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

Student Name: _____Riley T_____

ATI Scenario: ____ATI-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

Serotonin- regulator of sleep, appetite, libido
Dopamine- reward and incentive behavior process, emotional expression, and learning processes

The nervous system helps to control everything an individual does and they way they think. It is considered the command center. It is in charge of thoughts, memory, feelings, learning, movement, senses, sleep, digestion, puberty, and even wound healing...
A neuron includes dendrites (signal receiver), nucleus (controls neuron), axon (transfers the signals to other cells), membrane(protects the cell), myelin sheath (increases speed), node of Ranvier (allows diffusion), axon terminal (forms the junctions), and Schwann cell (produces myelin)
Motor neurons- take the signals from the brain and spinal cord and transport to the muscles
Sensory neurons- take the info from your senses to the brain
Interneurons- these communicate between the two neurons and regulate movement and responses to sensory info controlled the way someone thinks and learns
Central Nervous System- contains brain and spinal cord to regulate, thinking and movement
Peripheral Nervous system includes all the nerves that branch from the spinal cord and helps to relay all the information
Somatic guides all of the voluntary movements like wiggling your fingers
Autonomic regulate involuntary movements like breathing

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Characterized by psychosis, along with altered cognition, altered perception, and impaired ability to determine what is and is not real
There is severe deterioration of social and occupational functioning, usually diagnosed between 15-25 years of age
The earlier the diagnosis, the worst the disorder will be in life
There is an increase in dopamine and serotonin as well as increased C4 activity like prolonged synaptic pruning
Can be genetic..
Composed of positive and negative symptoms..
Positive symptoms are adding onto the normal functions and negative take away from things that should be there.
Positive:

- Delusions (persecutory, grandiose, somatic, paranoid)
- Form of thoughts (concrete thinking, echolalia, loose association, neologisms, clang associations, magical thinking, thought blocking..)
- Hallucinations (auditory, visual, tactile, olfactory, gustatory)
- Illusions

Negative:

- Anhedonia, avolition, affective blunting, alogia, apathy
- Affect (blunt, flat, bizarre, inappropriate)
- Impaired social interactions
- Social isolation
- Deterioration in appearance like grooming and self-care activities

May also present with impaired memory, impaired

The brain is made up of many lobes and areas, in charge of automatic responses, memory, emotion, movements, speech and language, etc. Brain isn't full processed until about 25 years old, one of the last parts being the prefrontal cortex Dura mater is the outermost layer, arachnoid is the middle thin layer, pia is the inner layer that contains blood vessels Cerebrum- interprets all the senses and regulates actions like speech, memory, movement Brain is divided into two hemispheres and connected by white matter (sends signals) Gray matter (helps with senses, memory, muscle control) Cerebellum- in charge of balance, coordination, and fine motor skills Brainstem- in charge of regulating automatic body like HR, breathing, sleep Amygdala- helps to regulate emotions like fear and anger Hippocampus- in charge of memory and learning Thalmus- relays info from the body to the cerebral cortex Hypothalamus- regulates hormones and hunger and thirst Pituitary- regulates hormone release and activity Pineal gland- sleep wake cycle Temporal lobe- in charge of memory, language and emotions Parietal lobe- in charge of understanding external stimuli and interprets signals Occipital lobe- vision Frontal lobe- in charge of voluntary movement, thinking, and learning		information processing, and impaired executive functioning Associated features include waxy flexibility (passive yielding of parts of the body if placed in a certain position), posturing (voluntary placement of positions of the body), pacing and rocking, and regression. For DSM-5, need to have hallucinations and/or delusions and at least one extra symptom that persist for at least 6 months Prodromal Phase- deterioration in role of functioning, sleep disturbances, irritability, depressed, may appear a month to a year before a psychotic break Acute Phase- negative and positive symptoms present as well as mood and cognitive. Goal is always safety and stabilization. This is like he active phase of the disorder with active symptoms Stabilization Phase- this is where the symptoms diminish, and the focus is shifted on understanding the illness and adhering to med management as well as gaining coping skills Maintenance Phase- this is maintaining and increasing symptom control, you want them to build relationships, improve quality of life, teach relapse prevention and s/s of relapse

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for Violence

Goal 1: Client will not cause harm to self or others during my 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 for presence of hallucinations and/or delusions PRN	Identify what the voices are saying and address they are not there and provide distractions. Clarify delusions but not try to prove client wrong PRN for hallucinations and delusions
Assess level of anxiety and agitation q hour or PRN	Always use a calm and non-threatening tone but always be clear and show empathy when talking with the client
Assess any environmental triggers that may be triggering the client q shift or PRN	Ensure a calm and quiet environment with less people and remove potential triggers q shift or PRN
Assess the client adherence of med admin and any side effects that occur q shift	Administer any medications ordered such as antipsychotic therapy according to order
Ask the client what coping skills they have that they use q shift	Teach positive coping skills such as deep breathing, recognition of relapse, group therapy, etc. q shift
Assess the safety of the environment that may cause injury continuously	Remove any harmful objects or objects that the client can harm self or others with q shift or PRN

Goal 2: Client will be able to recognize at least one trigger that increases anxiety and/or agitation by the end of my care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Disturbed Thought Process

Goal 1: The client will be able to identify and verbalize that the hallucinations are part of the disorder and are not real during my 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?
Observe for warnings signs of hallucinations PRN (talking to self or something not there, distracted, agitated...)	Calmly address the hallucinations that they are not there while having empathy and attempt to distract the client PRN
Assess the ability to concentrate and thought content when speaking to the client	Ensure use of clear and simple sentences, avoid using figures of speech when speaking with client
Assess ability to differentiate real and unreal stimuli PRN	Provide feedback to client and re-orient when client is unable to tell when stimuli is unreal
Assess for social withdrawal or isolation PRN	Encourage slow and gradual participation with group activities and provide positive feedback for appropriate behaviors PRN
Assess sleeping patterns and the quality of sleep q morning (waking up a lot, staying up late..)	Encourage client to keep a consistent sleeping routine, teach ways to minimize sleeping disturbances like no caffeine around bedtime or relaxation techniques PRN
Assess the clients ability to perform ADL's and self-care q shift or PRN	Provide simple instructions of ways to improve self-care and acknowledge when tasks are completed

Goal 2: The client will be able to interact and have small appropriate conversations with staff during my care.

To Be Completed During the Simulation:

Actual Patient Problem #1: Ineffective Coping
Goal: Client will verbalize understanding of coping skills during hallucinations during my care
Met: ☐ Unmet:☐
Goal: Client will be able to recognize symptoms of schizophrenia like hallucinations during my care
Met: ☐ Unmet:☐

Actual Patient Problem #2: Risk for Violence
Goal: Client will not harm self or others during my care Met: ☐ Unmet:☐
Goal: Client will be able to express agitation and the reason for it during my care Met: ☐ Unmet:☐

Additional Patient Problems: (I wasn't sure of how to format the times considering it was only about an hour simulation so I didn't add specific times to the notes but I did put them in chronological order and notes when the notes switch to the next appt)
#3
#4
#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		Presented restless, anxious, not focused		Stood to side of client at an arm's length away and began to ask about feelings instead of doing VS right away		Stated he is not taking his medication anymore
Risk for Injury		Command hallucinations present		Asked if they are telling him to harm his self or others		"no" states they are just mumbling and a "quiet little song"
Ineffective Coping Risk for Injury		"The pharmacist is trying to poison me" paranoia present		Perform a SAFE-T assessment to screen for any suicide risk		SAFE-T screen came back with little risk of suicide
Ineffective Coping		States he drinks 1-2 beers a week at bingo, hx of cocaine and smoking cigarettes but not recently		Educated that substance use can cause further symptoms of schizophrenia, urine drug screen performed		"oh okay"
Ineffective Coping		Sister expressed concern about social isolating and		Educate that visiting on a regular basis, even		"okay, thanks"

		his increased anxiety		if its just to check in will help him with social interaction		
Ineffective Coping		Provider spoke with client and his sister, agreed that an injection medication with familiar staff would be better		Administered dose of paliperidone IM in the deltoid muscle according to order, educated that a follow up appt will be needed in one week to receive another injection as well as a pamphlet of s/s to report		"oh okay" "thanks" Agreed to make a follow up appt at check out
Ineffective Coping		"Should he be in therapy?"		Educated the benefits of long-term therapy adherence as well as medication adherence. Group therapy will also help to communicate with peers		"okay great"
	(All notes under this are for the next week appt)		(All notes under this are for the next week appt)		(All notes under this are for the next week appt)	
Ineffective Coping Risk for Violence		Reports hearing more background noises, less anxious		Asked if the voices were telling him to harm himself or others		"no, nothing like that"
Ineffective Coping		Also reports hearing less voices and only periodically and less anxious		Educated the use of calmer music and distractions to help keep the mind busy on things other than the voices		"Sometimes it helps with headphones on with music"
Ineffective Coping		Urine positive for marijuana, negative for cocaine and other substances "I use it because its relaxing"		Educate the importance of understanding that using substances can increase the symptoms of		"I can try those things"

				schizophrenia and other activities that can be done instead		
Ineffective		Sister expressed concern about the persistent pharmacy paranoia		Educate to avoid whispering around him and that the medication should help to decrease that paranoia		“okay thank you”
Ineffective Coping		“What if ends up so sick he can’t do anything”		Provided pamphlet on power of attorney		“thank you”
Ineffective Coping		“How do we avoid relapse?”		Educate s/s of relapse and the importance of adhering to medications and therapies and use of coping skills		“okay thanks” No harm was done to self or others

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
CBC, CMP
Urine drug screen (pos for marijuana)
EEG
CT
MRI
Liver function tests
DSM-5

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

Signs and Symptoms
Anxious, withdrawn, not easy to focus, paranoid, hallucinations, weight loss, associative looseness, positive and negative symptoms, blunt, flat, clang association, concrete thinking..

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

Contributing Risk Factors
Substance use, family hx, trauma, ACEs, mental illness, chronic illnesses

NCLEX IV *(7)*: Reduction of Risk

Therapeutic Procedures
Non-surgical
Electroconvulsive therapy
Brain stimulation
Psychoeducation

Surgical
No surgeries currently used for schizophrenia
Anterior cingulotomy, subcaudate tractotomy, limbic leucotomy, anterior capulotomy

Prevention of Complications
(Any complications associated with the client's disease process? If not what are some complications you anticipate)
EPS symptoms from meds
Suicide
Depression/Anxiety
Social Isolation
Substance abuse
Cognitive impairment

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

Medication Management
Paliperidone IM injection in deltoid
First gen antipsychotics, 2nd gen antipsychotics,

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

Non-Pharmacologic Care Measures
CBT, group therapy, diet, exercise, coping skills education, calm environment, mileu, social skills education

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

Stressors the client experienced?
Substance use, not adhering to med admin, social isolation, not able to focus, paranoia

Client/Family Education

Document 3 teaching topics specific for this client.
- S/S of relapse
- Med adherence
- Coping strategies for anxiety and hallucinations

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

Multidisciplinary Team Involvement
(Which other disciplines were involved in caring for this client?)
Mental Health, Dietician, Nurse, NP, Provider, psychiatrist, behavior health

Patient Resources
Group therapy, power of attorney resource pamphlet, CBT, milieu, education, pamphlets on new meds..

Reflection Questions

Directions: Write reflection including the following:

1. What was your biggest "take away" from participating in the care of this client?
   ___Overall, my biggest take away would be just how to communicate with a client that has schizophrenia. I have never spoke with a person in real life that has schizophrenia, so this simulation helped me with learning and putting therapeutic communication into play.

2. What was something that surprised you in the care of this patient?
   _____Something that surprised me was the amount of support he had from his sister. She showed great concern and cared for her brother. I feel that some clients may not receive that amount of support, and it was amazing that she was so willing to help and even concerned about the what ifs in the future.

3. What is something you would do differently with the care of this client?
   ____Looking back, I would address the hallucinations first to ensure safety and make sure the hallucinations aren't telling the client to harm self or others.

4. How will this simulation experience impact your nursing practice?
   _____This simulation will definitely help me to practice therapeutic communication with my clients in the real world. I liked how the simulation gave different responses that I learned to use if I am ever speaking with a schizophrenic client.

5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.
   _____The client's schizophrenia has effected the social aspect of growth and development in his age. His sister expressed that he is withdrawn and hasn't went out with friends or anything in a while. After taking his first med injection, his sister expressed that he was able to hang out with friends a couple times.

_____
_____
_____
_____
_____