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

Student Name: _Lacy Bayley_____

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

Brain: Control center, works with spinal cord.
- CNS: control voluntary and involuntary movements
- Process sensory information, regulate emotions, memory, and homeostasis
- Blood supplied by carotid and vertebral arteries, circle of Willis provides collateral circulation.

Protected by
- Cranium/skull
- Meninges: dura, arachnoid, pia mater
- CSF: cushions brain and provides nutrients
- Blood-Brain- Barrier: selectively allows passage of substances to brain tissue

Cerebrum: Right and Left hemispheres
- Made of gray matter
- Frontal Lobe: Reasoning, problem solving, emotions, voluntary movement
- Parietal: Sensory perception, touch, temperature, pain, spatial orientation
- Temporal: Hearing, memory, language, comprehension (Wernicke's)
- Occipital: Vision/Visual interpretation

Cerebellum: under occipital lobe
- Voluntary muscle movement, balance, posture, motor learning.

Diencephalon: between cerebrum and brainstem
- Thalamus: sends sensory impulses to cerebral cortex
- Hypothalamus: regulate autonomic nervous system (pituitary gland)
- Epithalamus: regulate sleep cycle with melatonin

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Schizophrenia: Characterized by altered cognition, altered perception, and impaired ability to determine what is or is not real.
- Severe deterioration of social and occupational function.

Risk Factors
- High dopamine
- High Serotonin
- Increased C4 acitivty
- Viral infections
- Anatomical abn
- Head injury
- Genetic Markers

Positive vs. Negative S/sx

Positive: Disturbance in content of thought
- Persecutory
- Grandiose
- Somatic
- Paranoid
- Concrete thinking
- Echolalia
- Neologisms
- Clang
- Word salad
- Circumstantiality
- Tangentiality
- Mutism
- Magical Thinking
- Thought Blocking

Hallucination
- Auditory
- Visual
- Tactile
- Gustatory
- Olfactory

Illusions

Brain stem: connect to spinal cord
- Midbrain: vision, auditory reflexes. Motor control
- Pons: Helps regulate respiration
- Medulla Oblongata: control HR, BP, RR, swallowing, vomiting

NeuroTransmitters : chemical messengers for neurons.. Stored in axon terminal, actional potential triggers release -> bind to receptors -> postsynaptic cell is either stimulate or inhibited.
Signal ends by: Reuptake into presynaptic neuron, enzyme breaks it down, or diffusion.
Acetylcholine: memory, learning, muscle contraction
Dopamine: Pleasure, reward, attention, movement (high in schizophrenia)
Norepinephrine: Arousal, alertness, mood reg, stress response
Epinephrine: fight or flight
Serotonin: Mood, sleep, appetite, pain
GABA: Reduces anxiety
Glutamate: Learning and memory (abnormal in schizophrenia
Endorphins: Pain relief, euphoria
Histamine: attention, inflammation response

Excitatory Neurotransmitters (glutamate + dopamine) = increase neuronal activity
Inhibitory Neurotransmitters (GABA + serotonin= calm neuronal activity

Negative Symptoms: absence of essential human qualities
- Anhedonia
- Avolition
- Affective Blunting
- Apathy
- Alogia
- Affect: flat, blunted, inappropriate, bizarre
- Impaired social interaction/isolation
- Lack of self care
- Concrete thinking, impaired memory, impaired information processing, impaired executive functioning

Waxy flexibility, posturing, pacing, rocking, regression

DSM5 Criteria
2+ (must have 1,2,or 3)
- Delusions
- Hallucination
- Disorganized speech
- Catatonic behavior
- Negative Sx

Affects level of functioning
Persist for at least 6 months

Course of illness
Prodromal Phaserisk: acute, deterioration in role of func+ social w/d, anxious, irritable, depressed (1mon-1yr)
Acute phase: active phase, psychotic sx, positive + negative. Need intervention (hospital, milieu, suicide risk)
Stabilization: Sx diminish. Focus on control coping and med regimen.
Maintenance Phase: Adhering to meds/Tx, becomes more independent, improved QOL. Sign of relapse

Tx: milieu, meds, patient safety
Meds: Antipsychotics (control dopamine), Antidepressants, Lithium (mood stabilizers), Benzodiazepines (acute psychosis)

To Be Completed Before the Simulation

Anticipated Patient Problem: Disturbed Thought Processes

Goal 1: Recognizes distortions of reality by end of 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 delusional thinking, paranoia, grandiose, somatic, and persecutory throughout my care.	Move to a calm, structure, low stim environment prn hallucinations present.
Assess speech at the start of my care and throughout.	Use clarifying statements and rephrasing to ensure accurate understanding of what is being said prn disorganized speech.
Assess for visual/auditory hallucinations throughout my care.	Explore if the hallucination has voices and is threatening and, clarify although they are seeing it, it is not real, and I can not hear or see the hallucination prn hallucinations
Assess medication adherence at start of my care.	Educate importance of medication and possible side effects prn not taking meds as directed.
Assess memory and ability to concentrate throughout my care.	Use simple, clear, and direct communication throughout my care.
Assess orientation to person, place, time, and situation.	Reorient prn AO < 2.

Goal 2: Uses appropriate verbal communication by the end of care.

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for Injury to Self /Self Mutilation

Goal 1: Will remain free from self-harm 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 aggressive behaviors q2hrs.	Utilize distraction techniques, go on walks staying within arms reach prn aggressive behavior.
Assess room for potentially dangerous objects at start of my shift.	Remove any potentially harmful objects at start of my care.
Assess for knowledge of signs of relapse at start of my care.	Educate on signs of relapse and have a contract/designated who they will call when sign of relapse occur.
Assess for suicidal thoughts at start of my care.	1:1 sitter prn verbalized thoughts of suicide.
Assess for support system at start of my care.	Encourage milieu and group therapy activities prn lack of support system.
Assess for coping skills at start of my care.	Encourage use of journaling and deep breathing exercises prn lack of coping skills

Goal 2: Will Identify at least on staff member to report hallucinations or fears to by the end of my care.

To Be Completed During the Simulation:

Actual Patient Problem #1: Disturbed Sensory Perception
Goal: Will verbalize hallucinations to trusted adult or health care provider throughout my time of care.
Met: ☐ Unmet:☐
Goal: Will demonstrate ability to tell hallucinations from external stimuli.
Met: ☐ Unmet:☐

Actual Patient Problem #2: Ineffective Health Maintenance
Goal: Will formulate plan to maintain med adherence by end of my care .
Met: ☐ Unmet:☐
Goal: Will verbalize one health coping skill by the end of my care.
Met: ☐ Unmet:☐

Additional Patient Problems:
#3 Impaired social Interaction: isolating from friends
#4 Impaired Verbal communication
#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
Impaired Verbal communication	0912	Antsy, fidgeting with fingers, pacing "I need to see if they have fish, I cant stand flies, I need to clean the house, how can I clean the house with no light" (associative looseness)	0920	Stand within an arms reach away, maintain distance between Ken and door	1000	Stayed seated, fidgeted with bracelet, not making eye contact, staring at floor.
Ineffective Health Maintenance	0912	Loss of 20lbs, missed last 2 shifts of work. Sister says he's not hungry. Ken said he stopped taking his medication	0920	Educated on positive symptoms of Schizophrenia, hallucination, delusions, motor agitation.	0930	"you missed your last appointment" "I didn't feel the need to go"
Disturbed Sensory Perception	0940	"They poisoned my pills" "The pharmacist poisoned my pills"	0945	Nurse clarified he believes the pharmacists are trying to poision him and offered to let work with	0950	Sister agreed "that'd be great"

				provider to find a new medication that isn't poisoned.		
Disturbed Sensory Perception	0955	'I hear mumbling sometimes" "No more words"	1000	Educated importance to report to someone voices heard.	1005	"Okay, I will"
Disturbed Sensory Perception	1000	"I hear little songs"	1015	SAFE-T screening tool	1030	Low score
Ineffective Health Maintenance	1030	Low SAFE-T score	1045	Educated importance to reach out to someone and verbalize thoughts of wanting to harm self.	1200	"I will" Handouts provided with emergency hot lines
Ineffective Health Maintenance	1100	Smoked ½ pack of cigarettes and quit, drinks 1-2 weeks every week at bingo, used cocaine "too long ago".	1115	Educated effects of cocaine and use of Urine Tox screen	1120	"I see that cocaine can cause hallucinations and why its important to do the drug screen"
Impaired Sensory Perception	1130	"I don't want it (hallucinations) to get worse" "he seems to want to do less with his friends or me, and seems more anxious and restless.	1140	Educated coping skills with anxiety. Encouraged Emily to visit daily to avoid social isolation	1145	Mumbling to self under breath and fidgeting as provider talks to him
Ineffective Health Maintenance	1140	"I see you stopped taking your medication" – provider	1145	Offered injections instead of PO pills	1150	Agreed that would be a better option
Ineffective Health Maintenance	1150	Changed to Paliperidone Injections, handed educational pamphlets	1200	Educated on reporting EPS side effects, educated on first two doses being 2 weeks apart versus monthly	1215	"I can come monthly for the rest of my injections" "Im glad hes getting the injection instead of the pill
Ineffective Health Maintenance	1230	"should he also be going to therapy"	1230	Educates on group therapy	1235	Establishes long term commitment plan.
Impaired Sensory Perception	1 week later	Unable to focus hears voices but can't understand what they're saying	0900	Offered distraction, calming music, reassured the voices are scary but he is safe	0910	"sometimes it helps when I listen to music with my headphones"
	0915	"I still hear voices	0920	Educated it may	0925	"I will call the

		but not as often" "He started hanging out with his friends too"		take 13 days to fully take effect, educated on EPS s/e and to report.		office if I notice any"
Ineffective Health Maintenance	0930	Urine tox positive for marijuana "I use it to relax"	0930	Educated importance of journaling and other ways to relax and marijuana can worsen symptoms	0940	"I will give those things a try"
Impaired Sensory Perception	0950	"He still is paranoid what can I do to help" "I don't trust that pharamacist he tried to poison me"	0955	Educate refraining from whispering around Ken	1000	"what will I do when Ken is so sick he can no longer take care of himself"
Ineffective Health Maintenance	1000	"what will I do when Ken is so sick he can no longer take care of himself"	1010	Provided pamphlet regarding information of power of attorney	1015	"what does all of this mean"
Impaired Sensory Perception	1020	"what can we do to prevent relapses"	1025	Educated signs of relapse and to contact a trusted person and provider	1030	"okay we will" Coming back in a month for f/u and next med admin

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 (+ marijuana)
CBC w differential: RBC: 5.7mm, Hgb 16, Hct 48%, Platelet 310,000, WBC 6,200, Neutrophils 60%, Lymphocytes 30%, monocytes 6%, Eosinophils 3%, Basophils 1%
Prolactin Level: 7ng/ml
Fasting Blood Glucose : 98mg/dl
Lipid Level: total cholesterol: 162mg/dl, HDL 54mg/dl, LDL 108mg/dl, Triglycerides: 98mg/d

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

Signs and Symptoms
Associative Looseness
Hearing voices/ Auditory Hallucinations
Delusions
Social Isolation
Disorganized Speech
Inability to focus
Missing shifts at work, appointments, and skipping meds

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

Contributing Risk Factors

Male
21yo
Former smoker, uses marijuana, use of cocaine

Therapeutic Procedures

Non-surgical
Pharm: Anti-psychotics
Risperidone
Surgical

Not indicated

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)

Risk for suicide and self harm.
Anxiety, depression, social isolation
Self-care deficits (hygiene, nutrition, lack of sleep)
Poor coping skills (drug use)
Unemployment

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

Medication Management

Risperidone
Paliperidone

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

Non-Pharmacologic Care Measures

Distraction techniques (music. Journaling)
Group therapy

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

Stressors the client experienced?

Parents Divorced
Lives alone
Med management
Withdrawn from college

Client/Family Education

Document 3 teaching topics specific for this client.

- IM Paliperidone
- Drug use exacerbating hallucinations and psychosis
- Use of power of attorney

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

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

NP (psych)
Nurse
Psychiatrist
Pharmacist

Patient Resources

Packet about Paliperidone
Packet about power of attorney
Pamphlet on who to contact if thinking of harming self (suicide hotline)

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 is how important a consistent support system is when managing a mental illness. His sister was very involved in his care trying to come up with realistic plans to manage his symptoms. Having an engaged support system is very important to help monitor symptoms and overall heath. Not only is it hard trying to come up with a plan but also being consistent, she now has to help him make monthly visits for injections and added stress about social isolation and him being able to take care of himself.
   _____

2. What was something that surprised you in the care of this patient?
   _____
   Some thing that surprised me in the care of this patient is the option to do monthly IM injections to help manage med adherence. Medications I feel are sometimes not well educated to patients and being able to devise a plan that makes it more manageable for them is very important when considering treatment options for patients.

3. What is something you would do differently with the care of this client?
   _____
   Something I think I would do differently with the care of this patient is investigate further what other self-care activities might the patient be neglecting. He had mentioned a 20lb weight loss and use of marijuana to cope. During the follow up I think reevaluating his hygiene and nutrition would have been effective, not only would they be able to assess improvement of health maintenance but be able to also come up with plans and interventions of how to complete ADLs. I also feel each visit they should assess for ideas of self-harm and not just rely on the initial teach with the packet of the hotline.

4. How will this simulation experience impact your nursing practice?
   This simulation will impact my nursing practice by recognizing how much if affects the family and the importance of developing a support system, in addition to having a well-informed support system who also has resources on who to contact when the situation becomes concerning or relapses. This simulation will also remind me that it is important to not also recognize when certain interventions, in this case medications, are not working to collaborate with the patient, family, and doctor on other options to support this patient's health and wellness.
5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.

   Some norms and deviations that I noticed were primarily related to the communication habits from Ken. Throughout his appointments he did not make any eye contact and stared at the ground throughout all conversation. In addition, his vocab was very limited often answering with incomplete or one word sentences. Based off of Erikson's developmental stages at 25 years old he is in the intimacy vs isolation stage, in the simulation Ken refrained from socializing with friends and his sister, skipping work, and appointments, he is not successfully building relationship during this stage as expected leaving him as risk for isolation and loneliness. Loneliness especially with a mental illness puts him at an even higher risk for depression, regression, and unable to build solid foundation for the next stages of
   life._____
   ____

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