

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

Student Name: ___Madison Barber_____

ATI Scenario: ___ATI Real Life 1 _____

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

Central Nervous System:

Cerebrum:

Frontal Lobe- Controls higher executive function, memory, voluntary movements, and motor in speech

Parietal Lobe- Controls spatial information

Occipital Lobe- Controls processing of sight

Temporal Lobe- Controls physical, visual, and auditory information

Wernicke's Area- Area that receives speech and interprets

Broca's Area- Area that produces speech

Thalamus- Relays majority of sensory information from body, face, eyes, ears, and mouth

Hypothalamus- Produces hormones in response to body responses, has an anterior and posterior side

Brainstem:

Midbrain- Top section of brainstem, helps relay sensory information

Pons- Middle section of brainstem, helps to control breathing and sleeping

Medulla- Bottom section of brainstem, helps to control vital signs and reflexes

Cerebellum: Controls voluntary movements, abdominal stability, and equilibrium through receiving information from the muscles, joints, and inner ear

Supporting Systems:

Neurons- The main functional unit of the nervous system, transmits nerve impulses

Synapse- The connection point in between two neurons where a nerve impulse is traveled in between

Neurotransmitters- Chemicals that effect transmission of impulses

Ex: Dopamine, Norepinephrine, Histamine, Serotonin, GABA, Glutamate, Acetylcholine

Spinal Cord- Extends from the brainstem, has an ascending tract that takes signals back to areas of the brain, and a descending tract that takes impulses to the musculoskeletal system to perform movement

Peripheral Nervous System:

Spinal Nerves- Branch off from the spinal cord and connect to the peripheral area of the body, nerves are broken down into dermatomes

NCLEX IV (7): Reduction of Risk

Pathophysiology of Disease

A disorder characterized by abnormalities in the neurotransmitters of dopamine, glutamate, serotonin, and GABA

Dopamine is increased, which can cause symptoms such as hallucinations, delusions, and disorganized speech

Glutamate is decreased, which can cause difficulty concentrating, insomnia, and disorientation

Serotonin has an abnormal level, which can cause an alternation in mood and cognitive functions

GABA can be decreased, which can cause anxiety and mood disorders

Usually diagnosed between 15-25 years old
Prevalence is around 1% in the United States

Symptoms are characterized by positive and negative

Positive- added onto normal behavior, false personal beliefs (ex: anxious, hallucinations)

Negative- taken away from normal behavior, absence of essential human qualities (ex: depressed, slow speaking)

DSM5-Criteria:

2 or more of the following:

-Delusions

-Hallucinations

-Disorganized Speech

-Catatonic behavior

-Negative symptoms

-LOC is affected

Signs persist for at least 6 months

Cranial Nerves- 12 nerves that are across the face and control senses or motor activity in that area

Meninges- Dura Mater (outside, thickest layer), Arachnoid (Middle layer), Pia Mater (inside layer)

Autonomic Nervous System- Controls conscious body processes such as HR, BP, RR, digestion, and body temperature

Cerebral Circulation- The brains blood supply through the connection of veins and arteries

Circle of Willis- Circle throughout brain of arteries, provides blood flow to all areas, if one artery is blocked, blood can still get through to other areas

Disorganization in the form of thought which can manifest as:

Echolalia- repetition of words that are heard

Loose association- shift of ideas from one idea to another

Neologisms- made up words

Clang association- rhyming of words

Word salad- dumping of words that do not go together

Tangibility- inability to get to point of topic being communicated

Hallucinations can be broken down into the following categories:

-Auditory

-Visual

-Tactile

-Gustatory

-Olfactory

Phases of disease:

Prodromal- Can last from the range of 1 month-1 year, first phase before psychotic break, has social withdrawal, depressed mood, anxiety, irritability, poor concentration

Acute- Psychotic symptoms peak, has negative, positive, and cognitive symptoms, hospitalization may be required, highest risk for harm to self and others, medications given

Stabilization- Psychotic symptoms decrease, education begins on illness, and bringing patient back to normal life

Maintenance- Maintaining symptoms controlled, ensuring patient is adhering to medication and building independence, relapse prevention, therapies

To Be Completed Before the Simulation

Anticipated Patient Problem: Disturbed Sensory Perception

Goal 1: Will recognize half of the distortions of reality by the end of my care

Goal 2: Will not harm self or others throughout time of my care

Relevant Assessments	Multidisciplinary Team Intervention
(Prewrite) What assessments pertain to your patient's problem? Include timeframes	(Prewrite) What will you do if your assessment is abnormal?
Assess types of hallucinations q2h	Provide therapeutic communication such as asking open ended questions about the hallucination every time they happen
Assess ideas of harming self or others q2h	Remove all objects that can be used to harm and assign a 1:1 sitter
Assess orientation status q4h	Reorientate to environment, self, and time q4h
Assess speech qualities q4h	Communicate with short sentences and ask for clarification on things you do not understand during every interaction
Assess attention span during every interaction	Reduce environment stimuli during every interaction
Assess body position q4h	Provide pillows to areas that need support once

To Be Completed Before the Simulation

Anticipated Patient Problem: Ineffective Health Maintenance

Goal 1: Will participate in all self-care activities during my time of care

Goal 2: Will verbalize understanding of medication management by the end of my care

Relevant Assessments	Multidisciplinary Team Intervention
(Prewrite) What assessments pertain to your patient's problem? Include timeframes	(Prewrite) What will you do if your assessment is abnormal?
Assess knowledge of medications being prescribed once	Educate on medication action and importance of adherence to medication schedule once
Assess dietary intake during every meal	Inquire about food preferences and educate on importance of proper diet intake once
Assess hygiene level at the beginning of shift	Provide supplies to perform self-care activities such as bathing and brushing teeth at beginning of shift or as needed
Assess for knowledge of healthy stress management	Educate on different ways to manage stress such as exercise once
Assess sleep quality at the beginning of shift	Reduce environmental stimuli during the night and educate on contributing factors that can decrease sleep quality once
Assess for support systems once	Educate on importance of having good support system when managing a mental illness once

To Be Completed During the Simulation:

Actual Patient Problem #1: Disturbed Sensory Perception
 Goal: Will recognize all distortions of reality by the end of my care Met: Unmet:
 Goal: Will not have any thoughts of harming self or others during my time of care Met: Unmet:

Actual Patient Problem #2: Ineffective Health Maintenance
 Goal: Will state one healthy way to manage stress by the end of my care Met: Unmet:
 Goal: Will have no foul odor and be appropriately dressed for weather during my time of care Met:
 Unmet:

Additional Patient Problems:
 #3 Risk for Injury
 #4 Risk For Social Isolation
 #5 Self-Care 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
Ineffective Health Maintenance	1230	Missed appointment in February, “I did not need the medicine I was getting”, “The pills are being poisoned by the pharmacist”	1245	Prescribed paliperidone 234 mg via IM injection	1245	Ken stated “I will feel better getting the injection here then the pharmacist”
Risk for Injury	1230	“I hear mumbling all the time”	1235	Assessed if the voices are telling harm self or others via SAFE-T screening	1237	Ken stated “The voices do not tell me anything specific”, Low SAFE-T score, provided crisis resources
Ineffective Health Maintenance	1240	Hx of smoking half pack of cigarettes 2 years ago, drinks 1-2 beers every week, cocaine use a very long time ago	1243	Urine Drug screening ordered, educated on the adverse effects of cocaine use and schizophrenia	1244	Sister stated “I understand why we want to check for cocaine use”

Risk for Social Isolation	1250	Sister stated "Sometimes he does not want to do things with his friends, I am concerned about that"	1251	Educated on normal symptoms of schizophrenia and ways to manage anxiety	1252	"I understand"
Ineffective Health Maintenance	1255	Sister stated "Should Ken be in therapy"	1256	Educated on group therapy being helpful for the long-term maintenance of schizophrenia, established a goal of long term group therapy, gave pamphlets with group therapy resources	1300	Unable to reassess currently, Will reassess at next appointment
Disturbed Sensory Perception	1305 (starts next appointment)	"I hear voices like background noise in a restaurant"	1310	Provided therapeutic communication "I understand that might be difficult to hear that all the time", educated on what to do when the voices start, such as talking to his sister	1312	Ken stated "Sometimes it helps when I listen to music in my headphones"
Disturbed Sensory Perception	1315	"I still hear voices after getting my last injection but not as often"	1317	Educated on peak of medication is around two weeks after first injection	1318	Sister stated "So it sounds like they will decrease more soon"
Ineffective Health Maintenance	1320	Positive drug screening for marijuana	1325	Educated on other relaxing activities to try instead of marijuana	1327	"Okay I will try those instead next time"
Self-Care Deficit	1330	Sister stated "What happens if one day Ken will be too sick to take care of himself and make his own decisions"	1335	Provided education via a pamphlet about a power of attorney	1340	"Thank you for going over that with us"
Ineffective Health Maintenance	1340	"What can we do to prevent these symptoms long term"	1342	Educated that relapse is a part of the progression of the disease	1345	"I understand, I have no further questions"

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
UA Drug Screening- Positive for Marijuana
SAFE-T Screening- Low Risk
Total Cholesterol- 162 mg/dL*
HDL- 54 mg/dL*
LDL- 108 mg/dL*
RBC- 5.7
Hemoglobin-16
Hematocrit- 48%
Platelets- 310
WBCs- 6.2*
Fasting Blood Glucose- 98*
Prolactin- 7*
 *indicated for paliperidone

NCLEX II (3): Health Promotion and Maintenance

Signs and Symptoms
 -Auditory Hallucinations
 -Delusions
 -Disorganized speech
 -Social withdrawal
 -Poor diet
 -Anxiety

NCLEX II (3): Health Promotion and Maintenance

Contributing Risk Factors
 -One ACE when younger (parents getting divorce)
 -Substance use
 Other RF not related to patient:
 -Family hx
 -Gene variations
 -Complications during pregnancy

NCLEX IV (7): Reduction of Risk

Therapeutic Procedures
Non-surgical
 Medications
 ECT Therapy
Surgical
 Psychosurgery
 Deep Brain Stimulation

Prevention of Complications
 (Any complications associated with the client's disease process? If not what are some complications you anticipate)
 Disorganized thinking
 Increased suicide risk
 Self-care deficits
 Social isolation
 Substance use
 Difficulty with employment

NCLEX IV (6): Pharmacological and Parenteral Therapies

Medication Management
 First Generation Antipsychotics:
 -Haloperidol, Loxapine, Chlorpromazine
 Second Generation Antipsychotics
 -Risperidone, **Paliperidone**, Clozapine, Quetiapine
 Antidepressants, lithium, benzos

NCLEX IV (5): Basic Care and Comfort

Non-Pharmacologic Care Measures
 Stress management
 Therapy
 Regular exercise
 Healthy diet
 Adequate sleep

NCLEX III (4): Psychosocial/Holistic Care Needs

Stressors the client experienced?
 -Delusions of persecution
 -Work stress
 -Social stress

Client/Family Education

Document 3 teaching topics specific for this client.
 • Importance of exercise
 • Importance of adequate sleep
 • Proper healthy diet

NCLEX I (1): Safe and Effective Care Environment

Multidisciplinary Team Involvement
 (Which other disciplines were involved in caring for this client?)
 Anticipated:
 -Primary care provider
 -Therapist
 -Psychologist



-Social worker

Patient Resources
Side effects of paliperidone
Crisis resources
Power of attorney information
Group therapy resources

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 in participating in the care of this patient is that sometimes care must be pivoted to promote adherence. In this case, the patient felt that the pharmacist was trying to poison his medication. So, in return, the team established trust with the patient and came up with the plan of giving him a longer lasting injection in office. He agreed to this plan and was able to have better medication adherence then taking the PO medicine.

2. What was something that surprised you in the care of this patient?
Something that surprised me in the care of this patient was that they did not state their marijuana use during the first appointment. If he would of stated the use during the first appointment, education on other relaxation activities could of been given earlier.

3. What is something you would do differently with the care of this client?
Something I would have done differently in the care of this patient was ask more questions regarding his self-care. I would have asked him about his sleep and exercise habits since without sleep or exercise, that can exacerbate symptoms of schizophrenia. I could have then provided education about contributing factors that could affect sleep, such as caffeine intake before bed and additional helpful stress management techniques such as exercise.

4. How will this simulation experience impact your nursing practice?
This simulation will impact my nursing experience by reminding me to slow down and ask questions about my client. In an outpatient office like the video, it is a lot easier to ask the questions that were being asked. But in the hospital when you have multiple patients and tasks to do, it is easy to get caught up and just be surface level with your patients. By slowing down and asking questions, you can understand the patient on a deeper level to provide them adequate education that fits their lifestyle and problems going on.

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

__At the age of 21, you are looking for meaningful relationships, establishing a sense of self, and getting into a career This is the developmental stage of Intimacy vs Isolation. Without these relationships, you can become to feel isolated. With the patient in the video, he had dropped out of college and started to work at a warehouse. His sister would also report that he would be withdrawn from his friends. Without the feeling of working towards a career or having a support system of friends around you, that can cause feelings of depression and anxiety.
