

7. Lithium carbonate is commonly prescribed for **_Bipolar mania_**. Many times when these individuals are started on lithium therapy, the physician also orders an antipsychotic medication. Why might he or she do so?

Patients can experience psychosis with lithium and become delusional and have difficulty sleeping.

8. There is a narrow margin between the therapeutic and toxic serum levels of lithium carbonate. What is the therapeutic range? List the initial signs and symptoms of lithium toxicity.

Therapeutic range is 0.6 – 1.2 mEq/L for lithium. Signs and symptoms of lithium toxicity are blurred vision, tinnitus, nausea, vomiting, severe diarrhea, and tremors.

9. Describe some nursing implications for the client on lithium therapy.

Patient wants to be educated on increasing fluid intake and drinking 6 – 8 glasses of water a day. Also patient should be educated on regular lithium levels.

10. What is the mechanism of action for anxiolytics (with the exception of buspirone)?

Depress subcortical levels of the CNS, particularly the limbic system and reticular formation. Anxiolytics potentiate the effects of the powerful inhibitory neurotransmitter GABA in the brain. Buspirone is not a CNS depressant rather it is believed to produce the desired effects through interactions with serotonin, dopamine, and other neurotransmitter receptors.

11. What is the most commonly used group of anxiolytics? Give two examples.

Benzodiazepines – diazepam

Antihistamines – Hydroxyzine

12. What are the most common side effects of anxiolytics?

Dependence, confusion, memory impairment, nausea, headache, dizziness, and restlessness.

13. What must the client on long-term anxiolytic therapy be instructed in order to prevent a potentially life-threatening situation?

Do not stop these medications abruptly can cause a withdrawal. Watch for sweating, agitation, tremors, nausea and vomiting, delirium, and seizures. Report any of these signs if they occur and must ease off these meds not stopping abruptly.

14. What is thought to be the mechanism of action that produces the desired effect with antipsychotic medications?

They block the postsynaptic dopamine receptors in the basal ganglia, hypothalamus, limbic system, brainstem, and medulla.

15. Phenothiazines are an example of a “typical” antipsychotic group. Give two examples of phenothiazines and two **examples** of the newer “atypical” antipsychotics.

Phenothiazines - Typical - Chlorpromazine and Fluphenazine

Atypical - Clozapine and Olanzapine

16. Describe potential adverse hormonal effects associated with antipsychotic therapy.

Males: decrease libido, retrograde ejaculation, gynecomastia (breast enlargement)

Females: amenorrhea, galactorrhea (milky discharge from breast)

17. Agranulocytosis is a potentially very serious side effect of antipsychotic therapy. The nurse and client should be on the alert for symptoms of _____ **Sore throat** _____, _____ **Fever** _____, and _____ **Malaise** _____.

18. Neuroleptic malignant syndrome (NMS) is a rare but potentially fatal side effect of antipsychotic drugs.

List symptoms for which the nurse must be on the alert when assessing for NMS.

- **Tachycardia**
- **Rash**
- **Fever**
- **Muscle rigidity**
- **Diaphoresis**
- **Deteriorating mental status**

19. Describe the symptoms of extrapyramidal side effects associated with antipsychotic therapy.

- **Akathisia - continuous restlessness and fidgeting**
- **Akinesia - absence or impairment in voluntary movement**

- **Dystonia - involuntary muscle spasms in face, arms, legs, and neck**
- **Oculogyric crisis - uncontrolled rolling of eyes**
- **Pseudoparkinsonism - tremors, shuffling gait, drooling, rigidity**
- **Tardive dyskinesia - bizarre facial and tongue movement, stiff neck, and difficulty swallowing**

20. What is the classification of medication that is commonly prescribed for drug-induced extrapyramidal reactions? Give two examples of these medications.

Antiparkinsonian agents - benzotropine and diphenhydramine

21. Describe a potentially life-threatening situation that could occur in the client who abruptly withdraws from long-term use of CNS stimulants.

Depression, suicidal ideation, and unstable vital signs

This part is optional but encouraged!!

Homework Assignment Questions and Answers

Please read the chapter and answer the following questions:

1. Identify three priority safety concerns for each class of psychotropic medications.

Antianxiety Agents

Antipsychotics (novel)

Antipsychotics (phenothiazines and haloperidol)

MAO Inhibitors

SSNRIs

SSRIs

