ATI Real Life Student Packet
N201 Nursing Care of Special Populations
2025

Student Name: ___Sania Steward_____

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

- **Frontal lobe:** Responsible for decision making, problem solving, planning, judgment, voluntary motor activity, and higher-order thinking.
- **Temporal lobe** : Handles auditory perception, language comprehension, and memory storage
- **Parietal lobe:** Processes sensory input (touch, temperature, pain, spatial awareness).
- **Occipital lobe:** Processes vision and visual recognition.
- **Limbic system:** Includes the hippocampus and amygdala, regulating emotions, motivation, and memory.
- **Prefrontal cortex:** Central to attention, working memory, and executive function.

- ✓ **Dopamine**: Normal levels help regulate reward, motivation, and motor control.
- ✓ **Serotonin**: Helps with mood, sleep, and appetite balance.
- ✓ **GABA**: Inhibitory transmitter that calms neural activity and prevents overstimulation.
- ✓ **Norepinephrine**: Mood, attention, and arousal, fight or flight response to stress
- ✓ Acetylcholine neurotransmitters: Plays a role in learning and memory, regulates mood, mania, sexual aggression, Stimulates, the parasympathetic nervous system

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Biochemical influences:

- Increased Dopamine and Serotonin
- Increased C4 activity- Prolonged synaptic pruning leads to symptoms of schizophrenia

Characterized by period of exacerbation or partial remission.

1. Prodromal phase: Signs and symptoms that precede the acute, fully manifested s/sx which include withdrawal, deterioration in function, depressed mood, perceptual disturbances magical thinking, and peculiar behavior. Can appear 1 month to a year before *psychotic break.*
2. Acute phase: Period of severe and developed symptoms grouped into 4 categories: Positive symptoms (hallucinations, delusions) Negative (apathy, withdrawal, lack of motivation) Cognitive/ neurocognitive symptoms (concrete thinking, impaired memory, impaired information processing, impaired executive functioning)
3. Stabilization phase: Period in which the acute symptoms (positive symptoms) decrease in severity.
4. Maintenance period: period in which symptoms are in remission, with milder symptoms.

Physiological influences:

- Viral infection
- Anatomical abnormalities
- Head injury in adulthood
  - ✓ Strong genetic factors

To Be Completed Before the Simulation

Anticipated Patient Problem: Disturbed Sensory Perception

Goal 1: By the end of my time of care the client will recognize distortions of reality.

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 command hallucinations PRN	Identify what the voices are saying PRN
Monitor for risk of harm/ injury to self and others q12hr	1:1 sitter, close monitoring to help the patient feel safe q12hr
Assess for loose association, magical thinking, paranoia q8hr	Call the patient by name, clarify misinterpretations q8hr
Monitor adverse reaction to anti-psychotic medication PRN	Teach s/sx to of the medication used during the treatment (EPS. MNS) PRN
Asses for ability to distinguish reality from hallucinations PRN	Orient the client to self, time, and place PRN
Assess patients ability to focus and attention q12hr	Communication using short and easy to follow conversation using a calm voice q12hr

Goal 2: The client will use appropriate verbal communication by the end of my time of care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Ineffective health maintenance

Goal 1: By the end of my time of care the client will maintain anxiety at a manageable level.

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?
Determine medication adherence upon establishing a rapport	Educate importance of medication adherence and prevention of relapse PRN
Review support system PRN	Encourage educate about diseases process including s/sx of positive and negative characteristics PRN
Assess impact on ADLs, sleep PRN	Encourage rest periods, small frequent meals, with a structured routine PRN
Assess for signs of increased anxiety, fear, agitation PRN	Intervene as soon as possible by distracting client with a less stimulating environment PRN
Assess clients knowledge of schizophrenia PRN	Be reliable and honest while providing teaching on the client level of understanding, repeat/ remind the client if indicated PRN
Assess social interaction patterns PRN	Incorporate learning and skill practice throughout therapy gradually

Goal 2: The client will perform self-care activities independently at the end of my time of care.

To Be Completed During the Simulation:

Actual Patient Problem #1: Ineffective Health maintenance
Goal: By the end of my time of care the client will maintain anxiety at a manageable level
Met: ☐ Unmet:☐
Goal: The client will perform self-care activities independently at the end of my time of care.

Met: ☐ Unmet:☐

Actual Patient Problem #2: Disturbed sensory Perception
Goal: By the end of my time of care the client will recognize distortions of reality.
Met: ☐ Unmet:☐
Goal: The client will use appropriate verbal communication by the end of my time of care
Met: ☐ Unmet:☐

Additional Patient Problems:
#3 Social isolation
#4 Disturbed thought Process
#5 Self-care deficit
#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
Disturbed sensory perception	0800	Ken demonstrated signs of associative looseness while waiting to be called back, fidgeting, with increasing anxiety and mild restlessness during initial assessment	0800	While talking to ken the nurse stood off to the side of Ken more than an arm's reach away	(1 week later) 0800	Fidgeting with arm band while conversing during follow-up visit
Ineffective health maintenance	0800	Weight loss of 20 pounds within 6 months sister states ken hasn't been eating much and expresses concern, with symptoms of dizziness and trouble swallowing	0830	HCP encouraged Ken to eat three meals a day even if he isn't hunger	0845	Unable to reassess for weight gain or loss…
Ineffective health maintenance	0815	Ken states he stopped taking Risperidone because he believes the pharmacist tried poisoning his medication	0830	Reviewed medication adherence and explained symptoms that are associated with schizophrenia "It must be scary thinking that someone is trying to hurt you, agrees to monthly injections of paliperidone	(1 week later) 0845	Ken denies increased restlessness and tremors while taking paliperidone. Emily verbalizes to call the clinic if side effects of paliperidone begin
Disturbed Sensory perception	0900	Ken states he often hears voices/ music/ mumbling	0915	"Do you ever hear voices that tell you to harm yourself or other?"	0945	Denies suicidal ideation, plan, or intent. No suicidal behaviors noted
Ineffective health maintenance	0950	Reports he quit smoking cigarettes 2 years ago, states social use of	0950	Taught how cocaine can mimic schizophrenia and produce worsening	(1 week later)10 00	Urine negative for cocaine, denies smoking and alcohol use

		alcohol and use of cocaine in the past		symptoms cocaine toxicity, along with a required drug test		
Social isolation	1000	Sister expresses concern of Kens decreased interaction with her and friends along with increased restlessness and anxiety	1000	Established a goal for long-term commitment to attend group therapy	1015	States he has gone out with his friends a couple of times since his last visit,reinforced it could take up to 2 weeks for the medication to reach its full effect
Disturbed thought Process	1030	Experiencing increased agitation, akathisia, anxiety upon examination	1030	Just focus on the sound of my voice, provide calming environment with calm voices, or music with deep breathing techniques	1035	Verbalizes he knows the voices are not real, decreased anxiety, and tone becomes less agitated
Ineffective health maintenance	1035	Drug screening positive for marijuana	1035	Offered other relaxing techniques including deep breathing exercises, walks, and journaling	1040	Ken states “yeah, I can give those things a try”
Disturbed Sensory Perception	1045	Emily expresses concern about Kens feelings of paranoia d/t Ken believing people will harm him	1045	The nurse reassured Emily and restated that as the mediation begins to reach its peak the paranoia and hallucinations should decrease	1045	Consents to second dose of paliperidone administered
Self-care Deficit	1050	What if Ken becomes unable to make appropriate decisions for himself during an acute phase	1050	Durable power of attorney of healthcare pamphlet provided to both Emily and Ken	1100	Emily verbalizes understanding that a DPAHC can be terminated by the client

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
Fasting blood glucose
Cholesterol
Urine drug test
CBC w/ differential
Prolactin level
Lipid profile

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

Signs and Symptoms
Associative looseness
Increasing anxiety
Unable to concentrate
Paranoia
Experience little energy
Decreased appetite
Delusion of persecution
Social with drawl

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

Contributing Risk Factors

Smoking
Alcohol (beer)
Cocaine
Marijuana

Therapeutic Procedures
Non-surgical
IM paliperidone injection

Surgical
N/A

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)

Cocaine and Marijuana use
Positive drug screen for marijuana
Alcohol consumption
Medication side effects
Suicide risk

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

Medication Management

Risperidone
paliperidone

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

Non-Pharmacologic Care Measures
Therapeutic communication
Deep breathing techniques
Walking/ Listening to music
Creating a calming environment w/o environmental stimulus

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

Stressors the client experienced?
Unable to eat d/t feeling dizzy and not being able to swallow
Increased environmental stimuli

Client/Family Education

Document 3 teaching topics specific for this client.
•Reach out to your healthcare team if you ever hear voices that tell you to harm yourself or others.
• You should let your provider know if you experience abnormal body movements

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

Multidisciplinary Team Involvement
(Which other disciplines were involved in caring for this client?)
RN
Nurse practitioner
Receptionist
Pharmacist
Outpatient mental health clinic

•Compliance of administration for monthly paliperidone IM injections	

Patient Resources

Emergency and crisis resource
Outpatient mental health clinic
Group therapy
DPAHC pamphlet provided

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 the simulator was to be patient while interacting with the client, but also making sure their needs are met. Prior to the simulation I knew it was important to incorporate the client support system however, while engaging in the simulation I realize that it is extremely important to make sure everyone is on the same page. During the times when Ken was unable to process information his sister Emily took on that role. Having the support system not only makes the client feel better but also allows others in their life to learn about their illnesses and what to look out for if a relapse does occur._____

2. What was something that surprised you in the care of this patient?
   ____Something that surprised me during the time of care for Ken was how willing Emily was to learn about her brother’s care. Despite how Ken felt she found ways to ask questions that wouldn't offend him and seek guidance in ways to help him during times when he is unable to care for himself. It was very eye opening witnessing how someone’s illness not only affects them but it also affects others around them._____

3. What is something you would do differently with the care of this client?
   ___Something that I would have done differently with the care of Ken was providing more therapeutic communication and incorporating ways to calm himself. There are times where the nurse did give great therapeutic communication advice however, I feel like she could have provided more education to both Ken and Emily. While providing therapeutic communication I felt as if the nurse wouldn't often elaborate on what she was saying. Emily often needed to clarify advice and revisit information that the nurse had already talked about. An example of this was when Emily asked how to encourage her brother when experiencing negative symptoms of schizophrenia. She had asked the same question during Kens first and second visit to the office._____

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

__ For future scenarios that are similar I will make sure to incorporate the family and support system in the plan of care of the client. I will also try to answer questions as accurately and clearly as possible to reduce confusion. Although it can be difficult to meet everyone's needs during a visit. If there are multiple people in the room I think it's important to make sure that everyone is on the same page and understands the client's diagnosis because it can look different from person to person. I will also use therapeutic communication to my advantage and model what it should look like when trying to deescalate or reduce anxieties so that the support system of the client feels well equipped to handle scenarios on their own._____
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_____
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5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.

__An example of a developmental deviation during the simulation includes when Ken felt depressed and had no desire to maintain his relationship with his sister and friends. Another example includes decreased cognitive development, he had a hard time formulating sentences and they seemed very disconnected. In the beginning of his therapy, he also discussed missing work for two days and felt alone, socially isolated and withdrawn. After his first dose of paliperidone his sister stated he started to hang out with his friends more and felt better overall, however, he still struggled with hallucinations. The nurse reassured both of them that it takes up to two weeks to see the full effects of the medication._____
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