

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

Student Name: Haley Dorman

ATI Scenario: Real life Mental Health

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: Bipolar Disorder

NCLEX IV (8): Physiological Integrity/Physiological Adaptation

NCLEX IV (7): Reduction of Risk

Anatomy and Physiology

Normal Structures

The brain is divided in 2-halves (L & R)

↳ Major portions:

- Frontal Lobe - thinking/decision making, voluntary movements, language
- Parietal Lobe - processing & interpreting sensory/motor input
- Temporal Lobe - auditory stimuli, memory & emotion
- Occipital Lobe - visual perception memory function.
- Cerebellum - muscle control, balance & movement.
- Spinal Cord - movement control motor commands & reflexes
- Cerebrum: higher brain functions prefrontal cortex - critical decision making, impulse control, regulate emotions Temporal, occipital & parietal lobes
- Limbic System: Emotional Center
 - Amygdala - fear & threats
 - Hippocampus - memory formation
 - Hypothalamus - ANS control, sleep, stress
 - Thalamus - relay motor & sensory signals

- Brainstem - controls life function
 ↳ Breathing, HR, Sleep

Pathophysiology of Disease

- Mania: extreme elevated mood, ↑ energy, impulsivity (BPD₁)
- hypomania: milder form of mania (BPD₂)
- Depression: low mood, fatigue, loss of interest
 → episodes alternate
- Dopamine: reward & pleasure
 ↑ - mania ↓ - Depression
- Serotonin: mood regulation
 ↓ - both phases
- Norepinephrine: Alertness | stress
 ↑ - mania ↓ - depression
- GABA: calming
 ↓ - mania
- Glutamate: excitatory
 ↑ - mania
- * mood swings from profound depression to extreme euphoria w/ periods of normalcy.
- genetic link
- avg. on set 18 y/o

To Be Completed Before the Simulation

Anticipated Patient Problem:

RISK FOR injury

Goal 1: Will identify a calm/quiet milieu.

Goal 2: Makes NO attempt at self harm w/ aid of staff or medication

<p>Relevant Assessments</p> <p>(Prewrite) What assessments pertain to your patient's problem? Include timeframes</p>	<p>Multidisciplinary Team Intervention</p> <p>(Prewrite) What will you do if your assessment is abnormal?</p>
<p>delusions or hallucinations, mood (BID)</p>	<p>Remove all dangers from the room. Cords, glass, sharps (at all times)</p>
<p>physical harm to self or others (TID)</p>	<p>Restraints - physical Chemical (PRN)</p>
<p>mood & speech (BID)</p>	<p>set limits on manipulative behaviors (at all times)</p>
<p>agitation / hostility (BID)</p>	<p>Do not argue, bargain or reason (at all times)</p>
<p>compliance of request from staff (Q4h)</p>	<p>positive reinforcement (PRN)</p>
<p>vital signs depression or mania (q6h)</p>	<p>Speak calm & firmly Short concise statements (at all times)</p>

N201 Nursing Care of Special Populations

To Be Completed Before the Simulation

Anticipated Patient Problem:

imbalanced nutrition less than body requirements

Goal 1: Will consume at least 75% of all meals

Goal 2: Will verbalize importance of proper nutrition

<p>Relevant Assessments</p> <p>(Prewrite) What assessments pertain to your patient's problem? Include timeframes</p>	<p>Multidisciplinary Team Intervention</p> <p>(Prewrite) What will you do if your assessment is abnormal?</p>
<p>Mood State (BID) mania/depression</p>	<p>Administer mood stabilizer (QD)</p>
<p>Weight changes (QD) loss or gain</p>	<p>Offer frequent snacks high protein meals (QID)</p>
<p>Energy level (BID)</p>	<p>Limit environmental distractions (TID)</p>
<p>Hydration status (QOH) turgor, mucous membrane</p>	<p>Find drinks they like encourage intake (QZ)</p>
<p>Vital signs (QOH) HR / BP</p>	<p>Rest periods before meals (TID)</p>
<p>Labs (QOD) BG / Albumin / Electrolytes / CBC</p>	<p>Supplement w/ multivitamin (QD)</p>

N201 Nursing Care of Special Populations

To Be Completed During the Simulation:

Actual Patient Problem #1: RISK FOR injury	Met: <input type="checkbox"/> Unmet: <input checked="" type="checkbox"/>
Goal: will identify milieu environment	Met: <input type="checkbox"/> Unmet: <input checked="" type="checkbox"/>
Goal: will refrain from causing harm to self or others	Met: <input type="checkbox"/> Unmet: <input checked="" type="checkbox"/>
Actual Patient Problem #2: impaired nutrition	Met: <input checked="" type="checkbox"/> Unmet: <input type="checkbox"/>
Goal: will eat at least 50-75% of all meals	Met: <input type="checkbox"/> Unmet: <input checked="" type="checkbox"/>
Goal: will verbalize importance of adequate nutritional intake	Met: <input type="checkbox"/> Unmet: <input checked="" type="checkbox"/>

Additional Patient Problems:

- #3 - medication compliance
- #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
ineffective coping	1400	Disheveled appearance loud tone	1401	Nurse speaks clear, calm & matter of fact	0900	Ready for d/c planning
RIF injury	1420	MSE: disoriented, grandiose/magical thinking, flight of ideas	1400	olanzapine 10mg IM administered	1700	Still in manic mode
RIF injury	1430	Scored ⊕ for BPD using mood disorder questionnaire	1430	inpatient hospital experience	weeks later 1100	major depression episode
ineffective coping	1700	Disrupting group therapy	1705	Removed from therapy	1715	non disruptive to others in other room
medication compliance	0800	pre lithium lab work - good to proceed	0900	Lithium 300mg PO administered	0800	lithium concentration NNL
med compliance	1200	Knowledge of lithium use & toxicity	1205	educated pt & mother on SIG & toxicity SIG	1245	Both mother & pt verbalized understanding on diet w/ lithium
impaired nutrition	1230	BMI: 19.5 higher energy	1231	smoothie, chips & PB J sandwich - finger foods	1310	Ate about 50%.
RIF injury	Weeks later 1100	Readmit for SI SAFE-T	1110	suicide precautions open-ended questions EMT	1600	Recovery - working at clinic helping others
ineffective coping	late entry 1410	Sexual towards nurse	1411	gives clear expectations	2000	No longer sexual towards nurse

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
 MSE
 DSM-5
 mood disorder Survey

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
 loud tone
 agitated
 high energy

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
 Family Hx of depression

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures
Non-surgical
 EMT
Surgical

Prevention of Complications
 (Any complications associated with the client's disease process? If not what are some complications you anticipate)
 Suicide
 SJS
 Ataxia
 Lithium toxicity

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management
 Lithium
 Lamictal
 Olanzapine

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures
 calm milieu
 Isolation
 firm/matter of fact language

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?
 getting back to "normal life"

Client/Family Education

Document 3 teaching topics specific for this client.
 • ↑/maintain sodium in diet
 • Small high protein snacks frequently
 • medication compliance

NCLEX I (1): Safe and Effective Care Environment

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

Patient Resources

Community groups at home Support
 Online chat rooms

Reflection Questions

Directions: Write reflection including the following:

1. What was your biggest "take away" from participating in the care of this client?

Make sure you are explaining why. The patient may not be 100% aware of their environment or problem so giving explanation will encourage the patient to understand why & what we are doing to help them.

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

This sim did a lot of time jumping so I am not sure if the meds are working like I expect them to.

When she came back to the hospital for depression.

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

Take my time to think out all of the choices.

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

encourage me to think about the patient & their needs over my needs to do my checklist.

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

deviations would be acting like a child in group or being overtly sexual to the nurse. These are behaviors that should be corrected at a young age.

Norms formal operational stage, trying to find a partner.