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

Student Name: __Destiny K._

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

Brain – 3 major components
-The **cerebrum** is divided into right & left hemispheres and has 4 lobes -> 1 (Frontal = controls high cognitive function, memory retention, eye movement, motor movement, and speech production(broca area)), 2 (Temporal = integrates somatic, visual & auditory data, Wernicke receptive speech area located here), 3 (Parietal = interprets spatial information, contains the sensory cortex), 4 (Occipital = processing of sight)
- **Brainstem** includes the midbrain, pons, and medulla (vitals centers concerned w/ respiratory, vasomotor, and Heart function are found here). Contains centers for sneezing, coughing, hiccupping, vomiting, sucking, and swallowing. Reticular formation (relays sensory information, and influences excitatory and inhibitory control of spinal motor neurons) is found here.
-**Cerebellum** coordinates voluntary movement and maintains trunk stability and equilibrium. It receives information from the cerebral cortex, muscles, joints, & inner ear.
Neurotransmitters - Chemicals that affect the transmission of impulses across the synaptic cleft. Excitatory neuro (activate postsynaptic receptors that increase action potential), Inhibitory neuro (decreases action potential)
Synapse -> Junction btwn two neurons that allows an impulse to be transmitted from one neuron to the other.
Synaptic transmission = Presynaptic terminal (the place where electrical signals are converted to chemical signals), synaptic cleft(space after the axon terminal bwtn the next target cell),

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Schizophrenia is a neurobiological disorder of the brain that is categorized as a thought disorders that results in disturbance in thinking, feeling, perceiving and relating to others or the environment. It is a mixture of positive (Hallucinations, illusions, delusions, Form of thought/ change in language), and negative (absence of essential human qualities, affect, impaired interpersonal functioning and relationship to the external world, deterioration in appearance) symptoms that are present for more days that not in a 1 mth period. Considered one of the most profoundly disabling of the major mental disorders. It is most likely to first develop between adolescence and young adulthood.
Risk factors include maternal starvation and infections during fetal development or complications during childbirth. The nature of these factors suggests a neurodevelopmental pathology process but the exact pathophysiologic mechanism associated with the risk factors is unknown. Theories of causation include genetics, autoimmune factors, neuroanatomic changes, and the dopamine hypothesis.

receptor site on the postsynaptic cell.		

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for other-directed Violence

Goal 1: The client does not harm others or self 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 for a plan for suicide or violence at least 2 times per shift	Maintain constant supervision during periods of increased mood
Assess for increased levels of distress throughout my care day	Maintain and convey a calm attitude during interactions
Assess what hallucinations are being experienced when signs of active hallucination is seen	Tell them that "I know the voices are real to you and scary but I do not hear them"
Assess the environment when actively showing symptoms	Provided an environment with a decreased amount of stimuli
Assess effective strategies to ignore what is being heard during my care day	Help plan/find an activity that helps reduce anxiety and distract from hallucinatory material
Assess for increase agitation & violent behavior	Administer an antipsychotic

Goal 2: Client will verbalize instanced that precipitated the hallucinations at least once during my care day.

To Be Completed Before the Simulation

Anticipated Patient Problem: Disturbed thought process

Goal 1: The client will demonstrate the ability to perceive the environment correctly 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 perception of reality at the time of delusions	Reorient the client to person, place, and time prn
Assess attention span and distractibility with every interaction	Schedule structured tasks to focus on the client with periods of rest at least 2 times during my care day
Assess for increased suspicion from the client at least once per care day	Introduce yourself and approach slowly and calmly during interactions
Assess for increased anxiety and agitation levels during my care day	Ensure that the environment is safe and free of anything that can cause harm
Assess the client's ability to cope healthily with the symptoms they are experiencing	Allow pt. to verbalize feelings, fears, and concerns during my time of care
Assess pt. cognitive ability before any planning occurs	Meet with care team & family with client present to help formulate a plan of care to best help the pt. prn

Goal 2: The client will use effective coping mechanisms to deal with hallucinations during my time of care.

To Be Completed During the Simulation: Times is when it appeared for me, simulation didn't give times

Actual Patient Problem #1: Disturbed thought process (D)
Goal: Pt. will be able to perceive the environment correctly during my time of care. Met: ☐ Unmet:☐
Goal: Pt. will verbalize effective ways to deal with hallucinations during my time if care, Met: ☐ Unmet:☐

Actual Patient Problem #2: Impaired social interaction (S)
Goal: Pt. will express an increase in interaction with friends by the end of my care day. Met: ☐ Unmet:☐
Goal: Pt. will be able to effectively communicate feelings and thoughts in a conversation during my time of care, Met: ☐ Unmet:☐

Additional Patient Problems:
#3 Risk for other-directed violence (Violence)
#4 Ineffective health management (Ineffective)
#5
#6

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
Violence	0823	Increased excessive movement of hands and head, looking around, moving mouth as if talking to self, and increasingly anxious	0824	Stand off to the side, more than an arm's reach away	0827	Sitting down with minimal exaggerated movements but still fidgety and experiencing placing words together that do not go in a sentence
D, Ineffective	0827	Fidgety, reported being more confused by a sister, placing words in a sentence that do not make sense together, and not eating adequately resulting in weight loss	0830	Ensure that the medication regime is being followed at home	0832	Replies no to taking prescribed medication
Ineffective, D	0832	Reports not taking medications	0837 0858	Gather information on why he stopped taking medication Offered an injection that can	0837 0859	"they poisoned the pills" Replies "I think so" to being able to

				be given by someone trusted		come to the clinic to receive an injection instead of taking pills
D	0834	Increased movement and symptoms point to increased symptoms of schizophrenia	0835	Educate on positive symptoms that can be seen in schizophrenia as symptoms increase	Wk later	Sister was able to report symptoms that the medication has not yet eliminated
D	0837	Reports that pills were stopped due to belief that pharmacist is trying to poison him(delusion of persecution)	0843	Realize that it can be scary to live thinking someone is out to get him and offering to talk with a provider about getting on another medication	0844	Sister is very thankful for the offer to change medications
D, Violence	0845	Reports sometimes hearing voices of music	0846	Question what the voices are saying/ what is being heard	0847	Only hears mumbling and denies hearing anything that tells him to harm himself or others
Ineffective	Late entry (0906) 0844	Willing to take an injection medication over pills	0900 0907	Educated on how often the injection is given Paliperidone was ordered and education on potential side effects	0903 0909	Pt. wants to try the injection option instead of going back on the pill Willing to continue with the medication and the regimen that follows it
D	0848	Reports having a history of cocaine use, sister wondering what symptoms cocaine can cause	0851	Educate them that it can cause psychosis	0852	Sister states “Since cocaine can cause Ken to have hallucinations I can see why it is important for him to have the drug screen”
S	0853	Sister reports increased anxiety and social isolation behaviors	0855	Educate on ways to decrease anxiety and ways to maintain social interactions	Wk later 0925	Sister reports him goes out with his friends more
D, S	0912	Sister is concerned with the need to do therapy along with the injection to help	0913	Educated on group therapy options	0914	Pleased with all the information given during the appointment and has no further

						questions
D, Violence	Wk later 0916	Increased agitation, hearing voices, and decreased attention on a nurse after a week on a new medication	0918 0923	Ask questions about what the voices are saying and address him by name when trying to talk Educated on ways to distract self from hearing the voices	0919 0924	States that he cannot make out what is being said but it's more of background noise at a restaurant States that sometimes it does help to listen to music with his headphones
D	0919	Confirmed that the voices being heard are not command hallucinations	0921	Restate that what is being experienced must be frightening but he is safe	0922	Less agitated, reports that the voices are starting to go away
D	0927	Sister is concerned with the persistent paranoia when it comes to going to the store where Ken used to get his medication	0929	Educated that the paranoia should decrease are med. Becomes more effective and ways the sister can help with paranoia	0931	Sister said she will do whatever is needed to help her brother

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
Drug screen
Cholesterol lvl, and blood sugar

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

Signs and Symptoms
Motor agitation, delusion of percussion, loose association, hallucinations, loss of energy, not interested in anything, social isolation

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

Contributing Risk Factors
Stopped prescribed medications
Substance use

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)

Social Isolation
Violence to self or others

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

Medication Management
Risperidone
Paliperidone

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

Non-Pharmacologic Care Measures

Sat to the side of him, listened, and acknowledged that what he was experiencing was very real to him, Talk to his sister, listen to calming music.
Deep breathing, journaling

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

Stressors the client experienced?
Believes the pills are poisoning him. Does not want anything to worsen symptoms

Client/Family Education

Document 3 teaching topics specific for this client.
- Educated on the ways to increase social interaction.
- Educated on the availability of an injection medication over a pill.
- educated and reinforced the need to report any demand hallucinations

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

Multidisciplinary Team Involvement
(Which other disciplines were involved in caring for this client?)
Nurse, provider, laboratory technician, receptionist

Patient Resources
Group therapy, Crisis information

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 takeaway from participating in the care for this client is that we as nurses need to be patient and recognize that even though we do not hear what they do it is very frightening for them. It really put into perspective how this disorder can affect how people interact and see the world. _

2. What was something that surprised you in the care of this patient?
   __The thing that surprised me the most when caring for this patient was how open he was with verbalizing the noises that he was hearing. It was also a shock how willing he was to go to an injection form of medication over the pill in just a matter of seconds.__

3. What is something you would do differently with the care of this client?
   ___Something that I would have done differently in the care of this patient is to ask what made him believe that the pharmacists or pills or poisoning him. That way I can see what he doesn’t like about the medication such as any effects that it may be having on him. ____
4. How will this simulation experience impact your nursing practice?
   __This will impact my nursing practice by allowing me to know what questions to ask in order to see why my patient may be experiencing the symptoms that they are. It shows me to have patience and empathy and to validate the fears that my patients may have from the voices they are hearing. It also stresses the point of asking what they are saying so they aren’t being told to hurt themselves or hurt others.__

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

   _21-year-old male, In his young adulthood stage. In the beginning, it pointed to the fact that he did not have any significant relationship with anyone because he was hanging out less and doing less with his friends. Then after starting the new medication, it is said that he was going out with friends which means he was beginning to build a more significant relationship with said friends. That being said in the beginning he was withdrawn, isolated socially, and alone. But after getting the proper treatment he was able to start regaining the ability to achieve meaningful relationships and hopefully will find his purpose and eventually commit to something with passion. _