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

Student Name: __Lillie Golub_____

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

**Cells**

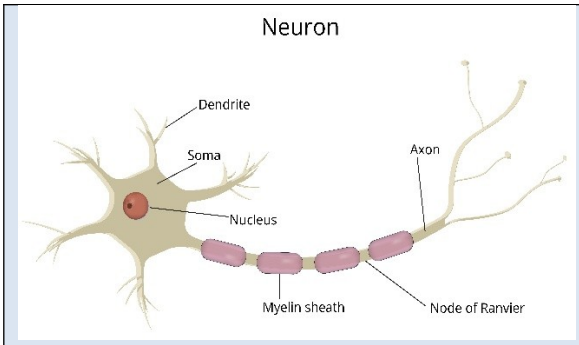
2 types:

- Neurons: functional unit- transmit message. Vary in shape & size but 3 common characteristics. *Excitability:* ability to generate impulse; *conductivity:* ability to transmit impulse within self; *influence*: ability to transmit impulse to influence other neurons.
- Components: cell body, center, form gray matter of brain. Dendrites: projects from cell body and receives impulses and directs them toward cell body.
- Axon: : carries impulses away from cell body. May be with or without a myelin sheath.
- Myelin sheath: coats axons. Insulates, maintains, and speeds axon transmission. Lipid substance that gives white color to white matter in CNS.
- Structure: *multipolar* – cell body, 1 axon, several dendrites; *bipolar:* 1 axon, 1dendrit; *unipolar* – only 1 pol or process – close to cell body.
- Functional: defined by direction an impulse is conducted. *Sensory:* afferent transmit nerve impulses toward CNS from peripheral sensory organs; *Motor(efferent):* transmit nerve pulses away from CNS to muscles, glands, and organs; *Interneurons*: transmit impulses from afferent (sensory ) to efferent (motor) nerves

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

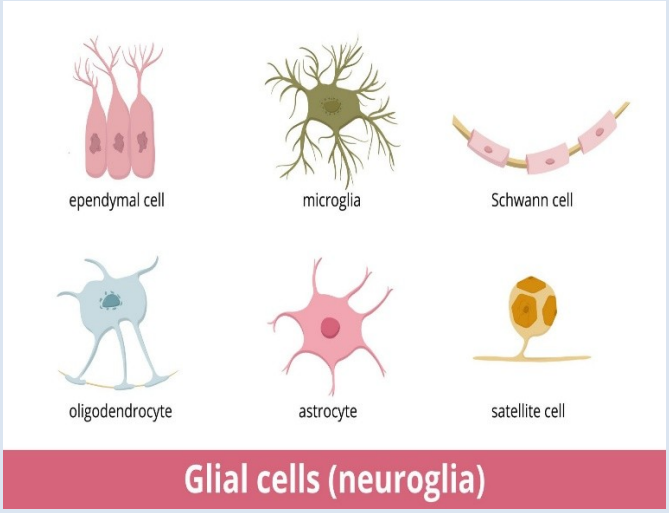
Pathophysiology of Disease

- Chronic, severe mental disorder that affects thoughts, feelings, and behavior. It is characterized by disturbances in thought processes, social interactions, perceptions, and emotional receptiveness.
- Changes in volume, activity and ventricle size, and alterations in the surface of the surface.
- New research identifying regions on chromosomes that are related to development of schizophrenia
- Limbic system is involved most with this disease.
- Research with PET and functional MRI scans show anatomical difference in the brain such as changes in activity, ventricle size, volume and alterations in the surface of the cortex.
- Thought to occur with those that have family history of exposed to environmental factors during neurodevelopment.
- Abnormal levels of neurotransmitters include alpha-adrenergic, gamma-Aminobutyric acid, dopamine, serotonin, and glutamate levels.
- There are no proven ways to prevent schizophrenia.
- Usually diagnosed between 15- 25 years old. The later the onset the less severe.
- Strong genetic component.
- Interventions to help reduce socioenvironmental stressors during childhood and adolescence in patients at risk are being investigated.
- Increased dopamine and serotonin.
- Increased C4 activity: prolonged synaptic




Neuroglia or glial cells

- repair, support, and protect neurons. 5010x more numerous than neurons. Most common primary tumors due to being mitotic= easily divide and replicate.
- Types of glial cells: *Oligodendrocytes:* produces myelin sheaths on axons to speed transmission; *Astrocyte:* found mostly in gray matter & gather in areas where neurons have been damaged and contribute to formation of scar tissue (gliosis), feed neurons, form the BBB, looks like star; *ependymal cells:* aid in secretion & regulation of CSF.
- nerve regeneration when all nerves are damaged will try to regrow.
- CNS: neurons in CNS have limited ability to repair themselves.
- PNS: nerve regeneration occur but slow process.



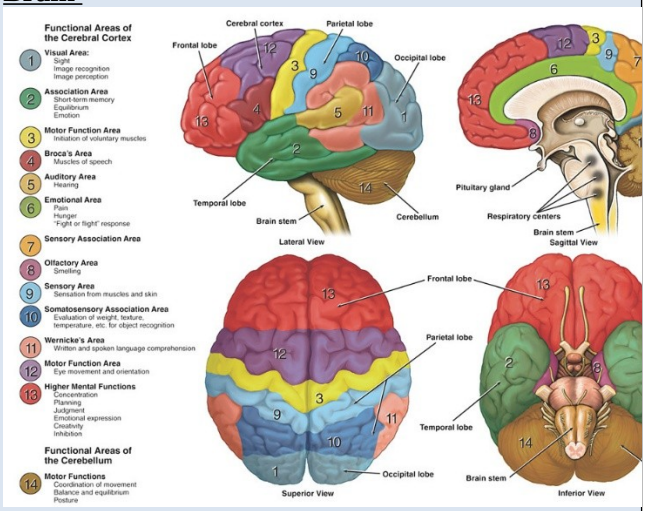

**Nerve Impulse Conduction**

- Travel by electric transmission along axon and chemical transmission b/t neurons until reaching destination. Result of K+ and Na+ ions moving in and out of cells along axon. Resting= high K+. *depolarization:* channels in cell membrane open and Na+ rushes in (installs) high Na+ into cell.
- action potentials: electrical impulse travels along the axon by depolarizing and repolarizing the length of the axon is an action potential. Reaches end of pruning leads to symptoms and normally happens in adolescents.
- Siblings of schizophrenics have 10% chance of producing offspring with schizophrenia.
- Physiological influences that have implicated include viral infection, anatomical abnormalities, and head injury in adulthood.
- Positive symptoms: disturbances in content of thought.
    - Delusions: False person beliefs – grandiose, somatic, paranoid, persecutory.
    - Form of thought: concrete thinking, echolalia, loose association, neologisms, clang association, word salad, circumstantiality, tangentiality, mutism, magical thinking, thought blocking,.
    - Alterations in perception: Hallucinations: false sensory perceptions not associated with real external stimuli. Auditory, visual, tactile, gustatory, olfactory. (cues include: turning/tilting head, frequent blinking & grimacing, and may verbally respond to “unseen others”).
    - Illusions: misperceptions of real external stimuli.
- Negative symptoms: absence of essential human qualities: anhedonia, avolition, affective blunting, affective blunting, apathy, alogia.
    - Affect: outward expression. Blunted, flat, inappropriate, bizarre.
    - Impaired interpersonal functioning and relationship to the external world
    - Deterioration in appearance: Impaired personal grooming and self-care activities.
    - Cognitive symptoms: concrete thinking, impaired memory, impaired information processing, impaired executive functioning.
    - Wavy flexibility: passive, yielding of all movable parts of the body to any effort made at placing them in

nerve fiber then is transmitted across junction between nerve cells (synapse) ; chemical interaction generate another action potential into next neuron; repeated process until reaching destination.

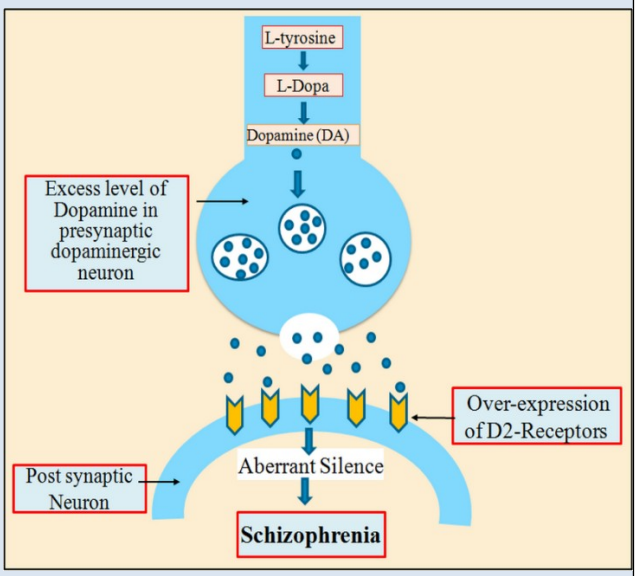
- Saltatory conduction: type nerve conduction when axon myelinated . Myelin sheath coats axon. *Action potential* jumps from *node of Ranvier*(gaps in myelin of axons that speed impulse along) to next- the jump makes impulse increase in speed and conserve energy.
- **Synapse: junction of space where nerve impulse is transmitted from one neuron to another.**
- **Neurotransmitter: chemicals involved in the transmission of an impulse across the synaptic cleft to the receiving neuron.**
  - **acetylcholine –Plays a role in learning and memory, regulates mood, mania, sexual aggression, stimulates the parasympathetic nervous system**
  - **serotonin – Mood, sleep regulation, hunger, pain perception, aggression and libido**
  - **norepinephrine – Mood, attention and arousal, fight or flight in response to stress**
  - **dopamine- Fine muscle movement, integration of emotions and thoughts, decision making, stimulates hypothalamus to release hormones**

- **Brain**

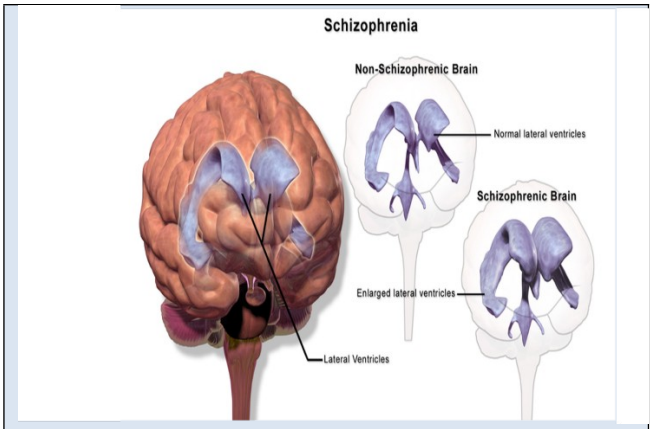



- Consists of 3 major divisions – cerebrum, brain stem, cerebellum
- Anatomical landmarks
  - gyrus – "convolution" fold on the surface of the brain that increases its surface area
  - fissure – deep predictable separation in cerebral hemispheres
  - ~~o~~ Great longitudinal fissure – divides cerebral hemispheres into Rt and Lt

certain positions
  - Posturing: voluntary assumption of inappropriate/ bizarre postures
  - Pacing and rocking
  - Regression
- Substance use disorder is apparent in 50% of this population and 60% use nicotine.
- Anxiety, depression, suicide- 20% attempt suicide
- Polydipsia can lead to hyponatremia. Occurs in 20% of individuals.
- DSM-5 Criteria must have 2+ the following in a one-month period: Delusions, Hallucinations, Disorganized speech, catatonic behavior, negative symptoms. Level of function is affected. Continuous signs persist for at least 6 months.
- Norepinephrine- decrease
- Dopamine: increase



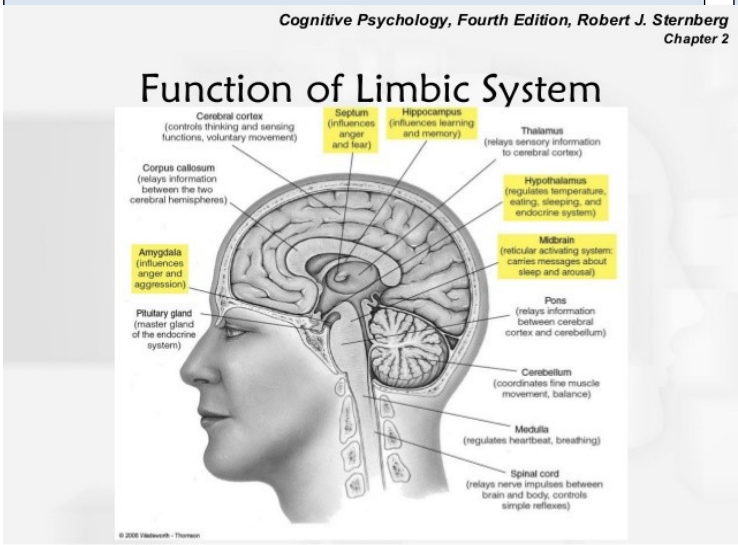
- **cerebrum**
- largest part of the brain
  - nerve centers associated with sensory and motor functions and higher mental functions located here (memory, reasoning)
  - cerebral cortex – outer layer- gray matter What's in there? Billions of neuron cell bodies and dendrites cover each hemisphere – under this is white matter (myelinated axon tracts)
  - 2 hemispheres
    - 2 hemispheres divided by Great longitudinal fissure
  - Each hemisphere has four lobes
  - frontal, parietal, temporal, and occipital
  - frontal
    - right controls left side of body
    - left controls right side of body (contra-lateral)
    - voluntary gross motor function
    - memory
    - **higher cognitive function (problem solving)**
    - **judgment**
  - Broca's area – found in frontal lobes = responsible for expressive speech the formation of spoken words (motor). Able to understand well but difficulty saying words.
  - damage here in dominant hemisphere = expressive aphasia (no motor integration of lips, mouth, inability to express thoughts) can't form words
  - cerebral dominancy for 90% of persons is in the Left frontal lobe – all right handed people and most left handed
- **Parietal lobes**
  - primary sensory area – interpretation of sensory thought
  - sensations of touch, pressure, position
  - body awareness
  - spatial awareness
- **Temporal lobes**
  - auditory reception – hearing and interpreting sound
    - we hear music, have memory of sound, and understanding of language and music (ability to recite lyrics)
  - **Wernicke's area – responsible for understanding and interpretation of written and spoken language (reading a book, listening to lecture)**
    - damage= receptive aphasia
      - able to form words but unable to understand others



- **Occipital lobes**
  - primary receptive area for vision and visual association
  - What happens with damage to this lobe?
    - Inability to recognize & identify objects
- Special structures of the cerebrum
  - Basal Ganglia – basal (base) ganglia (clump of neurons)
  - base of the cerebrum-deep in the center of the cerebral hemisphere (put one finger through your eye and one through your ear and you found it).
    - initiation, execution, and completion of voluntary movement
    - automatic motor movements (swallow, blink, arm swinging)
- Diencephalons
  - sits on top of the brainstem including the thalamus and hypothalamus
  - Thalamus – relay station for all sensations - grand central. Impulses regarding sensations sent through here
  - Hypothalamus –regulates the autonomic NS (involuntary body functions) endocrine function (effecting pituitary secretions) and influence is responsible for temp control, fluid balance, reproduction, metabolism, hunger center controlling appetite,

**Limbic system- Primal human features. Feeding and sexual behaviors, and emotional responses rage, fear, and depression.**

*Cognitive Psychology, Fourth Edition, Robert J. Sternberg*
*Chapter 2*




- **Medulla oblongata**
  primary rhythm center - respirations, vasomotor (BP), and cardiac function (HR).
- Reticular Formation: specialized system of neurons

that controls the sleep-wake cycle. RAS reticular activating system. Involves consciousness and attention span- ex: waking up in the middle of the night from a loud noise.

- **Cerebellum**
  - located in posterior (back) fossa, superior to the brain stem, and inferior to the occipital lobe
  - Responsible for coordination of motor function and fine, smooth movement, balance, and trunk stability
  - Feedback loops correct movements by receiving impulses from the cerebral cortex and influencing motor activity

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Disturbed sensory perception (auditory and visual)

Goal 1: Recognizes distortions of reality by acknowledging that hallucinations or delusions are not real once during time of care.

| **Relevant Assessments**<br><br>(Prework) What assessments pertain to your patient's problem? Include timeframes | **Multidisciplinary Team Intervention**<br><br>(administer order) What will you do if your assessment is abnormal? |
|---|---|
| Assess if patient is hallucinating q2-3 hours or prn | Identify what the voices are saying. Call the patient by name, convey empathy, speak simply and loudly. |
| Assess environment that increases disturbed sensory perception prn | Remove patient or objects that may be triggering misinterpretation prn |
| Assess for auditory or visual delusions prn | Maintain calm attitude and clarifying misinterpretations prn |
| Assess participation in group activities or therapy prn | Encourage participation of |
| Assess compliance and effectiveness of ordered medication q4-8 hrs or prn | Have staff meeting daily about patient |
| Assess sleep patterns daily | Determine current sleep pattern and establish a consistent sleep schedule daily |

Goal 2: Will be able identify that thoughts are becoming increasingly distorted and report it to care team to help it from progressing.

**To Be Completed Before the Simulation**

Anticipated Patient Problem: Disturbed Thought Processes

Goal 1: Will make no attempt to harm self or others with or without aid of staff or medication during care.

| **Relevant Assessments**<br><br>(Prework) What assessments pertain to your patient's problem? Include timeframes | **Multidisciplinary Team Intervention**<br><br>(Prework) What will you do if your assessment is abnormal? |
|---|---|
| Assessment for delusional persecution prn | Avoid whispering when near or around patient prn |
| Assess for agitation prn | Used distractors such as walking, mindfulness, or journaling prn |
| Assess nutritional status daily | Provide meals that are prepackaged or if not contraindicated, take patient to a vending machine to choose snack of choice during snack and mealtimes |
| Assess for support system daily | Incorporate family or individual(s) of trust to be involved in plan of care and provide education if patient allows. |
| Assess level of trust q4 hours and prn | Establish consistent schedule with the same staff members when possible. |
| Assess environment for safety q-3-4hours and prn | Remove all potentially dangerous objects from environment prn |
| Assess interactions with patients and other individuals' prn | Use firm and calm approach when confronting patients to set limits and on behavior prn |

Goal 2: Demonstrates ability to trust others with coherent speech and decreased suspiciousness

**To Be Completed During the Simulation:**

Actual Patient Problem #1: Disturbed sensory perception (auditory)
Goal: Will be able to state two symptoms or relapse during time of care Met: ☐ Unmet:☐
Goal: Will be able to state at least one form of distraction during a hallucination during time of care Met: ☐ Unmet:☐

Actual Patient Problem #2: Deficient knowledge
Goal: PT or family will be able to verbalize importance of abstaining from substance use by stating awareness of worsening schizophrenia symptoms or ↑ recurrence of relapse during care Met: ☐ Unmet:☐

Goal: PT or family Will be able to state one or more S/E of paliperidone during time of care. Met ☐ Unmet:☐

Additional Patient Problems:
#3 r/f ineffective coping
#4: r/f malnutrition
#5 r/f relapse
#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 (auditory) | 1330 | At check in, able to identify self by name "ken" and age correctly<br>Arrived with sister for schedule appointment<br>flat affect<br>Well groomed<br>Appropriately dressed with clean clothing, no body odor and hair combed<br>RN Observed associative looseness | 1330 | Applied identification band for proper identification of patient and place in waiting room until provider is ready to see patient<br>RN notified provider of associative looseness | 1335 | Continued associative looseness |
| r/f malnutrition | 1340 | Follows direction by nurse<br>Weight 190 lbs<br>20 lb decrease | 14141 5 | Provider recommended eating 3 meals a day even if not | 1420 | Agreed to follow diet recommendations |

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| | | since prior 6-month appointment<br>Identifies sister Emily and allows presence for appointment | | hungry so not to have weight loss less than normal range for his height | | |
| Disturbed sensory perception (auditory)<br>&<br>Deficient knowledge | 1345 | Exhibiting increase in anxiety<br>Minimal eye contact, fists clenched, occasional pacing<br>Sister expressed concern about missed work, confusion, decrease in appetite, and decreased energy.<br>Anhedonia<br>Associative looseness: "Yeah, miss work but watching bird show on TV. Can't mow the yard without a car."<br>Admission of noncompliance of prescribed medication since last appointment<br>Flat, bland affect, mildly withdrawn | 1345 | Sit at eye level to side of patient more putting distance between self and patient leaving a clear path to the door.<br>Educated on symptoms of schizophrenia | 1350 | Decrease in anxiety<br>Inability to maintain eye contact<br>Normal rate and volume of speech |
| Disturbed sensory perception (auditory) | 1350 | Did not go to last appointment because patient did not believe he needed to go or need medication<br>Currently noncompliant of prescribed Risperidone and referred to it as "poisoned"<br>Exhibits delusion of persecution believes pharmacist is poisoning medication<br>Flat affect | 1350 | "It must be scary to think that someone's trying to hurt you."<br>Collaborated with provider for other medication options that will be more effective | 1430 | Provider ordered Paliperidone IM and to discontinue current Risperidone PO 2mg BID |

| | | | | | | |
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| Disturbed sensory perception (auditory) & deficient knowledge | 1350 | Occasionally hears voices or music<br>Hears mumbling<br>Denies hearing words or anything saying to harm self or others<br>Reported trouble swallowing and dizziness<br>SAFE-T<br>AIMs 0 | 1350 | Educated sister and patient that difficulty swallowing and dizziness is a symptom of schizophrenia<br>Stated the importance on know why it is important on knowing what he is hearing to be sure he is not at risk of harming self or others<br>Provided emergency and crisis resources<br>Educated the importance on notify Emily or anyone on his care time if he starts to hear word other than the music or mumbling | 1355 | Low risk SAFE-T score<br>AIMS 0<br>Sister agreed to report if her brother starts to worsen |
| r/f ineffective coping & deficient knowledge | 1400 | Quit smoking 2 years prior<br>Drinks 1-2 beers/week<br>Cocaine: “don’t’ remember. It was too long ago.”<br>Stated no other substances within the last few months<br>Sister asked” what kind of symptoms can cocaine cause?”<br>Assess desire for coping techniques to decrease anxiety and increase socialization | 1405 | UA<br>Educated sister and patient cocaine is a stimulant that can cause “mimic or worsen the symptoms of schizophrenia” and that other substances can as well<br>Educated that schizophrenia can cause social isolation or anxiety<br>Educated sister on ways to help decrease risks for relapse | 1405 | Verbalized understanding when stated “since cocaine can cause ken to have hallucinations, I can see why it’s important to do the drug screen.”<br>Verbalized understanding when stating “yeah. I don’t want it to get worse.” |
| Disturbed sensory perception (auditory) & deficient knowledge | 1415 | Emily expressed concern of continued noncompliance due to delusional persecution by | 1420 | Educated on injection medication in office instead of PO medication at home | 1435 | Agrees to Paliperidone 234mg IM for treatment instead of current risperidone |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | pharmacist<br>Reaffirms hearing voices and music but no words<br>Reaffirms no thoughts of hurting thoughts or others | | Provided supplemental information about medication to take home<br>RN Educated on extrapyramidal s/e: unusual body movements, tremors, or muscle contractions. To notify provider if this.<br>First 2 doses 1 week apart<br>Instructed to come back one week following first injection for second dose. Then monthly after the second dose.<br><br>RN Administered Paliperidone 234mg IM in left deltoid | | Provided supplemental pamphlet<br>Patient confirmed attendance of following appointed for the second month injection<br>Injection well tolerated |
| Deficient knowledge | 1435 | Emily asked about therapy in addition to medication<br>Patient appears mildly anxious and fidgeting with hands | 1435 | RN Educated on group therapy as part of treatment plan<br>Provider ordered prescribed urine drug screen and to go to the lab before leaving the office.<br>RN provided information for specific groups for group therapy<br>RN provided emergency/crisis resources | 1445 | Sister verbalizes understanding by stating no further questioning but will call if any further information is needed<br>Appointment scheduled for following week |
| Disturbed sensory perception (auditory) | 0900 | **1 week later**<br>Appears restless<br><br>Inability to stay still<br>Inability to focus<br>Reports auditory hallucinations | 0910 | RN used therapeutic communication to help reduce anxiety and ensure safety<br>RN encourages continuing to use headphones and | 0920 | ↓ anxiety<br>States “yes they’re going away.”<br>When asked by RN if he is feeling better.<br>Sister reported has been social by |

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| | | "can't make out what they're saying, like background noise in a restaurant" | | listening to music when feeling anxious and hearing voices.<br>Encouraged to speak to sister or trusted individual<br>Encouraged to listen to calming music or something patient enjoys to help distract from hallucinations | | going out with friends more than once since first dose<br><br>When hearing voices states "helps when I listen to music with my headphones" |
| r/f ineffective coping, Deficient knowledge, r/f relapse | 0920 | **U**rine drug screen:<br>Neg: cocaine<br>Pos: marijuana<br>Stated "yeah so what?" after learning results of urine drug screen.<br>"I use weed because its relaxing." | 0925 | RN used therapeutic communication as to why patient used marijuana<br>RN educated patients that marijuana use can worsen symptoms of schizophrenia<br>RN suggested other forms of relaxation techniques such as deep breathing, exercise, meditation, or journaling | 0935 | "yeah, I can give those things a try" |
| deficient knowledge | 0935 | "I still hear voices sometimes, but not as often" since first injection.<br>Denied restlessness, tremors or muscle spasms since first administration of IM injection paliperidone | 0935 | Educated s/e of paliperidone<br>Educated patient and sister will take about 2 weeks to reach peak effectiveness | 0945 | Sister verbalized understanding when stating "I'll be sure to call the office if we notice anything like that starting." |
| Disturbed sensory perception (auditory) & deficient knowledge | 0945 | Sister stated concern of paranoia despite improvement since new medication<br>Would not go to store where medications were filled due to fear of | 0945 | Sister reinforced safety/care by including patient in conversation.<br>Educated that paranoia should decrease as medication reaches peak effect and | 0950 | "It's OK, Emily." I trust you. But I have to be careful of people"<br>Sister appeared relieved by RN's explanation and wanted more information on ways to help patient feel |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | pharmacist<br>"I don't trust him. He tried to poison me." | | offered ways to help establish feelings of safety and decrease paranoia | | safer and less paranoid |
| Deficient knowledge | 0950 | Sister states concern about illness progressing to point of patient no longer being able to make any of own decisions | 0950 | RN provided pamphlet explaining durable power of attorney for health care (DPAHC) | 1000 | Accepted supplemental pamphlet about DPAHC |
| Deficient knowledge | 1000 | "What can we do to prevent ken from having a relapse of his symptoms?" | 1000 | Educated schizophrenia is a chronic lifelong illness and relapse can occur<br>Educate on ways for prevention, identify and manage if there is recurrence such as group therapy, notify provider right away, learning new coping skills, avoid substance use, and tell people of trust for any desire of social withdrawal | 1005 | No further questions when asked by RN |

## 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: POS-Marijuana, NEG-Cocaine

CBC with differential :

- RBC: 5.7mm3
- Hemo:16g/dL
- Hemat: 48%
- Platelet: 310,000mm3
- WBC: 6,200/mm3
- Neutro: 60%
- Lymph: 30%
- Mono: 6%

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

Signs and Symptoms

- Isolation
- Flat affect
- Associative looseness
- Delusions of persecution
- Weight loss
- Anorexia
- Occasional difficulty swallowing
- Anxiety
- Anhedonia

- Eosinophils: 3%
- Baso: 1%

Prolactin level: 7ng/mL
Fasting blood glucose:98 mg/dL
Lipid Profile:

- Total cholesterol: 162 mg/dL
- HDL: 54mg/dL
- LDL: 108 mg/dL
- Tri: 98 mg/dL

AIMS: 0
SFAE-T: low-risk

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

Contributing Risk Factors

- Noncompliance with medication and follow up appointments
  substance use
- 1/10 ACE score: parents divorced at age of 6
- 5-6hrs of sleep/night
- Substance use- marijuana
- Fomer substance uses cocaine
- Weekly alcohol use

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

Therapeutic Procedures

Non-surgical
group specific group therapy
Open ended questions
Reassurance and empathy

Surgical

Prevention of Complications
(Any complications associated with the client's disease process? If not what are some complications you anticipate)
Relapse due to medication noncompliance and not attending previously scheduled appointment
Social drinking
Marijuana use

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

Medication Management

- Risperidone 2mg PO BID
- Paliperidone (Invega Sustenna) 234mg IM, first two doses administrated one week apart then monthly following second dose

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

Non-Pharmacologic Care Measures

- Group therapy
- Effective coping mechanisms such as speaking to sister, care team, or trusted individual.

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

Stressors the client experienced?

- Withdrawing from college
- New job
- Delusions
- Anxiety
- Lives alone

**Client/Family Education**

Document 3 teaching topics specific for this client.
•Substance use worsening symptoms of schizophrenia
• When to notify care team. Such as hearing clear voices, or voices telling him to harm self or others
•S/E of paliperidone to report to care team by patient or sister such as restlessness, tremors or muscle spasms

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

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

- Nurse practitioner
- Nurse
- Care team at inpatient hospitalization
- Lab
- Family

Patient Resources

- DPHAC-pamphlet
- Group therapy
- Sister/friends
- Supplemental information on new medication to take home
- Crisis and emergency resources

**Reflection Questions**

Directions: Write reflection including the following:

1. What was your biggest "take away" from participating in the care of this client?
   It would be important of not just only a support system but a reliable and consistent support system. Ken's sister Emily was a great example of an optimal support system. The only time she was unable to help with his care was when she was away for only a week to go to her brother's appointment with him and he didn't go to his appointment like he said he did. If that was just one week it is hard to think what would happen to him without her there at all. Also, she was the only person to recognize his relapse and ask important questions such as prevention and potential future legal decisions.

2. What was something that surprised you in the care of this patient?
   I was most surprised at how subtle his relapse was that it took so many months to notice. He hadn't taken his medication for so long and even missed his last appointments months prior. I had assumed a relapse would happen much faster.

3. What is something you would do differently with the care of this client?
   One thing I might want is to suggest having another support person that he can build trust with like he does his sister. His sister seems to be his only support person and that can be overwhelming at times for just one person. In addition, she only was gone one week and that's when he stopped is medication. Having another person would most likely be helpful for her and ken. So that she can have the ability to have breaks or go away if she needs to.

4. How will this simulation experience impact your nursing practice?
   This simulation will help me to notice even the smallest of relapse behaviors. A relapse can be very gradual and should not be thought of as something small to prevent it from progressing. It is always a risk of recurring because schizophrenia is a chronic illness.

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

   Deviations of growth and development were experienced in the simulation. His withdrawal, social isolation, and aloneness were stemming from his illness. During his recent relapse due to non-compliance with medication, his sister found he was not socializing with friends. He was also once a college student and left then had to take a job at a warehouse. His current employment could potentially lead to a career; it does not seem to be an established career. These two factors are considered non-achievement of developmental tasks of a typical young adult. Additionally, this age is mainly focused on psychosocial development so if his illness keeps recurring it will be difficult to keep or form new significant relationships romantically and friends. With treatment and medication compliance, he could possibly change this status. It was shown when a week after his new treatment his sister stated he had gone out with friends a few times.