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

Student Name: __Jada Sales-Morales_____

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

Neurotransmitters: major component in the brain chemical making. Once an electrical impulse reaches the end of a neuron, a neurotransmitter is released, crossing the synapse to attach to receptors on the postsynaptic cell to inhibit or excite it. Function of monoamine neurotransmitter such as dopamine and serotonin: Dopamine – controls fine muscle movement, emotions/thoughts, decision making, stimulates hypothalamus to release hormones. Serotonin – mood, sleep regulation, hunger, pain perception, aggression and libido. If increase of dopamine there is schizophrenia or mania, if there's an increase in serotonin there is anxiety. The hippocampus of the brain controls short term memory to long term memory, where the prefrontal cortex is at. Prefrontral cortex: high cognitive function including decision making, impulse control, and social behavior. Amygdala is the aggression center for anger/violence and fear/anxiety. Abnormal leads to increase anxiety.

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Comorbidities: substance use disorder, anxiety/depression/suicide, polydipsia.
There is an increase in dopamine and serotonin, increased C4 activity by having a prolong synaptic pruning which overdrives and decreases decision making. Physiological influences such as viral infection, anatomical abnormalities and head injury in adulthood can implicate schizophrenia. It does have a strong genetic component as well. L0A type of psychosis: abnormal thoughts and thought processes: 1. Positive s/s add onto normal behavior such as hallucinations, delusion (things the were not there before), illusions. 2. Negative s/s which take away from normal behavior such as withdrawal or lack of interest/motivation, absence of human qualities (anhedonia, apathy, alogia, affective blunting), and affect. In schizophrenia there is a smaller hippocampus and an abnormal prefrontal cortex.

To Be Completed Before the Simulation

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

Goal 1: will not harm self or other by the end of my shift

Goal 2: will develop coping skills that will help them identify some triggers for them during my shift

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 past hx of depression, mania, or any attempt to self harm before my shift	Put them in a low stimuli+dim light, quiet room during shift
Assess any thoughts of self harm or thoughts of suicide during my shift	1:1 sitter close observation
Assess signs of agitation, paranoia, or disorganized thinking	Administer an antipsychotic med as ordered
Assess any risk factor (substance use, recent lossess) before my shift	Use open ended questions to get more info out during my shift
Assess coping skills during shift	Provide distraction techniques during my shift
Assess a head-to-toe assessment	Suicide precautions on

To Be Completed Before the Simulation

Anticipated Patient Problem: Disturbed Sensory Perception (auditory and visual)

Goal 1: will recognize distortions of reality by the end of my shift

Goal 2: will demonstrate the ability to perceive the environment correctly by reached to that one trusted worker by the end of my shift

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 any turning or tilting of the head during shift	Will ask what the voices are saying during shift
Assess if frequent blinking of the eyes or grimacing during shift	Call patient by the name
Assess current coping mechanism during shift	Use distraction techniques while hallucinating (walk, play, music, draw) during shift
Assess if they're saying something out loud during shift	Be consistent with scheduling during shift
Assess what voices are communicating begore pt decides to talk to him	Orient the person to time, person, place if indicated
Assess safety of self and others during shift	Maintain eye contact and speak simply/loudly

Mumbling more than ever

To Be Completed During the Simulation:

Actual Patient Problem #1: Disturbed Sensory Perception (auditory and visual)
Goal: will recognize distortion by reality by the end of my shift
Met: ☐ Unmet:☐
Goal: will let someone know what the voices are saying during my shift
Met: ☐ Unmet:☐

Actual Patient Problem #2: Imbalanced Nutrition: Less than body requirements
Goal: will eat a bag of chips that he can get from vending machine by the end of my shift
Met: ☐ Unmet:☐
Goal: will intake at least 10% of meals by the end of my shift
Met: ☐ Unmet:☐

Additional Patient Problems:
#3: Social Isolation
#4: Ineffective Coping
#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
#1, #2, #3	08:45	Fidgeting around his fingers, "it had birds in it, birds can fly, I don't like when flies get in the house, how can I clean the house if the house don't shine" , "he hasn't eaten well":190lbs which is 20lbs less when he came in 6mths ago, Ken becoming increasingly anxious. Ken missed 2 last shifts of work, not taking his prescribed meds. Isolated self from friends and dropped out of class.	08:47	RN stands off to the side of Ken more than an arms reach away. RN taught the clinical manifestation of + s/s such as delusion, hallucination, and motor agitation	08:50	Sit down on a chair, "I don't want to take my med, I don't need to". Weight is still in the expected weight.

#1	08:55	"The pharmacist is trying to poison the pills" no taking his meds – delusion of persecution. Client did not return to clinic for 3 mth follow up	08:57	Delusion of persecution – document in the med record. Talk w/ provider to see a med substitute that the patient may be comfortable.	9:00	Continuation of delusion of persecution, still believes someone is going to poison him
#1	0900	Just hear mumbling words	09:04	If hearing voices to let that patient feel safe. Did a suicide assessment triage and evaluation increasing the length and number of interactions w. Ken for him to be comfortable	09:07	Doing music "a quiet little song". SafetDR, let them talk
#1	0900	Lost 20 lbs	09:02	Eat 3 meals a day so you don't feel hungry, administering Paliperidone (may experience body movement abnormal)	09:05	"Okay, I will provide small frequent meals". Antipsychotic meds are ordered via injection, "Yes that will work" "that didn't hurt"
#1	09:06	After a wk, can't focus, "there's background voices in the background, less anxious, voices are going away	09:08	"Hearing voices must be frightening", "what are the voices saying"	09:16	Felt relieved to tell someone
#4	09:20	Urine drug test negative for marijuana, and positive with heroin	0927	"tell me some of your reasons for using marijuana" being open to communicate w/ caring and nonjudgmental Encourage to journal	0938	"works b/c it's relaxing" and will start journaling
#1	09:40	"It is poison, I have to be careful with people"	0946	Paranoia to be fixed when med is at its peak, Taught the sister to avoid whispering or talking quietly to others when in the same room as Ken	0950	Will stop whispering in front of him

#4	09:45	"That won't ever happen, I can take care of myself"	0955	Given a pamphlet of attorney of care, went over the pamphlet to understand the process better, provide that an DPAHC is terminated by child. Relapse can occur – learning new coping skills will be effective	0957	"alr we'll watch for these things"

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 analysis, lipid profile, CBC w/ differential
Marijuana positive

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

Signs and Symptoms

Auditory hallucinations, delusions, disorganized speech, increasingly anxious , dizziness, make the sentences shorter, flat affect, weight loss w/ decreased appetite, sleeps less (5-6hrs)

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

Contributing Risk Factors

Substance use: quit smoking cigarettes 2 years ago, 2 pack-yr history.
Social use of alcohol
Used cocaine in the past "a long time ago"

Therapeutic Procedures

Non-surgical
Med tx, drawing/reading, group therapy

Surgical

Deep brain stimulation: electrodes implanted in specific brain areas to help alleviate symptoms

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)

Relapse
Sleep disturbances
Social withdraw

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

Medication Management

Risperidone 2mg PO twice daily
Paliperidone: SE abnormal body movement – peaks at about 13 days

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

Non-Pharmacologic Care Measures

Enjoys reading and watching movies
Watching a show while eating
Eat 3 meals a day
Group therapy so that's fun

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

Stressors the client experienced?

Declined in self care/grades
Withdrawal from personal relationships (quit attending classes)

Client/Family Education

Document 3 teaching topics specific for this client.

- Medication Compliance is essential
- Ways to Decrease anxiety
- Increase social interaction for a bit

Pamphlet to give side effect of the meds

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

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

Nurse, physician, nutritionist, therapist, psychiatrist

Patient Resources

Outpatient mental health clinic, group therapy, helpline number, to go for walks, meal n go.

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 was how hard is to talk and take care of someone with Schizophrenia. Esp when they have visible symptoms and how serious the diagnosis can be. For ex. Ken heard voices saying that the food are poisoned and someone is trying to him. As a nurse I find it difficult to improve and help him not hear those voices without meds. Also, I find it a bit scary that you can't really know what a patient with Schizophrenia is going through unless they tell you esp with voices.

2. What was something that surprised you in the care of this patient?
   _____Something that I'm surprised me while taking care of Ken was that w/ Schizophrenia social isolation is a thing, that you can drop everything esp classes bc of a diagnosis. Also that involving family is essential bc they're the ones taking care of them.
   _____

3. What is something you would do differently with the care of this client?
   _____Be more considerate and find more interventions to take care of him. Find more solutions for his malnourishment.

4. How will this simulation experience impact your nursing practice?
   ____To talk more to the family members or caregivers, and to include them in the care. I also learned that there will be patients who don't want help so keep in mind that even though the patient doesn't want help to just provide resources is sufficient.

5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.
   ____As a 21 yr old guy considered early adulthood, it's where you achieve a lot of things. You go to school, specifically college to get a degree and major in a profession. You make a living out of something, create close relationships and meet someone who you can marry. Then create a family. Erikson theory: Intimacy vs Isolation.
   For Ken, it will be tough for him to create close and longing relationships when he is listening to the voices in his head telling him to trust what he's eating or to not trust people. If he continues to listen he won't be able to find someone who he can fully trust unless he's compliant with his meds.