

Question #	Student Name: <u>Synthia Gomez</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Pharmacology - Psych Drugs</u>	
<input checked="" type="checkbox"/>	I have reviewed each of the excerpts/activities listed under the Packet > Remediation Content
<p>List five or more bullet points with your "take-aways" from this packet. (What is most important for you to remember as you prepare for the NCLEX and future patient care?)</p> <ol style="list-style-type: none"> ① Lithium is so similar to sodium that the nervous system mistakes it for sodium. ② After stabilization & long-term use of lithium, blood draws become less frequent. ③ Diuretics, Indomethacin, & other NSAIDs can elevate lithium serum levels causing toxicity. ④ Acetazolamide, caffeine, & ETOH are agents that increase lithium excretion posing the problem of inadequate treatment. ⑤ Fine hand tremor, polyuria, thirst, nausea, & diarrhea are seen at therapeutic levels of lithium. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: <u>Psych - Thought disorders</u>	
<input checked="" type="checkbox"/>	I have reviewed each of the excerpts/activities listed under the Packet > Remediation Content
<p>List five or more bullet points with your "take-aways" from this packet. (What is most important for you to remember as you prepare for the NCLEX and future patient care?)</p> <ol style="list-style-type: none"> ① Amosognosia: inability of a person to recognize deficits from the illness due to the illness itself. ② Once a decision is made of someone with Alterations of Cognition, depressed individuals might be obsessed with "what if" questions. ③ First Gen/Conventional Antipsychotics High Potency Agents have less histaminic, less Ach effects, & more EPS. (Haloperidol, Fluphenazine) ④ First Gen/Conventional Antipsychotic low Potency agents have higher sedation, higher Ach effects, & fewer EPS. (Chlorpromazine, Thioridazine) ⑤ Prodromal symptoms of schizophrenia may appear a month to a year before the first psychotic break & represent a clear deterioration in previous functioning. 	

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Based on the "Topic" and "Subtopic," I missed a question about: <u>Psych - Interpersonal Violence</u>	
<input checked="" type="checkbox"/>	I have reviewed each of the excerpts/activities listed under the Packet > Remediation Content
<p>List five or more bullet points with your "take-aways" from this packet. (What is most important for you to remember as you prepare for the NCLEX and future patient care?)</p> <p>① Suggest time out for a patient in a quiet area with fewer stimuli following violent behavior.</p> <p>② Patients who are verbally abusive may respond best to predictability of routine, such as scheduled contacts with the nurse (q 30-60 min).</p> <p>③ Elder mistreatment is underreported for fear of further retribution, fear of nursing home placement, or because they have become completely isolated from others.</p> <p>④ Victims of abuse - common presenting problem are signs of stress due to family violence: emotional, behavioral, school, or sleep problems.</p> <p>⑤ Ask patient directly about suspected abuse & observe the nonverbal response; hesitation, lack of eye contact.</p>	

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Based on the "Topic" and "Subtopic," I missed a question about: <u>Psych - Neurocognitive disorders</u>	
<input checked="" type="checkbox"/>	I have reviewed each of the excerpts/activities listed under the Packet > Remediation Content
<p>List five or more bullet points with your "take-aways" from this packet. (What is most important for you to remember as you prepare for the NCLEX and future patient care?)</p> <p>① Rudeness & uncooperative behavior are symptoms of <u>dementia</u> & are best managed with kindness & patience.</p> <p>② Imbalanced Nutrition - remove distractions from table. Cut food into small portions. Offer finger foods. Offer foods high in protein & carbs.</p> <p>③ Recognize irrational fears such as fear of the bathtub & arrange for alternative ways to give personal care to dementia patients.</p> <p>④ In advanced dementia, some strategies that work with children often work with the patients as well.</p> <p>⑤ Dementia & Alzheimer's are both characterized by aphasia, apraxia, agnosia, & disturbances in executive functioning.</p>	

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Based on the "Topic" and "Subtopic," I missed a question about:

Psych - Mental health nursing skills

I have reviewed each of the excerpts/activities listed under the Packet > Remediation Content

List five or more bullet points with your "take-aways" from this packet.

(What is most important for you to remember as you prepare for the NCLEX and future patient care?)

- ① Secondary traumatic stress is the trauma HCP experience when witnessing & caring for others suffering trauma.
- ② Nurses need interpersonal skills to communicate effectively & to establish caring relationships with patients.
- ③ Nurses may use friendly, informal communication to help put a patient at ease but eventually the conversation must focus back on patient.
- ④ Mutual responsibility exists between patient & nurse in a partnership that is different from the responsibilities that friends have toward each other.
- ⑤ Touch can be used to show concern, to let the patient know you are present, or to provide comfort.

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