

Question #	Student Name: <i>Jailene Gonzalez</i>
Based on the "Topic" and "Subtopic," I missed a question about: <i>Anxiety & mood disorders - techniques</i>	
<input checked="" type="checkbox"/>	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?)	
<ul style="list-style-type: none"> • Clarification helps patient better understand their feelings and behaviors and how it leads to a development of crisis. • Reinforcing patients' behavior focuses on the positive responses, commending the patient. • Improving / raising self-esteem of patient instills confidence in patients to find solutions in a healthy manner. • Suggesting an idea to the patient that has the possibility of coping with problem is therapeutic to patient. • Exploring solutions provides patient options to solve immediate problem through nurse's support. 	

Question #	Student Name: <i>Jailene Gonzalez</i>
Based on the "Topic" and "Subtopic," I missed a question about: <i>Anxiety and mood disorders - ASSESSMENT Guidelines; Suicide</i>	
<input checked="" type="checkbox"/>	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?)	
<ul style="list-style-type: none"> • Suicide assessment includes obtaining info on family / friends history of suicide • Depending on patient, implement necessary precautions, especially if they've expressed a plan on how to kill themselves. • It is very alarming to see a patient going from a depressed mood to suddenly happy and peaceful. • many patients feel some sort of peace after feeling peace because they have decided to commit suicide, as a form of relief. • On an outpatient case, assess social support, family education on suicidal behavior, provide community resources. 	

Question #	Student Name: <i>Jailene Gonzalez</i>
Based on the "Topic" and "Subtopic," I missed a question about: <i>Anxiety and mood disorder - Suicide Risk Assessment</i>	
<input checked="" type="checkbox"/> 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?)	
<ul style="list-style-type: none"> • Determining how lethal a method is, provides time perspective between initiation and impact • Cutting ones wrist, overdosing on aspirin/valium are least likely to be lethal compared to the use of guns. • Some patients will intentionally deceive possible rescuers, increasing lethality potential, makes it difficult to intervene. • Someone is most likely to be rescued if they left a note behind, or made a call prior to the attempt. • One must use critical thinking when trying to intervene, acting impulsively while rescuing have been shown to be fatal. 	

Question #	<i>Jailene Gonzalez</i>
Based on the "Topic" and "Subtopic," I missed a question about: <i>Psychopharmacology used to maintain Sobriety</i>	
<input checked="" type="checkbox"/> 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?)	
<ul style="list-style-type: none"> • The goal of medicine to maintain sobriety is to make the use of alcohol unpleasant & reducing how it makes them feel, to not further reinforce. • By blocking endorphins release when drinking, Naltrexone will lower the "pleasant" feeling when drinking. • In patients with opiate addiction, buprenorphine can help prevent withdrawal, alternative maintenance treatment with methadone • This medication begins its benefits weeks after admin, taking up to 12 weeks, acamprostate. • Vivitrol should not be used if patient has an opioid dependence its only used for alcohol abuse. 	

Question #	Student Name: <u>Jaiene Gonzalez</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Substance use and addictions - Implementations</u>	
<input checked="" type="checkbox"/> 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?)	
<ul style="list-style-type: none"> • The main goal as for a nursing intervention is to help patient maintain life. • Restraints should not be used if patient is agitated, disoriented, while alone, it will increase their agitation. • Patient may need protection from causing harm to themselves if experiencing hallucinations, will require one-on-one monitoring and constant verbal reorientation. • Currently there is not an FDA approved treatment for delirium, however haloperidol (antipsychotic) has shown some effective management of delirium symptoms. • Clear messages with minimum choices is best therapeutic communication for a patient with maladaptive cognitive responses. 	

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Based on the "Topic" and "Subtopic," I missed a question about: <u>Substance use & addiction - Implementation</u>	
<input checked="" type="checkbox"/> 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?)	
<ul style="list-style-type: none"> • Approaching a patient w/dementia if agitated/aggressive is to maintain a calm manner, eye contact, simplify approach, and do not add more demands in this instance. • Nursing interventions if patient is in an institution, marking their room with large clear signs is helpful for people w/cognitive impairment. • There is only one skin patch available to treat AD at this time, the Qelzon patch, for mild to moderate forms of AD. • Atypical antipsychotics issue a black box warning for increasing the risk of death and cerebral vascular accidents in patients w/dementia. • Structured activities such as scheduled discussion groups, exercise and recreational activities address patients need for social interactions while also encouraging ADLs. 	

Question #	Student Name: <i>Jailene Gonzalez</i>
Based on the "Topic" and "Subtopic," I missed a question about: <i>Substance use & addictions - Acute care</i>	
<input checked="" type="checkbox"/> 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?)	
<ul style="list-style-type: none"> • <i>When coming across with an abdominal / GI abnormal finding (hematemesis), establish IV access with large bore catheter for fluid replacement.</i> • <i>If patient is going through hypovolemic shock; insert NG tube, an indwelling catheter, provide IV PPI to decrease acid secretion.</i> • <i>Especially in older patients, or if they have history of cardiovascular problems, close monitoring of fluid overload is a must.</i> • <i>Closely observe patient as alcohol withdrawal occurs for delirium tremens, especially when hemorrhage is caused from chronic alcohol abuse.</i> • <i>Keep the NG tube against gastric mucosal lining, observe for aspiration for blood.</i> 	

Question #	Student Name: <i>Jailene Gonzalez</i>
Based on the "Topic" and "Subtopic," I missed a question about: <i>Substance use & Addictions - Alcohol</i>	
<input checked="" type="checkbox"/> 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?)	
<ul style="list-style-type: none"> • <i>Neurotransmitters in the CNS are affected by alcohol, disrupting our control impulses, mood, coordination, and cardiac/respiratory function.</i> • <i>For someone that usually tolerates large amounts of alcohol without obvious impairment is named, tolerant person.</i> • <i>The neurological system is affected with chronic alcohol use commonly resulting in alcohol dementia, depression, labile, insomnia.</i> • <i>Diabetes can occur because of chronic alcohol abuse, causing malnutrition shown in anorexia, and low thiamine levels.</i> • <i>The gastrointestinal lining can be irritated w/ constant alcohol causing peptic ulcer, and colorectal cancer.</i> 	

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Based on the "Topic" and "Subtopic," I missed a question about: <i>Substance use & addictions - Alcohol withdrawal Delirium</i>	
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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?)	
<ul style="list-style-type: none"> • <i>Delirium normally peaks 2 to 3 days after reducing or cessation of alcohol intake, considered a medical emergency.</i> • <i>once detoxification has been completed, benzodiazepines should be discontinued.</i> • <i>A patient experiencing delirium will experience autonomic hyperactivity, hallucinations, fluctuating levels of consciousness, and may be paranoid.</i> • <i>Benzodiazepines are the 1st line of medicinal intervention, common medications are; lorazepam, diazepam, chlordiazepoxide and oxazepam</i> • <i>regulating the autonomic nervous system is a priority, commonly used are beta blockers to reduce the hyperactivity (tachycardia, ↑ BP).</i> 	

Question #	Student Name: <i>Jailene Gonzalez</i>
Based on the "Topic" and "Subtopic," I missed a question about: <i>Substance use & addictions - Management of Alcohol withdrawal</i>	
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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?)	
<ul style="list-style-type: none"> • <i>Benzodiazepines have a better margin of safety compared to other drugs, prevents seizures, reduces withdrawal symptoms.</i> • <i>CiWA-AR is the current go to assessment for withdrawal, its helpful to prevent overmedication / undermedication.</i> • <i>A symptom-triggered symptom regime will most times be dependant on the CiWA score, continue monitoring.</i> • <i>The first common sign of acute withdrawal are grand mal seizures.</i> • <i>mild withdrawal is a CiWA-AR score < 9, moderate is 10-18, and severe withdrawal is over 18.</i> 	

Question #	Student Name: <u>Jailene Gonzalez</u>
Based on the "Topic" and "Subtopic," I missed a question about: <u>Alcoholism - Case Study</u>	
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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?)	
<ul style="list-style-type: none"> • The mnemonic "CAGE" is a nursing tool to screen for alcoholism; C for cut down, a for annoyed, g for guilty, e for eye opener. • It is priority to ask pt when their last time of alcohol consumption was to prepare for withdrawal symptoms. • An admission to the hospital is required when patient is at risk for self harm • Increased blood urea nitrogen, increased aspartate aminotransferase are common lab results that indicate liver disease from alcohol consumption • monitoring patient's blood pressure every 4 hours along with temp, and HR is most important to indicate detoxification is safe. 	

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<ul style="list-style-type: none"> • withdrawal from alcohol can occur as early as 4 to 6 hours after their last drink, presenting with tremors, N/V. • Neurotransmitter GABA has a calming effect, psychopharmaceutical benzodiazepines potentiate GABA. • Patients dependent on alcohol are commonly vitamin B deficient, being deficient in vitamin B causes wernicke disease, therefore patients should receive a multivitamin / vitamin B supplement. • A patient with alcoholism should avoid all items that contain alcohol; after share, hand sanitizer, mouthwash. • For a patient with alcoholism, continuation of care continues in discharge, inform of counseling groups, group therapy, self help programs(NIA). 	

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Based on the "Topic" and "Subtopic," I missed a question about: <u>Depression - Case Study.</u>	
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<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> <ul style="list-style-type: none"> • Priority assessment if patient is having hallucination, ask them how long they've had these presenting, what it looks/sounds like, in command hallucination, this puts client & staff at harm risk. • Common behavior when exhibiting depression is poor concentration, poor grooming and hygiene, and slow motor activity. • First line of psychopharmaceuticals to treat depression are SSRIs, example is, fluoxetine. • Tricyclics are also another form of antidepressant therapy, however not widely prescribed due to risk of an overdose since they're cardiotoxic. • medical adherence in patient education when taking a SSRI is a must, explain to patient that effects may begin in 1 week or up to 4 weeks. 	
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<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> <ul style="list-style-type: none"> • SSRIs can cause gastrointestinal disturbances, advise patient to take with a meal, inform of possible N/V, diarrhea, sexual dysfunction. • Due to decreased energy from the depression, nurse should help patient with daily activities, especially in severe depression. • Although social interaction, nutrition balance are important nursing problems, if patient is having sleep disturbances, this should be addressed first. • To assess patient's intake, frequent weighing and documenting should be done, closely monitor in changes of weight. • If you observed pt causing / attempting self harm, next step is to remain with patient for safety precautions. 	

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Based on the "Topic" and "Subtopic," I missed a question about: <i>Intimate Partner Violence and PTSD</i>	
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<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> <ul style="list-style-type: none"> • <i>When obtaining insight from a pt dealing with IPV, do not use probing language to press for more information, this will decrease chances of disclosure.</i> • <i>A pt with history/background in IPV, is expected to be tested for STDs, its common due to forced sex.</i> • <i>Reporting IPV is not ideal to do without patient's consent, neither is it legally required to do. Reporting IPV could put patient in higher danger at the hands of their partner.</i> • <i>Symptoms regularly expected in patients with PTSD is social isolation, nightmares, emotionally numbness, and easily startled.</i> • <i>Although it may be uncomfortable for patient with PTSD to speak about their trauma, confronting their feelings and memories is part of recovery.</i> 	
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