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

Student Name: _Courtney David_____

ATI Scenario: _1: 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

Central Nervous system- brain and spinal cord: the integration and command center of body
Peripheral Nervous system-spinal and cranial nerves- somatic and autonomic
Cells of the nervous system: Neurons and Glial Cells
Neurons- main structural and functional units of the nervous system- generate, receive and send these impulses to other neurons
Axon-conduct impulses away from the neuronal body
Dendrites: act to receive impulses from other neurons, conducting the electrical signal towards the nerve cell body
Neurotransmitters: impulse triggers release of chemical, bind to the effector cells
Glial Cells- support neurons, myelinate neurons
Grey matter- located in the central part of the spinal cord
White matter: comprises the outermost later of the spinal cord and inner part of the brain
Brain
Cerebrum-interprets sights, sounds and touches, regulates emotions, reasoning and learning
--Divided into two hemispheres left and right
--Lobes: Frontal, temporal, parietal and occipital
Frontal- planning and coordinating movements
Temporal- understanding language, memory, face recognition, object recognition and auditory processing
Parietal Lobe: Integrating information from the body's senses to allow to build
Occipital- receive sensory information from the eyes, able to assess size, depth, and distance, determine color
Cerebellum- maintains balance, posture, coordination, and fine motor skills
Brainstem- regulates many automatic bodies function

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Schizophrenia is a neurological disorder of the brain categorized as a thought disorder with disturbances in thinking, feeling, perceiving, and relating to other and the environment. Schizophrenia is a mixture of both positive and negative signs of disturbances persisting for at least 6 months. Less the 1% of the population suffers from schizophrenia. It can occur at any age but tends to first develop between adolescents and young adulthood, men typically develop signs earlier than women. Characterized by delusions, hallucinations, disorganized speech, and behavior all causing social or occupational dysfunction. People with schizophrenia appear to have excessive dopamine levels. Positive symptoms include agitation, delusions, hallucinations, insomnia whereas negative symptoms include lack of energy/motivation, lack of social interactions or withdrawal, poor hygiene/self-care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Ineffective Coping

Goal 1: Client will maintain regular appointments with a crisis counselor or mental health professional for ongoing support 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 depression and anxiety levels q4hr	Provide therapeutic communication such as providing silence, asking open ended question when client is talking about feeling during my time of care.
Assess Suicidal ideations daily	Provided one on one sitter and suicide precautions if needed during my time of care.
Assess willingness to learn and participate daily	Encourage group therapy or participation of peer support at least once a day during my time of care.
Assess willingness to use non-pharmacological measures daily	Encourage guided imagery, music therapy, art therapy and deep breathing during my time of care.
Assess coping methods prior to episodes (previous ways of coping) daily	Educate on resources such as crisis counselors, inpatient facilities, group therapy during my time of care.
Assess future thoughts and plans daily	Encourage one goal to be met each day such as showering, eating a meal during my time of care.

Goal 2: Client will identify at least one meaningful goal for the future, fostering a sense of purpose and hope during my time of care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for Self-directed or other-directed violence

Goal 1: Client will establish a safety plan including identification of triggers, coping strategies, and emergency contacts 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 client's room for harmful items during my time of care	Provide safe space during my time of care such as one on one sitter- suicide precautions
Assess Serum lithium levels daily	Administer Lithium as ordered or hold/notify provider if Lithium level is above 1.2
Assess mood daily	Encourage client to talk about how they feel today, and how it differs from yesterday during my time of care.
Assess behavior daily	Encourage productive physical activity during my time of care (walk down hallway, outside time)
Assess if auditory or visual hallucinations are present daily	Provide assurance voices aren't telling them to do harmful ideas, provide empathy for hearing voices and reorient them to reality ("I don't hear the voices, but it must be scary") during my time of care.
Assess LOC and awareness daily	Encourage a low stimulus room and reorient to safe location if needed during my care.

Goal 2: Client will exhibit a reduction in self destructive behaviors through the implementation of healthier coping mechanism during my time of care.

To Be Completed During the Simulation:

Actual Patient Problem #1: Deficient Knowledge

Goal: Ken and sister Emily will list at least two sign and symptoms of schizophrenia before discharge.

Met: ☐ Unmet: ☐

Goal: Ken will discuss at least one way to prevent relapse of symptoms of schizophrenia before discharge.

Met: ☐ Unmet: ☐

Actual Patient Problem #2: Disturbed Sensory Perception

Goal Ken will have decreased auditory hallucinations evident by continue to take Paliperidone during the course of treatment.

Met: ☐ Unmet: ☐

Goal: Ken will alert his sister Emily or someone he trusts if voices are telling him to do harmful things to himself or others during the course of treatment.

Met: ☐ Unmet: ☐

Additional Patient Problems:
#3- Ineffecitve coping
#4- Risk for self-directed or other-directed harm
#5-Social Isolation
#6-Distrubed Thought process

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
2,4	Arrival-waiting room= First Visit	Ken fidgeting with hands, talking to himself, change in speech noted	Waiting room	RN Anne notified provider about Ken's change in speech- "Yeah birds in it, birds can fly. I don't like it when flies get in the house how can I clean the house when the sun doesn't shine"	Waiting room	Provider and RN look into Ken's chart to determine the changes present since last visit before calling him into the patient room
2,4,5	Hallway /Room	Talking to self, fidgeting with hands, weight 190lbs, lost 20lbs since last visit, swaying in room next to patient chair, increased anxiety	Patient room	Stand off to the side of Ken, more then arms reach away	Patient room	Ken sitting in chair, next to RN Anne with sitter Emily in room
1,2,3, 6	Patient room	Emily (sister) stated "he missed last two shifts of work and has had low energy lately" Ken stated "miss work but watch a bird show on TV, can't now yard without a car" admits to not taking recent meds	Patient room	Educated on signs of schizophrenia and positive symptoms such as hallucinations, motor agitation and delusions.	Patient room	Ken and Emily both sitting in room, engaged in education "this is helpful"
1,3,4	Patient room	Admits to missing appointment "don't need the medicine" stopped taking meds couple months ago	Patient room	Reviewed med list, taking Risperidone, asked if Ken has continued to take it	Patient room	Ken responded with "they poisoned the pills, the pharmacist"

2,4,6	Patient room	Ken sometimes hears voices or music	Patient room	Asked Ken if voices ever tell him to harm himself or others	Patient room	"No just mumbling sometimes, no words anymore
1,3,4	Patient room	Low risk on SAFE-T score, quit smoking 2 years ago, admitted to drinking beer on weekends and cocaine use	Patient room	Educated on urine sample needed to rule out possible cause of presenting symptoms	Patient room	Emily stated "what kind of symptoms can cocaine cause"
1,3,4,	Patient room	Emily states "what kind of symptoms can cocaine cause"	Patient room	Educated on symptom of cocaine that can mask schizophrenia such as hallucinations, psychosis	Patient room	"Since cocaine can cause Ken to have hallucinations, I see how important to do drug screen"
1,4	Patient room	Cocaine use, questions regarding cocaine use and symptoms	Patient room	Educated on importance of symptoms and use of cocaine making symptoms worse	Patient room	Ken stated "yeah I don't want it to get worse"
1,4,5	Patient room	Emily concerned about increasing anxiety and social withdraw from Ken	Patient room	RN Anne educated on actions that decrease kens anxiety and increase socialization and encourages Emily to visit/ talk to Ken on daily basis to maintain social interactions	Patient room	Frequent lunches together, main support person Ken "I trust you"
1	Provider in room	BP- R arm lying: 122/72 sitting: 120/72 standing: 120/70 HR 76, RR 16, Temp: 37C Chart stated stopped taking Risperidone- ken stated "yeah 4 months ago"	Patient room	Educated on Antipsychotic injection- Paliperidone	Patient room	Emily states "Ken I think that sounds like a great option" Ken "I think so"
1	Nurse comes back in room	Injection present, first dose given, ken sitting in chair with sister at bedside	Patient room	Educated on adverse effects of Paliperidone "Let provider know if you experience abnormal body movements"	Patient room	Pamphlet given on medication, Emily reading over it at bedside
1	Patient room	Pamphlet given to Ken and Emily, Emily states "the pamphlet states it's a month injection, but Ken must come in next week? Why is that?"	Patient room	Educated on first two doses are given a week apart and after the third dose is when it becomes a weekly injection, peak injection time is 13 days.	Patient room	Ken agrees to come monthly after the first two doses
1	Patient room	Group therapy is mentioned and how it would benefit Ken	Patient room	Establish goal of long-term commitment to attending group therapy and the benefit of sense of belonging and increase social skills for Ken	Patient room	Pamphlets on group therapy given to Ken and Emily in the area along with crisis resources
1,2,4	Week Later- Visit 2	Mouthing words to self, fidgeting with hands, admits to not hearing voices just background noise	Patient room	Reorient Ken to reality, provided empathy "Hearing voices must be frightening but you are safe"	Patient room	Anxiety decreased, which decreases risk for harm for self- and other-directed harm
1,2,4	Patient room	"Voices are going away" decreased anxiety present	Patient room	Educate on when voices are heard, talk to sister, or listen to music to distract yourself	Patient room	"Sometimes listening to music in my headphones help"
1,2,4	Patient room	Week since last injection/visit, new medication regimen	Patient room	Encouraged ken to talk about feeling "how are you feeling with your new medication since last being seen"	Patient room	"I still hear voices but not as often" Emily states "he's gone out with friends a few times"
1,3	Patient room	Urine screen- negative for cocaine use, positive for marijuana	Patient room	Therapeutic communication provided to ask the reasons for using marijuana	Patient room	"It's relaxing"
1,3	Patient	Use of marijuana due to	Patient	Educated on marijuana	Patient	"I could give those a try"

	room	needing it to relax	room	use and schizophrenia, educated on deep breathing and alternative methods of relaxations without substance use	room	
1,4	Patient room	Emily concerned about future care “What happens if he gets worse and can’t make own decisions”	Patient room	Pamphlet on DPAHC to sister and Ken	Patient room	“Thanks for going over that with us”
1	Patient room	Relapse concerns- “what can we do to prevent Ken from having a relapse of his symptoms”	Patient room	Educated on relapse and how to prevent such as attending group therapy, learning new coping skills, and notifying trusted people about changes	Patient room	“Thanks, we have no more 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 Screen- Positive for Marijuana, Negative for Cocaine

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

Signs and Symptoms

Talking to self, hearing voices (auditory hallucinations), loss of appetite, loss of weight, social withdrawn (not going with friends or sister anymore), missing work, paranoia (pharmacist trying to poison him so he stopped taking his meds)

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

Contributing Risk Factors

Genetics
Autoimmune factors
Neuroanatomic changes
Excessive Dopamine Levels

Therapeutic Procedures

Non-surgical
CBT
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)

Anticipate:
Sister taking off every month to take him to clinic, maybe offer mobile units or transportation to take him,
Side effects to medication could be a complication

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

Medication Management

Antipsychotics- Risperidone: Pill form (not best option for Ken due to Paranoia)
Injectable Antipsychotic- Paliperidone (monthly)

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

Non-Pharmacologic Care Measures

Support system
Establish Trust
Group Therapy
Crisis resources
Guided imagery, deep breathing, music therapy to help relax

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

Stressors the client experienced?

Paranoia- if its starting with the pharmacist then it could potentially trickle to people who he trust such as his sister.

Client/Family Education

Document 3 teaching topics specific for this client.

•Medication regimen
• Use of substance and the impact on making symptoms worse
• Importance of alerting someone if voices are telling you to do harmful things to yourself or others. (support system of people you trust)

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

Multidisciplinary Team Involvement

(Which other disciplines were involved in caring for this client?)

Psych
RN
NP
Behavior health
Clinic team- meds

Patient Resources

Crisis resources
Group therapy
State help (working, assistance since living alone with schizophrenia)

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 the client Ken was that having a support system with mental illness is such an important thing and the ones that have it are extremely lucky. Without Ken's siter there with him to ask questions and provoke Ken to tell some more details about what he is experiencing Ken wouldn't have been fully heard or able to express things about his schizophrenia. Having a support system to help you along the mental health illness journey is incredible for the patient and to think that most people don't have support systems like Ken and have to manage a diagnosis and treatment while experiencing the illness itself is scary to think about.

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

   I was surprised how open Ken was to using Cocaine but not saying anything about Marijuana, I would have thought it would have been harder to get an honest answer about substance use out of Ken especially with the Paranoia happening. I was also surprised to hear that he has tried different ways to distract himself from the voices or background noise.

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

   Something I would do different with the care of this client is be more involved in his answers and asking him questions. The sister Emily asked a bunch of great questions but when it came time for him to answer he would be very short or just let her take the lead on questions or answering for him. I would ask more direct questions to Ken and encourage him to share how he is feeling or experiencing rather than hearing it from the sister, If Ken couldn't answer or remember exactly then I would direct it to the sister after, but it's important to see the patient as a whole and not just direct questions or expect the support person to answer if the patient is capable of answering themselves.

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

   This simulation experience will impact my nursing practice in a positive way because I will encourage everyone to have a support person and even if it's not someone they are close to I will find someone they trust within the healthcare team that can be that support person for them, encourage peer support or group therapy so they don't feel so alone with such a scary mental health illness/disorder. I will also make sure to see the person as a whole and not just divert my questions and concerns to someone else in the room. They never asked for this illness/disorder so treating them with respect, empathy and dignity will help establish trust and allow for better care to be given to the patient.

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

   The norms of growth and development for Ken who is 21 years old are going through a period of psychosocial development, working to advance into adulthood, living on his own in an apartment. Some of the deviations of growth and development within Kens simulation are that the virtue is love that he forms an intense, lasting relationship or commitment to another person, Ken did not mention having a partner or interest in having one. He also was withdrawing himself from friends and forming better relationships within his friendship circle.