

ATI Real Life Student Packet
N201 Nursing Care of Special Populations
2024

Student Name: Lily Cook _____

ATI Scenario: Schizophrenia _____

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: _Schizophrenia_____

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

Anatomy and Physiology

Normal Structures

The nervous system is composed of the central and peripheral nervous systems. The CNS is composed of the brain, spinal cord, and cranial nerves I and II. The PNS consists of cranial nerves III-XII, spinal nerves, and peripheral components of the ANS. Neurons are the main functional unit of the nervous system. A neuron consists of a cell body, multiple dendrites, and an axon. The cell body contains the nucleus and cytoplasm. Dendrites are short processes extending from the cell body that receive signals from other neurons. The axon projects varying distances, carrying nerve impulses to other neurons. Many axons are covered in a myelin sheath, that acts as an insulator. A synapse is the structural and functional junction between 2 neurons, where nerve impulses can be transmitted from neurons to glands or muscles. The essential structures include a presynaptic terminal, synaptic cleft, and receptor site on the postsynaptic cell. Neurotransmitters are chemicals that affect the transmission of impulses across the synaptic cleft. *Excitatory* neurotransmitters activate postsynaptic receptors that increase the chance that an action potential will be generated. *Inhibitory* neurotransmitters activate postsynaptic receptors to decrease the chance that an action potential will be generated. The brain has 3 major intracranial components, the cerebrum, brainstem, and cerebellum. The cerebrum is composed on the right and left cerebral hemispheres. There are 4 divided lobes, the frontal, temporal, parietal, and occipital. The brainstem includes the midbrain, pons, and medulla. The cerebellum is in the posterior cranial fossa, and it coordinates voluntary movement and maintains trunk stability and equilibrium. The blood brain barrier is a physiologic barrier between blood capillaries and brain tissue.

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

A primary psychotic disorder. Psychosis is used to describe a set of sx that affects the mind when there has been some loss of contact with reality. They can lead to five different somatic domains: delusions, hallucinations, disorganized thoughts, disorganized or abnormal behavior, and negative sx. Secondary psychotic sx affect the neurological system. The first phase is the prodromal phase, which includes precedes the acute phase. Changes in self-care, eating patterns, school and work disturbances are present. This can appear a month to a year prior to the psychotic break. The acute phase includes positive sx, negative sx, cognitive/neurocognitive sx, and mood sx. The stabilization phase is when positive sx decrease in severity. Maintenance phase is when the sx are in remission but mild sx may still be present. Some delusions that may be present include ideas of reference, paranoid or persecution, grandeur, somatic, jealousy, erotomania, Nihilistic, bizarre, control, thought broadcasting, thought insertion, thought withdrawal, and thought blocking. Types of hallucinations include auditory, visual, olfactory, gustatory, and tactile. Types of altered perception include illusions, depersonalization, and derealization.

To Be Completed Before the Simulation

Anticipated Patient Problem: Disturbed Thought Process

Goal 1:Pt will report command hallucinations when they are heard 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 for command hallucinations q 4 hrs	Ask what the hallucinations are saying q 4 hr and PRN
Assess for memory impairment q 4 hr	Schedule structured tasks daily q 12 hr
Assess for orientation to person, place, time, and situation q 8hr	Reorient to person, place, time and situation PRN and q 12 hr
Assess for head tilting, talking to people who are not present	Acknowledge that they are having hallucinations and then tell them that they are not seen by others q 4 hr and PRN
Assess for use of coping strategies q 6hr and PRN	Provide positive feedback for use of any healthy coping strategies used PRN
Assess for medication adherence q 4 hr and PRN	Educate on the importance of taking medication daily to prevent relapses q 12 hr

Goal 2:Pt will be able to identify distortions of reality during my time of care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for suicide behavior

Goal 1: No evidence of self harm 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 for suicidal ideation q 8 hr	Conduct a suicide risk assessment q 4 hr
Assess for a plan to carry out suicide q 4 hrs	Assign a 1:1 sitter q 12 hr
Assess for access to weapons and objects that can cause self-harm q 4 hr.	Remove all objects from the room that can cause self-harm q 4 hr and PRN
Assess for history of suicide attempts q 12 hr	Create a plan that includes a No Suicide contract q 12 hr
Assess support systems q 12 hr	Provide information for support groups and group therapy q 8hr
Assess for starting the use of antidepressants q 12 hr	Provide close supervision and observation q 15 min

Goal 2: Pt adheres to medication management as prescribed during my time of care.

To Be Completed During the Simulation:

Actual Patient Problem #1: Disturbed thought process
 Goal: Pt will get Paliperidone IM injection by the end of my care. Met: Unmet:
 Goal: Pt will verbalize persecutory delusions during my time of care. Met: Unmet:

Actual Patient Problem #2: Deficient Knowledge
 Goal: Pt will acknowledge the difference between positive and negative sx Met: Unmet:
 Goal: Pt will acknowledge that relapse is part of the illness by the end of my care Met: Unmet:

Additional Patient Problems:
 #3 Risk for suicide behavior
 #4 Risk for other-directed violence
 #5 Ineffective coping
 #6 Feeding self-care deficit
 #7 Impaired social interaction

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
Risk for other-directed violence	1030	increasing anxiety, looking all around the room, not making eye contact	1033	Standing to the side more than an arm’s reach away	1050	No physical violence present
Deficient Knowledge	1035	Motor agitation, clang association, associative looseness	1036	Educated on the signs and sx of positive symptoms	1037	Nodded as a response to acknowledging education
Disturbed thought process	1037	Missed appointment in February, not taking Risperidone, persecutory delusions “They are poison”	1039	Offered to talk with provider about different medication options	1055	Started on Paliperidone IM injection once monthly
Risk for suicide behavior	1040	Auditory hallucinations, hears “a quiet little song”	1041	Asked about hearing command hallucinations and educated on the important of reporting them	1042	Stated no command hallucinations present, just mumbling
Risk for suicide behavior	1042	Auditory hallucinations, mild anxiety, occasional social withdrawal	1044	Conducted a SAFE-T evaluation	1045	Low risk denies self-harm or suicidal ideations.
Ineffective	1045	Hx of smoking a half pack of cigarettes a	1046	Educated that	A	Urine drug screen

coping		day, drinks 1-2 beers every week at bingo, hx of cocaine use		cocaine can cause psychosis when used	week after visit	positive for marijuana
Impaired social interaction	1047	Restless, anxiety, social isolation	1048	Educated Emily on importance of visiting and talking on a regular basis	1050	Emily agreed to visiting and talking regularly
Feeding self-care deficit	1049	Lost 20 lbs since last visit, wt loss	1050	Recommended eating 3 meals a day even if not hungry	1051	“Alright I will”
Disturbed thought process	1051	Persecutory delusions	1052	Educated on EPS such as abnormal body movements that may occur	A week after visit 1053	Stated “no” when asked about any EPS side effects
Disturbed thought process	1053	Nonadherence to medication, persecutory delusions	1055	Administered Paliperidone 234 mg IM	A week after visit 1057	Stated “I still hear voices but not as often”
Deficient knowledge	1056	Inquiring about the use of therapy	1057	Nurse recommended a long-term commitment to attend group therapy	1058	Referral to group therapy
Disturbed thought process	A week after visit 1100	Auditory hallucinations	A week after 1102	Said “Hearing voices must be frightening, but you are safe”	A week after 1105	Stated “sometimes it helps when I listen to music with my headphones on”
Ineffective coping	A week after 1105	Marijuana positive on drug screen	A week after 1106	“tell me some of your reasons for using marijuana”; Educated on other forms of relaxation	A week after 1108	“Yea I can try” when offered different coping strategies
Disturbed thought process	A week after 1110	Paranoid delusions	A week after 1111	Educated on not whispering or talking quietly when in the same room	A week after 1113	Emily acknowledged not whispering or talking quietly
Deficient knowledge	A week after 1113	Questioned about what to do when Ken gets too sick to make decisions	A week after 1115	Handed pamphlets on a power of attorney	A week after 1117	Stated “This is so helpful”
Deficient knowledge	A week after 1115	“What can we do to prevent relapses”	A week after 1116	Educated on group therapy, learning new coping skills, avoiding substances, and notifying trusted people	A week after 1120	Stated “No” when asked if there were anymore questions

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
 -Urine/drug screen
 -CBC
 -BMP

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
 Loose association, clang association, echolalia, auditory hallucinations, persecutory delusions, paranoid delusions, impaired social interaction, social isolation, pacing, disorganized speech

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
 - ACE score of 1
 - Genetics
 - Increase in dopamine and serotonin
 - Increased C4 activity (synaptic pruning)

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures
Non-surgical
 N/A
Surgical
 N/A

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

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management
 - Paliperidone IM
 - Acetaminophen PO

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures
 - Reduce stimuli
 - Provide healthy coping skills
 - Stay with the pt
 - Be honest and reliable

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?
 -anxiety
 -paranoia

Client/Family Education

Document 3 teaching topics specific for this client.
 •Importance of medication adherence
 • Reporting command hallucination when heard
 •Eating three meals per day

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement
 (Which other disciplines were involved in caring for this client?)
 -nursing, provider, psychiatrist

Patient Resources

Group therapy, appointments once a month at the clinic, support groups

Reflection Questions

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 that many people may struggle with adherence to their plan of care and it is important to make sure that the patient has a strong support system to help. _____

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

Something that surprised me in this plan of care is that the patient couldn't hear words from the auditory hallucinations and only mumbling.

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

Something that I would do differently with the care of this client is to ensure that someone is always around and has contact with the patient to reduce the risk of self-harm.

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

_This simulation will impact my nursing practice by having me include the family and support systems more in the plan of care. In this scenario the support system plays a major role and it is important to educate the family and the patient.

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

_____This patient is in the developmental stage of young adult. Some norms that this patient has experienced is a career and lives independently. Deviations from the growth and development include withdrawal, no marital partner, no children, and social isolation. _____