

Question Student Name:

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Psych / Anxiety & mood Disorders

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

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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?)

Techniques of Crisis Intervention

Catharsis

Support of defenses

Clarification

Raising self-esteem

Suggestion

Exploration of Solutions

Reinforcement of behavior

Question

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Nursing Interventions for crisis & disaster events

Basic needs

physical deficits

psychological effects

protective factors

Anxiety & Mood Disorders

Techniques of Crisis Intervention

Catharsis: the release of feelings that takes place as the patient talks about emotionally charged areas

example: "Tell me how you have been feeling since you lost your job"

Clarification: encouraging the patient to express more clearly the relationship among certain events.

example: "I've noticed that after you have an argument with your husband you become sick and can't leave your bed"

Suggestion: influencing a person to accept an idea or belief that the nurse can help and that the person will in time feel better

example: "Many other people have found it helpful to talk about this and I think you will, too"

Reinforcement

of
behavior

giving the patient positive responses to adaptive behavior

example: "That's the first time you were able to defend yourself with your boss, and it went very well. I'm so pleased that you were able to do it."

Support of

defenses:

encouraging the use of healthy, adaptive defenses, and discouraging those that are unhealthy or maladaptive

example: "Going for a bicycle ride when you were so angry was very helpful because when you returned you and your wife were able to talk things through."

Raising

En
are self-esteem

helping the patient regain feelings of self-worth

Extr

example: "You are a very strong person to be able to manage the family all this time. I think you will be able to handle this situation, too."

Exploration of

solutions:

examining alternative ways of solving the immediate problem

example: "You seem to know many people in the computer field. Could you contact some of them to see whether they might know of available jobs?"

Nursing Interventions for Crisis + Disaster Events

Target Areas

Nursing Interventions

Basic Needs

provide liaison to social agencies.

physical deficits

Attend to physical emergencies.

Refer to other health care providers ^{as necessary} to

psychological effects

Shock

Attentively listen to telling of the crisis details

Confusion

Give nurturing support; permit regression

Denial

permit intermittent denial; identify pts primary concern

Anxiety

provide structure; enact anti-anxiety interventions

Lethargy/heroics

Encourage sublimation & constructive activity

Protective Factors

Coping

Encourage patient's favored, adaptive coping

mechanisms; emphasize rationalization, humor, sublimation

Give
are k

Self-efficacy

Support patient's previous successes and belief in own abilities; dilute irrational self-doubts; emphasize power of expectations to produce results.

Extern

Support

Add social supports to the patient's world; provide professional support; refer for counseling when necessary; help patient develop new coping strategies.

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Basic goals of crisis intervention:

- alleviation of the acute distress
- restoration of independent functioning
- prevention of psychological trauma

Immediate intervention acts to stabilize psychological disturbance and to minimize prolonged psychological trauma.

During crisis, individuals may be more receptive to suggestion/therapeutic intervention

crisis intervention = short term strategic therapy with action-oriented interventions: focus is to solve immediate problems w/ emotional, mental, physical, and behavioral distress that results from the crisis

Traditional crisis intervention focused on individuals → now can have needs for group crisis intervention may be necessary

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Giving support & information are both important during crisis

Nurses should try to identify strategies that have previously worked for a person

External stressors like physical needs, should be met:

- place to live
- safety from perpetrator
- child care

Ambivalence ~ resistance are a normal part of therapy.

Student Name:

"Diplo" and "Gublois," I missed a question about

Anxiety & Mood Disorders - Adults in Crisis

Medication of the experiential activities in the case of the Packed Remediation

case study

1. What are J.B.'s presenting problems, from her perception? How do they compare with her functional disabilities? * husband has cancer, not tolerating chemo well, bills piling up, feels like she is failing her son, tired, embarrassed. She can't sleep, lost a lot of weight, and wants to drive off a cliff. She needs a hug and a vacation.

2. What survival & safety issues need to be addressed?

- depression & anxiety

- wants to drive off the cliff --- she needs help

- stop her weight loss - nutrition concern

- sleeping is important for health

3. What are the priority needs for J.B. & her family? What therapeutic approaches will help?

- validate her feelings, she is not alone & she doesn't need to feel guilty

4. What future planning needs to be addressed?

- needs to learn how to self care

- dep/anx meds

- counseling

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Substance Use & Addictions

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Drugs used in the treatment are based on: making alcohol unpleasant & reducing its reinforcing qualities.

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Disulfiram (Antabuse)

Naltrexone (Revia)

Vivitrol (Naltrexone for extended release, injectable suspension)

Acamprosate (Campral)

Question #

Buprenorphine Hydrochloride (Buprenex) Subutex;

Buprenorphine Hydrochloride and Naloxone Hydrochloride (Suboxone)

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Binge drinking: alcohol use that brings the BAC over legal limit for intoxication at least once per month.

12 fl oz Beer	= 8-9 fl oz malt liquor	= 5 fl oz table wine	= 1.5 fl oz shot of 80 proof spirit 'hard liquor'
~ 5% alcohol	~ 7% alcohol	~ 12% alcohol	~ 40% alcohol

tolerant person
nontolerant drinker

Pharmacotherapy for substance use disorders

Drug Name: Disulfiram (Antabuse)

indications: Helps prevent relapse of alcohol abuse. Ingested in combination with alcohol, it will cause nausea, vomiting, headache, and flushing.

Prescribing

induction: 250-500 mg daily for 2 wks

Maintenance: 250 mg daily; range is 125-500 mg daily

Labs: LFTs initially, then at 10-14 days, every 6 months thereafter

Advantages: Useful in patients who have maintained sobriety but who have a history of relapse, current motivation, and a witnessed ingestion.

RISKS: Metallic after taste; dermatitis; severe reaction or death could result from alcohol ingestion.

Disulfiram and alcohol can also cause arrhythmias, myocardial infarction, cardiac failure, seizures, coma, and death.

Drug name: Naltrexone (Revia)

indications: helps with alcohol cravings, possibly by deducing the reinforcing effects of alcohol. Also used

cel

for prescribing:

indication for opiate dependence:

Be sure patient is opioid-free for 7-10 days;

confirm by UDS.

we

w

Start with 25 mg. If no withdrawal reaction, increase by another 25 mg; continue at 50 mg daily.

Advantages: Very useful in the acute recovery phase of alcohol dependence (first 12 wks)

Risks: Nausea; abdominal pain; constipation; dizziness; headache; anxiety; fatigue

Drug name:

Vivitrol (Naltrexone for Extended-release, Injectable Solution)

Cell

Kors

prescribing:

Indication for alcohol dependence:

Wet

WK

start at 50 mg daily. Continue at 50 mg daily.
(vivitrol injection in buttocks) - be sure patient is alcohol-free for
at least 1 WK: 380 mg/vial

Labs: UDS, LFTs before; 6 months thereafter

Advantages:

Vivitrol may be easier for patients recovering from alcohol dependency to use consistently.

RISKS:

Vivitrol should not be used by a patient who is also using opioids, such as heroin.

Drug name: Acamprosate (Campral)

Indications: helps with alcohol cravings, possibly by reducing intensity of prolonged withdrawal syndrome. Benefit emerges after 30-90 days.

prescribing

induction: Begin two, 333 mg tablets, tid. Patients with renal impairment may need dosage reduction

maintenance: 666 mg tid

Labs: BUN, creatine, creatinine clearance

Advantages: Reasonably safe in patients with mild to moderate hepatic impairment (excreted via the kidneys). Need to have been abstinent at least 7 or more days.

Risks: Diarrhea & decreased libido

Drug name: Buprenorphine Hydrochloride (Buprenex / Subutex)

Buprenorphine Hydrochloride & Naloxone Hydrochloride
(Suboxone)

indications: treatment for outpatient detoxification & maintenance
by specially trained & registered physicians

prescribing

induction: Begin 8mg SL on day 1, 16mg on day 2
maintenance: Continue 16mg SL daily thereafter;
range is 4 - 24 mg daily

Labs: UDS at induction, and monthly thereafter; LFTs on induction,
and every 6 months thereafter.

Advantages: Buprenorphine can prevent symptoms of withdrawal
in patients addicted to opiates; is an alternative
to maintenance treatment with methadone.

RISKS: Dizziness; nausea; respiratory depression

Disulfiram (Antabuse)

is an effective adjunct to a comprehensive treatment program for reliable, motivated patients whose drinking is triggered by events that can suddenly increase alcohol cravings.

Naltrexone (Revia)

an opiate antagonist can attenuate some of the reinforcing effects of alcohol and decrease cravings. It is an alcohol sensitivity drug.

Acamprosate (Campral)

is an amino acid derivative that has a benign side-effect profile and shows value in alcohol dependence. Acamprosate affects both gamma-aminobutyric acid (GABA) and excitatory amino acid (e.g., glutamate) neurotransmission.

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psch / substance use & addictions

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Cellular damage & loss of brain tissue due to alcohol use has been documented

Korsakoff's Syndrome symptoms include a severe form of amnesia, much more severe than early dementia; inability to learn new skill, and can progress to

Wernicke-Korsakoff syndrome, consequence of ^{chronic} thiamine deficiency due to alcohol use.

WKS symptoms: neurologic abnormalities, including inflammatory hemorrhagic degeneration of the brain & mortality rate of more than 15%.

Question # Marchiafava-Bignami disease Alcoholic Blackouts

substance use & addictions

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- ↓
- Peripheral neuropathy
- Effects on Liver
- Effects on GI tract
- Nutrition
- Effects on CV system
- Effects on Immune system
- Sleep Disturbance
- Hormonal changes
- Accidents

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

Alcohol toxicity - ↑ EtOH in blood

- behavior changes
- CNS Depression
- respiratory / circulatory failure
- unconsciousness, coma
- death

Question

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Alcohol Withdrawal Syndrome - can develop in a hospitalized patient when the use of EtOH abruptly stops

• onset: variable depending on quantity, frequency, pattern, and duration of EtOH use

• early signs: within a few hours after last drink

• PEAK: after 24-48 hours and then disappear unless the withdrawal progresses to alcohol Delirium.

• Death may result from hypothermia, sepsis, aspiration pneumonia, or peripheral vascular collapse

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Substance Abuse & Addictions

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Alcohol Withdrawal Syndrome

- Agitation
- Anxiety
- ↑ HR
- ↑ BP
- Sweating
- Nausea
- Tremors
- insomnia
- hyperactivity

Alcohol Withdrawal Delirium

- disorientation
- visual, tactile or auditory hallucinations
- seizures

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Psych / Interpersonal Voice

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Violent behavior. Fear of violent behavior and of being injured is a concern with the few patients who do not respond to staff efforts at verbal diffusion of anger. The following are a few precautions for protection:

- stay out of striking distance (this also reduces the threat to the patient)
- avoid touching patients without approval
- change the topic temporarily if a patient's behavior is escalating
- suggest time out for the patient in a quiet area with fewer stimuli
- Avoid entering a room alone with a patient who is not in control of his/her behavior
- Leave temporarily if the patient is agitated and asking to be left alone
- Call for staff assistance if the patient is losing control

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Psych / Interpersonal violence

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Conduct Disorder is a serious behavioral & emotional disorder characterized by a persistent pattern of behavior in children & adolescents in which the rights of others & societal rules are violated. The child or adolescent acts out these patterns of behaviors in all settings & is considered a forerunner of antisocial / asocial personality disorder, since children with conduct disorder have the same symptomatology

- Aggressive behavior toward others -- eg) cruelty to animals using weapons or forcing sexual acts
- Destructive behavior -- eg) intentional destruction such as arson, vandalism
- Deceitfulness -- eg) conning or manipulating others, lying
- Serious rule violations -- eg) running away from home, truancy, sexually active young age
- Other attributes of antisocial personality disorder -- eg) lack of remorse, callousness, lack of empathy for others who have been personally affected

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

Elder mistreatment (EM) describes intentional acts of omission or commission by a caregiver or "trusted other" that cause harm or serious risk of harm to a vulnerable older adult.

- physical abuse
- psychosocial / emotional abuse
- financial exploitation
- sexual abuse
- caregiver neglect
- abandonment
- self-neglect
- * can occur in the private, community, or long-term care settings

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Psych | Neurocognitive Disorders

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Guidelines for working with patients with dementia

Although the list is long, here are a few:

- Accept that the patient with dementia may no longer be able to make adult decisions and behaves as a healthy adult would. offer limited choices to simplify decision making
- Adapt environment to patient rather than the patient to environment.
- Encourage self-care at whatever level the patient can function,
- Recognize irrational fears such as a fear of the bathtub
- Recognize that the patient deserves to be treated with dignity, regardless of abilities or behaviors.

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Dementia is a broad term used to describe progressive deterioration of cognitive functioning ≠ global impairment of intellect with no change in consciousness.

Dementia - general term to describe a variety of progressive conditions that develop when brain cells die or no longer function.

Alzheimer's Disease (AD) - most common type

Severe memory loss is NOT a normal part of growing old.