

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

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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

NCLEX IV (7): Reduction of Risk

Anatomy and Physiology
Normal Structures

Divided into 2 halves - (L) & (R)

↳ major portions:

- Frontal: thinking, decision making, voluntary movements, language
- parietal: processing & interpreting sensory motor input.
- Temporal: auditory stimuli, memory, & emotion
- Occipital: visual perception & memory function
- Cerebellum: muscle control, balance & movement.
- Cerebrum: Higher brain function
 - prefrontal cortex: critical decision making, impulse control, regulate emotions
- Limbic System: emotional center
 - Amygdala: fear & threats
 - Hippocampus: memory formation
 - Hypothalamus: ANS control, sleep, stress
 - Thalamus: relay motor & sensory signal
- Brainstem: controls life function
 - ↳ Breathing, HR, Sleep

Pathophysiology of Disease

Dopamine ↑ - positive symptoms
 - hallucinations

Glutamate ↓ - positive / Negative symptoms

Serotonin ↓ / ↑ - symptoms

Enlarged ventricles
 Reduced gray matter
 Reduced Hippocampus

Positive symptoms:

- Hallucinations
- Delusions
- Disorganized speech/behavior
- paranoia
- Withdrawal socially

Negative symptoms:

- lack of emotions or facial expressions
- poor hygiene
- Anhedonia: decrease pleasure
- Alogia: Diminished speech
- Social withdrawal

To Be Completed Before the Simulation

Anticipated Patient Problem: Disturbed thought process

Goal 1: Recognizes distorted reality at all times

Goal 2: perceives self realistically at all times

<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 & affect (q4h)</p>	<p>Reduce Stimuli (PRN)</p>
<p>Appearance (BID)</p>	<p>encourage Social Interaction (q4h)</p>
<p>thought content / process (q4h)</p>	<p>Clear, precise communication (at all times)</p>
<p>positive / Negative Symptoms (q4h)</p>	<p>reorient, deny hearing or seeing delusions or hallucinations. (PRN)</p>
<p>Risk assessment (q2h)</p>	<p>Take to a space to relieve large emotions (PRN)</p>
<p>Coping Strategies (q2h)</p>	<p>medication - Antipsychotic - mood Stabilizer - anxiolytic (q4h)</p>

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for violence

Goal 1: patient & peers will remain free from injury from patient during my time of care.

Goal 2: patient will demonstrate at least one effective coping strategy during my time.

Relevant Assessments (Prewrite) What assessments pertain to your patient's problem? Include timeframes	Multidisciplinary Team Intervention (Prewrite) What will you do if your assessment is abnormal?
behavior (q2h)	ensure safety, de-escalate (PRN)
relationships / Support system (BID)	encourage social interaction group activities (q2h)
emotional status (q2h)	reorient, calming technique (PRN)
verbal communication (q2h)	calm, quiet, firm communication (at all times)
Triggers (q1h)	Change environment gym, outside, counseling (q2h)
Self Harm (q1h)	1:1 sitter close eye (PRN)

To Be Completed During the Simulation:

Actual Patient Problem #1: Disturbed sensory process	Goal: patient will identify at least 1 strategy to enhance communication	Met: <input type="checkbox"/>	Unmet: <input type="checkbox"/>
	Goal: patient will report improved coping skills related to altered sensory perception.	Met: <input type="checkbox"/>	Unmet: <input type="checkbox"/>
Actual Patient Problem #2: impaired social interaction	Goal: patient will identify factors contributing to social withdraw	Met: <input type="checkbox"/>	Unmet: <input type="checkbox"/>
	Goal: patient will express willingness to participate in group activities or therapy session	Met: <input type="checkbox"/>	Unmet: <input type="checkbox"/>

Additional Patient Problems:
 #3 Self care deficit
 #4 Anxiety
 #5 Knowledge 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 process	0800	change in speech pattern associative looseness	0830	referred to group therapy. - develop long term goal	0830	"I will try it"
Anxiety	0803	increasingly anxious, fighting, little eye contact	0803	stand arm length away, off to the side	0840	Calm after communication & time has passed
Self care/Social isolation	0830	sister states - low appetite, low motivation & confusion. stopped taking medication.	0838	Reviewed S/S of Schizophrenia positive symptoms * IM paliperidone	0844	NO questions asked by patient or sister
Disturbed sensory process	0850	medication compliance "pharmacist is trying to poison me"	0854	RN will talk w/ provider to alleviate feelings/delusions	0859	Consent for QMM injections. feels better not using pharmacy
Disturbed sensory process	0902	hallucinations: numbing. No words	0910	Emergency & crisis information provided to pt	1000	NO SI stated by pt
* extra box		MUSIC SAFE-T: reassuring → LOW RISK		* extra box		* extra box
Self care	0915	Drinks beer, uses cocaine Prng screen/CBC	0918	Educated on effects of substances w/ schizophrenia pamphlet provided answer questions	1100	⊖ cocaine ⊕ Marijuana
Knowledge deficit	0918	paliperidone understanding	0923		0935	patient states he can come to office for Qmm. IM injections
Disturbed sensory process / Social isolation	one week later 0915	hallucinations, fighting, No eye contact, agitated	0915	talk calmly, reassured pt the voices are not real & pt is safe. encouraged a pleasant encounter to reduce stimulation & thoughts	0922	NO tremor, restlessness or weakness. ↑ in hallucinations NO commands



To be completed by the student

Additional information

Below will be your notes and more time as needed. Relevant Assessments indicate pertinent assessment findings. Multidisciplinary Team interventions were done in response to your abnormal assessment. Reassessment/evaluation: What was your patient's response to the intervention?

Reassessment/Evaluation	Time	Multidisciplinary Team Intervention	Time	Relevant Assessments	Time	Parent/Problem W/
Self care / Anxiety	0930	⊕ marijuana "its relaxing"	0933	meditation journaling exercising, deep breathing encouraged instead of marijuana	0942	"I can give it a try."
Knowledge deficit	1000	Sister concerned about paranoia. "I dont trust him, he tried to poison me."	1010	educated that medication has not reached full potential can take up to 2wks -avoid whispering	1012	Sister worried about critical decision making
Knowledge deficit	1013	Sister wants to know more about POA.	1030	pamphlet provided Education on DPATC	1031	"Thanks for going over that."
Social isolation / Knowledge deficit	1032	Sister wants to know how to prevent relaps	1035	understanding its a chronic illness -New coping skills -group therapy -avoid substances	1042	"NO, I dont think so."

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

⊕ marijuana ⊕ Cocaine : UA

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms

positive: hallucinations, disorganized speech
paranoia, withdrawal

Negative: poor grooming habits, social
withdrawal, lack of emotions

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors

Substance use
20+ y/o
Male

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)

Depression
Anxiety
Delusions
Isolation

Therapeutic Procedures

Non-surgical

IM Qmun.

Surgical

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management

paliperidone Qmonthly
IM
Risperidone

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures

Therapy Journaling
group therapy
deep breathing
Music meditation
exercise

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?

delusions
isolation
paranoia

Client/Family Education

Document 3 teaching topics specific for this client.

- SE of paliperidone
- coping skills
- medication compliance

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement

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

Therapist social worker family

Patient Resources

Crisis & Emergency
DPATC
paliperidone } pamphlet / packet

Reflection Questions

Directions: Write reflection including the following:

1. What was your biggest "take away" from participating in the care of this client?
Patients with schizophrenia need a support system to help them when they are in their low state of mind.
2. What was something that surprised you in the care of this patient?
The patients go to drugs were illegal substances over his prescribed medications. Without his prescription his mind set changes & he starts to experience S/S of schizophrenia.
3. What is something you would do differently with the care of this client?
ASK questions to dig deeper. to find out more information that might have been missed before.
I also want to reinforce any training to family/ the patients support system so they can help the patient in between office visits.
4. How will this simulation experience impact your nursing practice?
The simulation will remind me to stand/sit in appropriate distance & position. To talk calmly, firm & with a good neutral tone. to respect the patient regardless of their state of mind.
5. Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.
Ken was able to think abstractly, to test hypothesis (formal operational) according to Piaget. According to Erickson Ken has deviated to Intimacy vs. Isolation. Ken social is not capable of making such connections @ this time.