

Question #	Student Name: Kaitlyn Diaz
Based on the "Topic" and "Subtopic," I missed a question about: Thought Content (Personality Disorders)	
<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"> • A delusion is a personal belief based on incorrect reference of external reality. • Thoughts are a result of screening and filtering internal and external stimuli and the use of multiple feedback loops in the brain. • The inability of the brain to process data accurately can result in paranoid, grandiose, religious, nihilistic, and somatic delusions. • The delusions can be complicated further by thought withdrawal, thought insertion, thought control, or thought broadcasting. • Delusions arise from one's brain physiology, current environment stimuli, and the person's frame of reference regarding the world. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: Personality Disorders (Treatment - Relevant Dimension)	
<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"> • Depression is a frequent comorbidity and can negatively affect the patient's long-term prognosis and the severity of emotional pain and confusion. • Positive symptoms (e.g. hallucinations, delusions, bizarre behavior, and paranoia) are referred to as florid psychotic symptoms; they are the ones that capture our attention. • The negative symptoms (e.g. apathy, lack of motivation, anhedonia, and poor thought processes) persist and are extremely destructive because they render a person inert and unmotivated. • The most debilitating symptoms in the triad are the cognitive symptoms (impaired in memory, disruption in social learning; and inability to reason, solve problems, or focus attention.) • The greater the degree of negative and cognitive symptoms the more likely it is for the person to be unable to function on a job, engage in social activities, and care for self adequately and safely. 	

Question #	Student Name: Kaitlyn Diaz
Based on the "Topic" and "Subtopic," I missed a question about: Strategies for Answering NGN Questions	
<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> <ul style="list-style-type: none"> • Take action is a cognitive skill that is activity oriented and involves the nurse performing appropriate and necessary interventions based on the client's situation and generated solutions. • Necessary nursing actions can be those interventions that prevent health problems, maintain client stability, improve the client's condition, prevent complication, prevent complications of a health problem, or manage an emergency situation such as deterioration in a client's condition. • The ability to make decisions using judgment about essential actions to take in a clinical situation is a crucial nursing responsibility to promote safe client care. • You need to know what action(s) are appropriate and necessary, which address the highest priority care, and how the actions will be performed. • Therefore, the cognitive skill "Take Action" is essential to meet the client's needs and ensure client safety and high-quality care. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: Personality Disorders (Alterations of Thought)	
<input 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> <ul style="list-style-type: none"> • Alterations of thought are common in schizophrenia and are sometime disturbing and frightening. • Delusions are described as fixed belief because they cannot be changed by logical persuasion. • Delusional content often relates to life experiences and can include erotomanic, somatic, grandiose, religious, nihilistic, referential, and paranoid content. • Poverty of speech is manifested by the inability to formulate and articulate thoughts that are relevant to the discussion at hand. • Concrete thinking is the inability to conceptualize the meanings of words and phrases. 	

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about:	
Neurocognitive Disorders (Self-Care Deficit)	
<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 first priority for patients with dementia is to meet their basic needs. Including adequate nutrition, fluid and electrolyte balance, sleep, elimination, and hygiene must be maintained. • Determine the patient's level of functioning and then provide whatever assistance is needed for bathing, dressing, eating, and toileting. • Patients may be able to participate in self-care if tasks are broken down into individual steps to be performed one at a time. • Patients with severe dementia may be incontinent of urine and feces. • Frequent, routine toileting helps to reduce incontinent episodes. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about:	
Guidelines for working with patients with Dementia	
<input 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"> • Accept that the patient with dementia may no longer be able to make adult decisions and behave as a healthy adult would. Offer limited choices to simplify decision making. • Adapt the environment to the patient rather than the patient to the environment. • Encourage self-care at whatever level the patient can function. • Recognize irrational fears such as a fear of the bathtub; arrange for alternative ways to give personal care. • Accept that, in advanced dementia, patient behaviors and thinking are not typical of a healthy adult. 	

Question #	Student Name:
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Based on the "Topic" and "Subtopic," I missed a question about:

Elder Mistreatment (Interpersonal violence)

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?)

- Elder mistreatment is defined as "intentional actions that cause harm or create risk of harm (whether harm is intended) to a vulnerable elder by a caregiver or other person who is in a trust relationship to the elder."
 - Types of elder mistreatment include physical abuse, emotional abuse, financial exploitation, sexual abuse, neglect (intentional or unintentional), and abandonment.
 - Most perpetrators are relative caregivers, making abuse cases more complex to identify because of denial, fear of reporting, and the refusal of community services.
 - Higher rates of elder mistreatment occur when there is a greater reliance on the caregiver because of functional and cognitive impairment.
 - A necessary part of our assessment is completing the interview and assessment privately away from the caregiver.

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

Elder Abuse Interpersonal Violence

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?)

- Neglect is the most common form of abuse, but also assess for physical, emotional, psychological, or financial abuse.
 - Older adults should be assessed for signs of fear, withdrawal, anxiety, or evasiveness.
 - The caregiver should be assessed for a hostile, critical, or unsympathetic attitude.
 - The same signs of physical abuse listed for domestic abuse should be assessed for, as should signs of malnutrition, uncleanliness, or severe depression.
 - The law requires that signs of elder abuse must be reported.
 - Immediate safety must be established, but referrals to support groups, counseling, respite care, meals on wheels, and transportation services can alleviate stress for caregivers.

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about:	
Importance of Nurse's self-care (Mental Health)	
<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"> • Frequent, intense, or prolonged exposure to grief and loss places nurses at risk for developing compassion fatigue. • Compassion fatigue is a term used to describe a state of burnout and secondary traumatic stress. • Over time, giving of oneself in often intense caring environments sometimes results in emotional exhaustion, leaving a nurse feeling irritable, restless, and unable to focus care. • Compassion fatigue typically results in feelings of hopelessness, a decrease in the ability to take pleasure from previously enjoyable activities, a state of hypervigilance, and anxiety. • Agency-based programs that provide opportunities to validate the caregiver's experiences and an opportunity to talk about the challenges of the type of care nurses give are basic interventions to begin to manage these factors and their implication for professional nursing care. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about:	
Use of the self in Nursing (Mental Health nursing skill)	
<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"> • Self is a term used to describe one's personhood: the knowledge, experiences, values, beliefs, perceptions, strengths, and weaknesses that make each individual unique • Values can be defined as principles or standards shared by members of a society that determines what is desirable or worthwhile. • The safe practice of nursing is dependent on one's knowledge based and nursing education provides a basic introduction to the physical and social sciences. • Nurses need interpersonal skills to communicate effectively and to establish caring relationships with patients. • Critical thinking is essential because real-life situations are seldom as "cut and dried" as they are in textbooks. 	

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about:	
Helping Role Mental health nursing skill.	
<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 is to help another individual to grow, mature, cope, and function. • The following characteristics are necessary for the nurse to assume a helping role: awareness of self, ability to analyze own feelings, ability to serve as model to others, desire to help others, strong sense of ethics and high principles, sense of responsibility. • The first step in developing a therapeutic relationship is to build trust. • A feeling of safety comes from knowing that the nurse is honest and open and from gaining confidence in the nurse's skill and knowledge. • One strategy to build a therapeutic relationship is to encourage patients to share personal stories about their lives. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about:	
Adults in Crisis Anxiety and mood disorders	
<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"> • A confident and caring nurse who offers both support and information and who engages the patient in rational thought or healthy diversion will minimize the negative effects of ruminating on the crisis event. • Nurses reinforce strategies that the patient previously used and found to be successful. • The nurse needs to support the patient with nonpunitive and non-critical approaches that assist the individual to see a cause-and-effect relationship between the stressor and the response. • Expect ambivalence or resistance as a normal part of therapy, because therapy is an implied demand for a personal change that is upsetting, frightening, or too challenging at the time. • Providing resources that will enhance the patient's ongoing recovery process is an essential component of crisis intervention. 	

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about: Use of Silence / Anxiety and mood disorders	
<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 practitioner needs to understand that silence is a significant means of influencing and being influenced by others. • Although there is no universal rule about how much silence is too much, silence has been said to be worthwhile only when it is serving some function and not frightening the patient. • Silence can convey a person's acceptance of another person; comfort in being with someone and sharing time together; that a person is pondering an idea or forming a response to what has just been said; or that a person is comfortable when there is nothing more to say at that moment. • Silence might provide meaningful moments of reflection for both participants. • In naturally evolving interviews, open-ended techniques are interwoven with empathetic and facilitatory statements and closed-ended statements, all of which serve to clarify issues and demonstrate the interviewer's interest. 	

Question #	
Based on the "Topic" and "Subtopic," I missed a question about: Alcohol / Substance use & addictions	
<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"> • For 95% of those experiencing withdrawal from alcohol, symptoms are mild to moderate in severity and are similar to those of opiate withdrawal. • Alcohol withdrawal begins within 12 hours of stopped or decreased alcohol consumption, peaks in 48 to 72 hours, and usually decreases by 4 to 5 days. • Adequate and rapid medical intervention in patients who are withdrawing from alcohol should eliminate these more severe symptoms • Patients who are experiencing severe withdrawal symptoms from alcohol usually require B vitamins, including thiamine (vitamin B1), folic acid, and vitamin B12 as a result of inadequate dietary intake and malabsorption. • If the person has been drinking heavily, withdrawal symptoms can start within 4 hours after stopping alcohol intake. 	

Question #	Student Name:
Based on the "Topic" and "Subtopic," I missed a question about: management of alcohol withdrawal / substance use & addictions	
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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"> • long-acting benzodiazepines are the drugs of choice in treating alcohol withdrawal. • A symptom-triggered dosing regimen is preferred over fixed-schedule dosing because it is effective, requires significantly less medication, and appears to prevent seizures as well as fixed schemes. • A fixed schedule with as-needed (PRN) dosing may be indicated if used on a unit where the staff members have no training in the use of a withdrawal assessment tool. • Although neither magnesium nor thiamine reduces seizures, administration of thiamine is recommended to prevent Wernicke disease and Wernicke-Korsakoff syndrome. • A grand mal seizure may be the first sign of acute withdrawal. 	

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