

Learning Activity 4.1.

Psychotropic Medication Quiz

1. What is the mechanism of action by which antidepressant medications achieve the desired effect (regardless of the different physiological processes by which this action is accomplished)?
 - a. Increase concentration of norepinephrine, serotonin, and dopamine

2. For what must the nurse be on the alert with the client who is receiving antidepressant medication?
 - a. Nurse needs to be aware of serotonin syndrome. It is a rapid onset with potential fatal actions. Look for signs and symptoms of agitation, hyperreflexia, seizures, hyperthermia and death.

3. As the nurse, when would you expect the client to begin showing signs of symptomatic relief after the initiation of antidepressant therapy?
 - a. The client would begin to show symptoms around 2 weeks and improvement after 4 weeks for therapeutic benefits.

4. Name an example of a tricyclic antidepressant _____ Diazepam _____.
Name an example of an MAOI _____ Selegiline _____.
Name an example of an SSRI _____ Escitalopram _____.

5. Describe some common side effects and nursing implications for tricyclic antidepressants.
 - a. Fever, seizures, hypertension, increased sedation, death

6. _____ Hypertensive crisis _____ is the most potentially life-threatening adverse effect of MAOIs. Symptoms for which the nurse and client must be on the alert include: ___severe occipital headache, palpitations, n/v, sweating, chest pain_____
_____. What must be done to prevent these symptoms from occurring? (Your answer must include some examples.)
- Educate pt to not stop taking the medication abruptly, slower wean off of it instead. Monitor vitals regularly.
7. Lithium carbonate is commonly prescribed for _____Bipolar and related disorders_____. Many times when these individuals are started on lithium therapy, the physician also orders an antipsychotic medication. Why might he or she do so? To help with the initial sedative effects.
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 0.6-1.2 mEq/L
 - S/S- Nausea, anorexia, muscle twitching, delirium, seizures, and death.
9. Describe some nursing implications for the client on lithium therapy.
- Education to pt about low calorie diets, limit sodium intake bc it can affect serum blood levels r/t lithium.
10. What is the mechanism of action for anxiolytics (with the exception of buspirone)?

- a. Referred to as minor tranquilizers
- b. Depress subcortical levels of CNS, particularly the limbic and reticular formation
- c. May produce a calmative effect

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

- a. Clonazepam, and Diazepam

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

Nausea, Headache, dizzy, confusion, memory impairment, motor incoordination

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

- a. Don't take with benzodiazepines, opioid pain meds or cough medicine
- b. Don't stop taking abruptly

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

- a. Strong D2 receptor blockade, Weaker blockage of Ach, H1, α 1-adrenergic, and 5-HT2 receptors

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

- a. Clozapine & lurasidone
- b. Risperidone & Quetiapine

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

Urinary retention, blurred vision, constipation, dry mouth

17. Agranulocytosis is a potentially very serious side effect of antipsychotic therapy. The nurse and client

should be on the alert for symptoms of _____Fever _____, _____Sore throat _____,
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.

- a. Assess vital signs regularly, temperature
- b. Immediately report any fever, muscle rigidity, diaphoresis, tachycardia

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

- a. Pseudoparkinsonism
- b. Akinesia
- c. Akathisia
- d. Dystonia

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

- a. Cogentin & Benadryl

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

- a. Suicidal Ideation

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

- Memory impairment
- Motor incoordination
- Dizziness

Antipsychotics (novel)

- Sedation
- Orthostasis
- Blurred Vision

Antipsychotics (phenothiazines and haloperidol)

- Blurred
- Sedation
- Postural hypotension

MAO Inhibitors

- Hypotension
- Psychosis
- Hypoglycemia

SSNRIs

- Nausea
- Insomnia
- Tremors

SSRIs

- Hypertensive Crisis**
- Risk of bleeding**
- Serotonin Syndrome**

Tricyclic antidepressants

- Postural hypotension**
- Tachycardia**
- Sedation**

2. Differentiate primary actions and side effects for traditional versus atypical antipsychotics.

a. Traditional Primary Action

- i. **Strong D2 receptor blockade, Weaker blockage of Ach, H1, α 1-adrenergic, and 5-HT2 receptors**
- ii. **Side Effects- Blurred vision, dry mouth, urinary retention, tachycardia**

b. Atypical Primary Action

- i. **Receptor antagonist of 5-HT1, and 5-HT2**
- ii. **Side Effects- Sedation, weight gain, Dizziness**

3. Differentiate primary actions and side effects for tricyclic versus SSRI antidepressants.

a. Tricyclic Primary Action

- i. Inhibit reuptake of serotonin (5-HT)**
- ii. Sexual dysfunction, sedation, hypotension**

b. SSRI Primary Action

- i. Inhibit reuptake of serotonin (5-HT)**
- ii. Nausea, agitation, headache, sexual dysfunction**