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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 primarily responsible for control and integrating many of the body’s activities. It is composed of the central and peripheral nervous system. The central nervous system consists of the brain and spinal cord whereas the peripheral nervous system is made up of everything else such as the spinal cord and many nerves such as cranial nerve 3-11 and spinal nerves. The functional unit of the nervous system includes neurons which can come in different shapes and sizes. They can produce 3 different reactions such as Excitability or the ability to kickstart a nerve impulse, Conductivity which is when the neuron is able to transmit information from the impulse, and to influence other neurons.

The purpose of neurons is to initiate, receive, and process messages about events internally and externally. The initiation of a message from a neuron is known as nerve impulses which generates action potentials. When the impulse reaches the end of the nerve fiber chemical interaction which includes the neurotransmitters transferring impulses across the junction which is what we know as the “Synapse”.

Synapses are the structural and functional unit between 2 neurons. This is where nerve impulses are transmitted from 1 neuron to the other. This impulse can be relayed from neurons to glands and/or muscles. Structures included within a synapse are known as the presynaptic terminal, synaptic cleft, and receptor site on the post synaptic cell.

Neurotransmitters are chemical that influence the transmission of impulses across synaptic clefts. For instance, the excitatory neurotransmitter(ex: epinephrine, norepinephrine, glutamate) are responsible for activating postsynaptic receptors that increases the chance that action potential’s will be generated. On the other hand, Inhibitory neurotransmitters(ex: serotonin, y-aminobutyric acid(GABA), and dopamine) activate postsynaptic receptors that end up decreasing that chance action potentials are generated. Drugs and toxins influence how neurotransmitters carry out their function by either blocking or changing their attachments to the receptor sites on the postsynaptic membrane.

**NCLEX IV (7): Reduction of Risk**

Pathophysiology of Disease

A psychotic disorder characterized by a set of symptoms in which influence the mind when there has been a loss of contact with reality. This disorder can alter cognition, alter a client’s perception, and impairs the person’s ability to determine what is or is not real.

Schizophrenia has biological influences such as an increase in dopamine, serotonin, and increased C4 activity due to prolonged synaptic pruning leads to the many symptoms of Schizophrenia. Other schizophrenic influences include physiological such as viral infections, anatomical abnormalities, and head injury in adulthood. The genetic influence of Schizophrenia is that there is a strong genetic component.

Stages of Schizophrenia:

- **Prodromal phase:** This occurs before the acute phase of schizophrenia. In this phase there is a deterioration in role functioning and social withdrawal. The person can be seen with sleep disturbances, anxiety, and irritability. There is often poor concentration, fatigue, and depression in this stage. There are changes in eating/sleeping, and self-care patterns. This can appear a month to a year before their actual psychotic break.
- **Acute phase:** In this stage, psychosis is exhibiting. There is a mixture of positive(ex: hallucinations, delusions), negative symptoms(ex: apathy, withdrawal, anhedonia), cognitive symptoms(ex: problematic, difficulty to understand, decision-making), and mood symptoms (ex: depression/ anxiety).
- **Stabilization phase:** In this period, there is acute symptoms such as the positive symptoms and a decrease in anxiety.
- **Maintenance phase:** In this period, the symptoms are in a remission phase, although there might be milder persistent symptoms that can linger.

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Disturbed Sensory Perceptions: Auditory & Visual

Goal 1: The client will recognize distortions of reality by the end of my care.

<p align="center"><b>Relevant Assessments</b></p> <p align="center">(Prewrite) What assessments pertain to your patient’s problem? Include timeframes</p>	<p align="center"><b>Multidisciplinary Team Intervention</b></p> <p align="center">(Prewrite) What will you do if your assessment is abnormal?</p>
<p>Assess for command hallucinations and other positive symptoms(delusions of grandeur, echolalia, neologisms, illusions) prn</p>	<p>Ensure client safety and peers(1:1 Observation, Benzodiazepine med.) at all times</p>
<p>Assess R/F suicide using SAD PERSONS scale upon admission and prn</p>	<p>Initiate suicide precautions(safe meal trays, paper scrubs, removal of harmful objects) STAT</p>
<p>Assess for ability to maintain hygiene/ perform ADLs qshift</p>	<p>Assist client to bathroom &amp; encourage to bathe/ shower independently qshift</p>
<p>Assess for delusions prn</p>	<p>Acknowledge the client’s feelings, validate them, then reorient back to reality prn</p>
<p>Assess the client’s family knowledge on the maintenance phase/stabilization phase of Schizophrenia prn</p>	<p>Educate the family on possible signs of relapse(difficulty concentrating, sleep disturbances, hearing voices again) and who to contact prn</p>
<p>Assess the client and their families understanding of the medication regimen for Schizophrenia qshift</p>	<p>Educate on the importance of adhering to the medication regime, the side effects of medications, and the purpose of the med’s Qshift and prn</p>

Goal 2: The client will perceive self realistically by the end of my care.

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Risk for Violence

Goal 1: The client will not harm themselves or others during my time of care.

<p align="center"><b>Relevant Assessments</b></p> <p align="center">(Prewrite) What assessments pertain to your patient’s problem? Include timeframes</p>	<p align="center"><b>Multidisciplinary Team Intervention</b></p> <p align="center">(Prewrite) What will you do if your assessment is abnormal?</p>
<p align="center">Assess for possible safety concerns(command hallucinations, violence tendencies, aggression) at all times</p>	<p align="center">Ensure client safety and peers(implement 1:1 sitter, PRN benzodiazepines) at all times</p>
<p align="center">Assess for both positive and negative symptoms of Schizophrenia(hallucinations, flat affect, anhedonia) qshift and prn</p>	<p align="center">Maintain a structured milieu environment(consistent rules, establishing boundaries) at all times</p>
<p align="center">Assess for suicide ideations continuously</p>	<p align="center">Initiate suicide precautions(close observation, checking on client q15 min., removing harmful objects) STAT</p>
<p align="center">Assess client’s coping mechanisms and ability to manage frustration/ anger prn</p>	<p align="center">Collaborate w/ psychiatrist to implement CBT for inappropriate behaviors PRN</p>
<p align="center">Assess client hx of violent, anxious behaviors(severity, possible triggers) prn</p>	<p align="center">Build rapport and trust w/ client at all times</p>
<p align="center">Assess the current environment qshift and prn</p>	<p align="center">Reduce stimuli, take client on a walk, &amp; provide safe outlets for physical energy(ex: exercising) prn</p>

Goal 2: The client will participate in a structure, therapeutic milieu during my time of care.

**To Be Completed During the Simulation:**

<p>Actual Patient Problem #1: Disturbed Sensory Perception: Auditory &amp; Visual                  Goal: The client will recognize distortions of reality by the end of my care Met: <input type="checkbox"/> Unmet: <input type="checkbox"/>                  Goal: The client will perceive self realistically by the end of my care. Met: <input type="checkbox"/> Unmet: <input type="checkbox"/></p> <p>Actual Patient Problem #2: Ineffective Coping                  Goal: The client will be able to teach back effecting coping mechanisms by the end of my care. Met: <input type="checkbox"/> Unmet: <input type="checkbox"/>                  Goal: The client will teach back about the importance of abstaining from illegal substances by the end of my care. Met: <input type="checkbox"/> Unmet: <input type="checkbox"/></p>
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<p>Additional Patient Problems:                  #3: Ineffective health management                  #4: Deficient Knowledge: Schizophrenia                  #5                  #6</p>
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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	At admission: Day 1	Stated "yea, it had birds in it, birds can fly, I do not like when flies get in my house, how can I clean the house when the sun doesn't shine"	Day 1 at admission	Collaborated w/ NP to notify about associative looseness statements and established trust/ rapport	Day 1 at admission	Fidgeting, anxious
3,	At admission Day 1	190 lbs, 20 pounds less than prior evaluation. Sister stated "it seems like he hasn't ate much lately".	Day 1	Reassures sister that although his weight decreased, it is still WNL for his height, notified NP	Day 1	Verbalizes understanding,
1,3	Day 1	Becomes increasingly anxious	Day 1	Stood off to the side, remaining more than an arm's reach away	Day 1	Everyone is safe, still anxious
1,2,4	Day 1	Fidgeting with hands, sister stated "Ken missed his last 2 shifts at work and seems to have little energy"	Day 1	Educates on how social withdrawal and anhedonia are negative symptoms of schizophrenia	Day 1	Verbalizes understanding
4	Exam day1	Sister stated "he only ate a couple bites when we went to lunch a couple days ago, he said he wasn't hungry"	Day 1	Notified NP, educated both on positive sx of Schizophrenia(delusions, hallucinations, motor agitation	Day 1	Both verbalized understanding.
1,3,4	Exam day 1	Stated "no" when asked about compliance with med regime, Stated "I guess I did for a little bit, and they're poisoned pills, not going to take them", when asked about med compliance	Day 1	Educated on importance of medication adherence to maintain Schizophrenia	Day 1	Still adamant about "poison pills"
3	Prior to med admin	Stated "didn't go" when asked about missed appointment in February, sister unaware of missed appointment d/t brother stating he was going to go	Prior to med admin	Educated on importance of f/u with provider to evaluate progress of medication/ maintenance	Prior to med admin	Sister worried, adamant about "poison pills" and refuses to take medicine
1	Day 1	Experiencing a delusion of persecution	Day 1	Acknowledged fears using therapeutic communication	Day 1	Decreased fidgeting, appears more comfortable, providing increased eye contact
1	Day 1	Nurse Anne proceeds to ask for presence of command hallucinations, stated "No, just mumbling sometimes, no voices anymore"	Day 1	educates to report to anyone on the healthcare team when experiencing command hallucinations	Day 1	Verbalizes understanding by stating "I will" to report possible command hallucinations when they occur
1	Day 1	Sister stated "remember	Day 1	Educated on how dizziness	Day 1	Mild r/f suicide SAFE-T

		you got dizzy and had some trouble biting you lunch the other day” Used Safe T- scale to identify r/f suicide		and dysphagia are normal side effects of Schizophrenia.		score: 3
2,3	Day 1: Intake	Drinks 1-2 beers every week at bingo, admits to hx of using cocaine, anxious, fidgeting with faces, slight agitation	Day 1	Educates both on cocaine intoxication symptoms such as psychosis	Day 1	Sister states “he tends to have hallucinations; I can see why it is important to do the drug screen”
2,4	Exam/intake	Alcohol, and cocaine substance abuse hx	Exam/ intake	Educates on importance of understanding how cocaine and other substances can mimic or worsen the symptoms of Schizophrenia	Exam/ intake	Stated “yea I don’t want it to get worse”.
4	Exam	Sister concerned about social withdrawal tendencies, restlessness, and increase of anxiety	Exam	Educates that it is normal for client’s to socially isolate with Schizophrenia, helped with optimizing the maintenance of interpersonal relationships/activities, and tips to decrease anxiety.	exam	Sister states “ I think that would be helpful”
3,4	exam	Socially withdrawal occasionally, akathisia, anxious	exam	Encourages sister to visit and talk on a regular basis to help maintain social interaction	exam	Verbalizes understanding
3,4	exam	Lost 20 pounds from last 6 month visit	Exam	NP encourages to eat 3 meals a day even if not feeling hungry	exam	Verbalizes understanding
1,3	Prior to med admin	Hearing voices and music. Stated”I hear mumbling sometimes”	Prior to med admin	NP educates that stopping Risperidone abruptly is the reason for the relapse of the auditory hallucinations	Prior to med. admin	
1,3	Prior to med admin	Sister voices concern of medication compliance stated “he thinks they’re trying to poison him with the pills, im worried he wont take then”	Prior to med admin	Provides alternative of antipsychotic injection Paliperidone	Prior to med admin	Agreed to try Paliperidone injectable antipsychotic
1,3	Med admin	Delusions of persecution stated “they’re trying to give me those poison pills”	Actual Med admin	Admin. 234mg of IM Paliperidone in left deltoid & educated to come back in 1 week for the next injection and to have blood drawn to check for cholesterol and glucose levels	Post med admin	Verbalized understanding; pending lab results
1,3	During med admin	Not hearing command hallucinations, just mumbling	Med admin	Educates to report to sister or HCP if experiencing command hallucinations immediately	At Med admin	Verbalizes understanding
1,3	At Med admin	Not compliant with PO medication, agrees to try IM antipsychotic Paliperidone	At Med admin	Educates both on side effects of Paliperidone such is dyslipidemia, hyperglycemia, and metabolic wt. gain & also that it will reach its peak of effectiveness after about 13 days	At med admin.	Verbalizes understanding
3	At Med admin	Sister states “pamphlet states Paliperidone is a monthly injection, why does he need to come back next week”?	At Med Admin	Educates that although confusing but the 1 <sup>st</sup> two doses are given a week apart and then after he will receive the injections monthly	Week 2	Came back for 2 <sup>nd</sup> dose of 234 mg of IM Paliperidone
3,4	Med Admin	Sister asks if therapy is need in adjunct to Paliperidone med	Post-Med Admin	Recommends going to group therapy in addition to taking IM Paliperidone & that a goal should be set to establish a long term commitment to group therapy	Post med admin.	Verbalizes understanding
3,4	At D/C	Preparing for d/c; urine sample collection ordered(CBC w/ diff., Prolactin, FBS, Lipid profile)		Provides resources on local groups and information on emergency and crisis resources, and to stop by receptionist for next week’s appt		Appointment a week from now is scheduled
1	Week 2	A week from last visit,	0930	Reassures with therapeutic	0931	Still restless, mumbling,

		restless, fidgeting, mumbling, distractibility, stated "I can't make out what they're saying, its like background noise at a restaurant"		communication that background voices is norm and that not hearing command hallucinations is good		fidgeting
1,3	1035	Less anxious, stated "yes they're going away"	1036	Encourages to talk with sister or trustworthy person if feeling anxious again and listening to calming music to cancel out voices/ take mind off of hallucinations	1038	Stated "sometimes listening to music helps take my mind off the voices"
2,3	Lab results came back	Urine drug screen: Amphetamines- Negative Barbiturates- Negative Benzodiazepines- Negative Marijuana- positive Cocaine- Negative Methadone- Negative MDMA- Negative Opiates- Negative Phencyclidine- Negative Propoxyphene- Negative Stated "I use weed because its relaxing"	1218	Educated on how marijuana can worsen the symptoms associated with Schizophrenia, and to try alternative forms of relaxation such as deep breathing exercises, meditation, or journaling	1220	Stated yea I can give those things a try"
3,4	Prior to d/c week 2	Sister concerned about brother's delusion of persecution	Prior to d/c	Educates that paranoia will decrease with congruence to Paliperidone reaching its peak of effectiveness & measures to take to make feel safe/less paranoid such as	Prior to d/c	Verbalizes understanding
1	Prior to d/c week 2	Often experiences paranoia/ delusions of persecution, sister is concerned of delusions	1230	Educates sister on avoiding whispering/ talking quietly to others when in room	1235	Verbalizes understanding

		Sister concerned that symptoms could get overwhelming		Provide pamphlet on guardianship etc. and POA		States "thanks for going over that with us", verbalizes understanding
3,4	At D/C	Stated "what can we doing to prevent him from having a relapse"	1244	Educates on importance of recognizing s/sx of relapse such as (1. sleep disturbances, troubling thoughts, hearing voices, uncomfortable around others, difficulty remembering/ concentrating and unsure of reality) & that relapsing is normal stage of Schizophrenia	1247	Verbalizes understanding
2, 3,4	At d/c	Sister concerned of possible relapse	1300	Educates on relapse prevention such as attending group therapy, learning new coping skills, the effect substance use can have on triggering relapse, notify trustworthy people of social withdrawal	1302	Verbalizes understanding

**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:**  
 Amphetamines- Negative  
 Barbiturates- Negative  
 Benzodiazepines- Negative  
 Marijuana- Positive  
 Cocaine- Negative  
 Methadone- Negative  
 MDMA- Negative  
 Opiates- Negative  
 Phencyclidine- Negative  
 Propoxyphene- Negative  
 FBS- 98 mg/ dL  
 Prolactin- 7 mg/ dL  
**Lipid profile:**  
 LDL- 108 mg/dL  
 HDL-54 mg/dL  
 Total Cholesterol- 182 mg/dL  
 Triglycerides- 98 mg/dL  
  
**CBC w/ Diff:**  
 RBC- 5.7mm<sup>3</sup>  
 Hgb-16 /dL  
 Hct-48%  
 Platelet-310,000  
 WBC-6,200mm<sup>3</sup>  
  
 Safe- T score: low risk

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

Signs and Symptoms  
 Hearing “mumbling voices”  
 Restless  
 Fidgeting with fingers, sometimes with face  
 Easily distracted  
 Anxious  
 Hearing Background noise  
 Delusions of persecution “poison pills”

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

Contributing Risk Factors

- Caucasian, early 20s
- Prior substance abuse hx of cocaine and marijuana

**NCLEX IV (7): Reduction of Risk**

Therapeutic Procedures

Non-surgical

- Referral to psychologist
- Cognitive Behavioral Therapy
- Family focused education therapy
- Informatics(cellphone positive apps. Mind consciousness)

Surgical

- ECT

Prevention of Complications  
 (Any complications associated with the client’s disease process? If not what are some complications you anticipate)

Relapse  
 Homicide/ Suicide  
 Hyperglycemia  
 Dyslipidemia  
 Metabolic wt. gain

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

Medication Management  
 234 mg Paliperidone IM injection(antipsychotic)

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

Non-Pharmacologic Care Measures

- Therapeutic communication
- Low stimulation environment
- Relaxation techniques

**NCLEX III (4): Psychosocial/Holistic Parenteral Therapies**

**Care Needs**

Stressors the client experienced?

- Substance abuse(cocaine)
- Psychosocial- persecutory hallucinations/ auditory
  - Nutritional- lost 20 pounds in 6 months
  - Familial- sister is overwhelmed, primary caregiver

**Client/Family Education**

Document 3 teaching topics specific for this client.

- Educating client on appropriate coping mechanisms such as going for a walk, listening to calm music, avoiding loud places and activities.
- Educate on proper diet and exercise while taking Paliperidone to combat metabolic syndrome.
- Educate on relapse prevention of Schizophrenia such as medication

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

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

Psych NP  
 Laboratory  
 Pharmacy

adherence, managing stress through avoidance, relaxation techniques, and priority of sleep.

Group Therapy  
Crisis Management  
Psychiatrist

Patient Resources

**Reflection Questions**

Directions: Write reflection including the following:

1. What was your biggest “take away” from participating in the care of this client?  
The biggest “take-away: from participating in the care of this client is how big of a support system through his sister he had. Even though he was not adhering to the medication, the client and family was very receptive to trying out alternatives to promote the maintenance of stabilizing the symptoms. They were very receptive to go to therapy to help maintain his health at home. This is helpful for the nurse because she knows he will have a better chance of preventing relapse because of that support system.
2. What was something that surprised you in the care of this patient?  
Something that surprised me in the care of this patient is how receptive the client was. Most client’s experiencing relapse etc. are not big on medication adherence and don’t care about getting better. The fact that the client wanted to feel better, wanted to try new things and was even receptive to group therapy surprised me.
3. What is something you would do differently with the care of this client?  
Something I would do differently with the care of this client is offer the sister respite care because caring for a family member with mental illness can be overwhelming as it is, and to prevent caregiver burnout or fatigue offering resources such as respite or home health is a great resource to implement to help alleviate some of the burden of taking care of her brother.
4. How will this simulation experience impact your nursing practice?  
This simulation experience will impact my nursing practice by allowing me to be more flexible with clients. At some point client can relapse and being more flexible with my interventions will allow for me to have realistic expectations for my client. This can also contribute to more creative approaches to help my client establish goals for long term compliance.
5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.  
The norms of growth and development I noticed was Ken is a young adult and practices the same coping mechanisms such as abusing illegal substances. He also experiences anxiety which can be at a high prevalence during this developmental stage. Ken also is at the stage of synaptic pruning which made him highly susceptible of developing Schizophrenia.