to reduce any unwanted worries.	Day 1	Ben states "I am just ready to get some help."
1,2	Day 2	Avoiding eye contact, using short answers, poor body posture, appears unhappy	Day 2	Educates Ben on plan of care, including crisis safety plan, and psychotherapy and CBT, and how they will help him. Ensures someone stays with Ben while he steps out to make a phone call.	Day 2	Ben states "I have no questions about my treatment plan."
1,2	Day 2	Hugs brother, happy to see his belongings from his brother.	Day 2	Educates on need to search belongings to see if there are any safety risks.	Day 2	Understands need for them to search belongings
2	Day 2	Avoiding eye contact, head down	Day 2	Educates on expectations of treatments and on the danger of the necklace around his neck.	Day 2	Ben states "I feel protection and comfort" from the necklace and does not understand need to remove necklace.
1,2,3	Day 2	Appears more nervous, states "my heart is racing and I just feel funny"	Day 2	Teaches about sertraline and how lorazepam will help with anxiety. Ensures someone is in the room with Ben at all times. Administers lorazepam and sertraline.	Day 2	States "no" to having any questions. States "I have had a dry mouth and have been thirsty. I've had some nausea in the mornings, a headache, and some constipation. I've been sweating like I have never sweated before"
1,2	Day 2	States "I was really in a dark place for a while, but I feel like I am getting better" Appears	Day 2	Teaches about non-pharmacological treatment measures including light therapy, and	Day 2	Answers "no" to any thoughts of harming himself. States "I really think the

		well groomed.		exercising. Teaches how St. Johns wort should be avoided with the prescribed sertraline.		medications and therapy sessions I've been doing here are working. I've been walking 1 mile a day, and I've been doing some yoga and meditation, and I've been listening to music. I plan to look for a job next week, and I started riding my motorcycle with a couple of friends."
1,2,4	Day 8	Ben states "I feel like therapy has helped me interact better with others, it has allowed me to talk about my feelings, and those were things I always kept to myself. Before therapy, I used alcohol to deal with my problems. Now I know other ways to cope with my feelings."	Day 8	Provided positive reinforcement for Bens progression	Day 8	Ben states "because of medication and therapy, I've been able to work through my issues. I feel like each day I'm working toward a better me. I'm looking forward to finding a support group that will help me maintain my goal of sobriety.
2,4	Day 8	Well groomed, maintains eye contact	Day 8	Educates on additional resources such as suicide hotline, and discussed warning signs of a crisis occurring and how to keep the environment safe.	Day 8	I'm working toward a better me. I'm looking forward to finding a support group that will help me maintain my goal of sobriety. Eager to understand his depression and alcohol use disorders.

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

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
 Anhedonia, flat affect, face not shaven, disheveled appearance (hair not combed, 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)
 Family hx
 Loss of job

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures
Non-surgical
 CIWA (1)
 CSSRS
 HAM-D (19)

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, weight loss

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management
 Sertraline 50mg PO everyday
 Lorazepam BID

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures
 CBT, Support groups, Therapy sessions, Light therapy, exercise, therapeutic communication, Crisis safety plans

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.
 • Educates on lorazepam and s/sx of the medication.
 • Educated on non-pharmacologic care measures
 • Educated on crisis intervention plan

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement
 (Which other disciplines were involved in caring for this client?)
 RN, Therapist, NP, Charge Nurse, Pharmacy

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 is how important it is to have the proper communication to be able to speak with the client. Also maintaining a conversation even if the client seems withdrawn from the conversation. It is important to provide the needed support for someone going through hard times in their life to be able to overcome the barriers in life. Understanding that someone needs help is a main point I learned how to notice and how to speak with someone give them the proper help to get back on the right track.
2. What was something that surprised you in the care of this patient?
Something that surprised me in the care for this patient is his readiness to get help. Even though he was disheveled and did not maintain eye contact, he still stated he was ready to get help and he knew what he was doing was right. He answered every question as truthful as he could even though you could tell he was very withdrawn and hurt.
3. What is something you would do differently with the care of this client?
After looking at the care that was provided to this patient, there is nothing I would do differently. I believe every person involved in his care took the time to introduce themselves and to politely use therapeutic communication with the patient. Each provide in the care for Ben made it clear that their goal was to improve Ben’s mood and get him on a positive track in his life.
4. How will this simulation experience impact your nursing practice?
This simulation gave me a real life example on how to talk to someone suffering with depression. Now in my care if I come across a patient who is suffering from depression, I know how to speak with them and how to provide care to help them progress forward and want a better life for themselves.
5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.
Ben is a 35 year old man who has been through some traumatic experiences like losing his wife and his job. He did not see any meaning in his life anymore and was ready to end it. This shows a deviation from norms of growth and development. Most adults at his age have significant relationships and have gratification from personal and professional achievements. Work also is a crucial point in a average 35 year old mans life. Ben was not at this point in life and seemed to not have any control over his emotions and feelings because of his experiences and his family history, which is why he began to seek help.