

Safety and Infection Control

Legal and Ethical Issues: Applying Restraints:

Ch. 2

- Nurses must know and follow federal/state/facility policies that govern the use of restraints
- Use of seclusion rooms and/or restraints can be warranted and authorized for clients in some cases
- Restraints are either physical or chemical

Basic Care and Comfort

Depressive Disorders: Recommendations to Decrease Social isolation:

Ch. 13

- Medications
- Alternative or Complementary Therapies
- Interprofessional Care

Health Promotion and Maintenance

Medications for Children and Adolescents Who Have Mental Health Issues: Medication for Attention-Deficit Hyperactivity disorder:

Ch. 25

- Clonidine
- Bupropion
- Clomipramine

Pharmacological and Parenteral Therapies

Medications for Psychotic Disorders: Adverse Effects of Clozapine:

Ch. 24

- Sedation
- Orthostatic Hypotension
- Hypersalivation

Medications for Depressive Disorders: Contraindications for Selegiline:

Ch. 22

- Contraindicated in clients taking SSRIs
- Contraindicated in clients who have pheochromocytoma, heart failure, cardiovascular and cerebral vascular disease, or severe renal insufficiency
- Use cautiously in clients who have diabetes or seizure disorders, or those taking TCAs

Medications for Children and Adolescents Who Have Mental Health Issues: Evaluating Client Understanding of Methylphenidate:

Ch. 25

- Observe for effects and notify the provider if they occur.
- Decrease use of items that contain caffeine (coffee, tea, cola, chocolate)
- Administer the last dose of the day before 4pm

Medications for Bipolar Disorders: Evaluating Effectiveness of Mood Stabilizers:

Ch. 23

- Relief of acute manic manifestations or depressive manifestations
- Verbalization of improvements in mood
- Ability to perform ADLs

Management of Care

Substance Use And Addictive Disorders: Creating a Discharge Plan for a Client Who Has Alcohol Use Disorder:

Ch. 18

- Teach the client to recognize indications of relapse and factors that contribute to relapse
- Teach cognitive-behavioral techniques to help maintain sobriety and create feelings of pleasure from activities
- Assist the client to develop communications skills to communicate with coworkers and family members

Crisis Management: Priority Steps in Critical Incident Stress Debriefing:

Ch. 29

- Escalating anxiety from a threat activates increased defense responses
- Anxiety continues escalating as defense responses fail, functioning becomes disorganized, and the client resorts to trial-and-error attempts to resolve anxiety
- Trial-and-error methods of resolution fail, and the client's anxiety escalates to severe or panic levels, leading to flight or withdrawal behaviors

Legal and Ethical Issues: Client confidentiality:

Ch. 2

- The client's right to privacy is protected by the Health Insurance Portability and Accountability Act (HIPAA)
- It is important to gain an understanding of the federal law and of state laws as they relate to confidentiality in specific health care facilities
- Only if the client provides consent should the nurse share information with other persons not involved in the client treatment plan

Eating Disorders: Manifestations of Anorexia Nervosa:

Ch. 19

- Low blood pressure with possible orthostatic hypotension
- Decreased pulse and body temperature
- Hypertension can be present in clients who have binge eating disorders

Medications for Psychotic Disorders: Prioritizing Client Care:

Ch. 24

- Observe for indications of infection, and to notify the provider if these occur
- Report seizure activity to the provider
- Avoid excessive exposure to sunlight, use sunscreen, and wear protective clothing

Legal and Ethical Issues: Identifying Ethical Principles:

Ch. 2

- Beneficence
- Autonomy
- Justice

Psychosocial Integrity

Family and Community Violence: Priority Nursing Action for Suspected Child Abuse:

Ch. 32

- Assess for unusual bruising (on the abdomen, back, or buttocks). Bruising on arms and legs in these age groups is an expected finding from playing and other physical activities

- Assess for burns. Burns covering “glove” or “stocking” areas of the hands or feet can indicate forced immersion into boiling water. Small, round burns can be from lit cigarettes.
- Assess for head injuries: altered level of consciousness, unequal or nonreactive pupils, and nausea or vomiting

Sexual Assault: Priority Interventions:

Ch. 33

- Perform a self-assessment
- Perform an initial and ongoing assessment of the client’s level of anxiety, coping mechanisms, and available support systems.
- Provide a private environment for an examination with a specially trained nurse-advocate, if available.

Crisis Management: Assessing Personal Coping Skills:

Ch. 29

- Presence of suicidal or homicidal ideation requiring possible admission to an acute facility
- The client’s perception of the precipitating event
- Cultural or religious needs of the client

Care of Those Who Are Dying and/or Grieving: Maladaptive Grief Response:

Ch. 27

- Being dependent upon the deceased
- Unexpected death at a young age, through violence, or by a socially unacceptable manner
- Inadequate coping skills or lack of social support

Creating and Maintaining a Therapeutic and Safe Environment: Orientation Phase:

Ch. 5

- Introduce self to the client and state purpose
- Set the contract: meeting time, place, frequency, duration, and date of termination
- Build trust by establishing expectations and boundaries

Personality Disorders: Establishing Client Goals:

Ch. 16

- A firm, yet supportive approach and consistent care will help build a therapeutic nurse-client relationship
- Offer the client realistic choices to enhance the client’s sense of control
- Clients who have dependent and histrionic personality disorders often benefit from assertiveness training and modeling as well as psychotherapy

Personality Disorders: Recommended Therapy:

Ch. 16

- Psychotherapy
- Group therapy
- Cognitive and behavior therapy

Group and Family Therapy: Identifying Family Member Roles:

Ch. 8

- Learn effective ways for dealing with mental illness within the family

- Improve understanding among family members
- Maximize positive interaction among family members

Neurocognitive Disorders: Findings Associated With Delirium:

Ch. 17

- Impairments in memory
- Ability to calculate
- Ability to focus

Stress and Defense Mechanisms: Identifying Rationalization:

Ch. 4

- Creating reasonable and acceptable explanations for unacceptable behavior
- When rejected by another adolescent
- A young adult explains they had to drive home from a party after drinking alcohol because they had to feed the dog

Eating Disorders: Planning Care for a client Who Has Anorexia Nervosa:

Ch. 19

- Use a positive approach and support to promote client self-esteem and positive self-image
- Encourage client decision making and participation in the plan of care to allow for a sense of control
- Establish realistic goals for weight loss or gain

Stress Management: Evaluating a Client's Understanding of Deep-Breathing Exercises:

Ch. 9

- To decrease rapid breathing and promote relaxation
- Train in this method can help a client attain complete relaxation within a few minutes
- Use nursing judgment to determine the appropriateness of relaxation techniques for clients who are experiencing acute manifestations of a psychotic disorder

Substance Use and Addictive Disorders: Caring for a Client Who Has Opioid Use Disorder:

Ch. 18

- Maintain a safe environment to prevent falls implement seizure precautions as necessary
- Provide close observation for withdrawal manifestations, possibly one-on-one supervision
- Orient the client to time, place, and person

Substance Use and Addictive Disorders: Identifying Manifestations of Alcohol Use Withdrawal:

Ch. 18

- Abdominal cramping
- Tremors
- Transient hallucinations or illusions

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Violence from one person toward another is a social act involving a serious person controls or injures another, typically the least powerful person access violence that a partner commits against the other partner, adult abuse by a child, or a child against a parent.

CYCLE OF VIOLENCE

Spouse or partner violence usually follows a predictable cycle

Tension-building phase

- The perpetrator has minor episodes of anger and can be verbally abu...

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Navigation: Contents (14), Outcome Videos (22), Active Learning Templates (3)

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Stress and Defense Mechanisms: Identifying Rationalization

Eating Disorders: Planning Care for a Client Who Has Anorexia Nervosa

Stress Management: Evaluating a Client's Understanding of Deep-Breathing Exercises

Substance Use and Addictive Disorders: Caring for a Client Who Has Opioid Use Disorder

Substance Use and Addictive Disorders: Identifying Manifestations of Alcohol Use Withdrawal

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185

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Mental Health

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Chapter 18 Substance Use and Addictive

Substance use disorders are related to alcohol, caffeine, cannabis, hallucinogens, sedatives/hypnotics/anxiolytics, stimulants, tobacco, and other (or unknown) substances.

A substance use disorder involves repeated use of chemical substances, leading to a 12-month period. Non-substance-related disorders (behavioral/process addictions) include gambling, shopping, social media, and Internet gaming.

Substance use and addictive disorders are characterized by loss of control over use or behavior.

The defense mechanism of denial is commonly used by clients who have a substance use disorder. For example, a person who has long-term tobacco use might say, "I don't have a problem."

93

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Chapter 24 Medications for Psychotic Disorders

Schizophrenia spectrum disorders are the primary reason for the administration of antipsychotic medications. The course of schizophrenia usually involves acute exacerbations with intervals of remission. Symptoms remain present but are less severe.

MANIFESTATIONS

Medications are used to treat the following.

POSITIVE SYMPTOMS related to behavior, thought, perception, and speech: hallucinations, flight of ideas, loose associations

NEGATIVE SYMPTOMS: Social withdrawal, lack of emotion, lack of energy, flat affect

135

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Chapter 25 Medications for Children and Adolescents Who Have Mental Health Issues

Various medications are used to manage behavioral disorders in children and adolescents. Pharmacological management is most effective when accompanied by behavioral interventions.

Medications include central nervous system (CNS) stimulants, selective reuptake inhibitors (SRIs), alpha₂-adrenergic agonists, atypical antipsychotics, (SSRIs).

Other medications used to treat the manifestations of intermittent explosive disorder include mood stabilizers, antiepileptics, and beta-adrenergic blockers.

143

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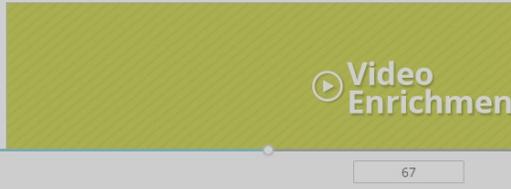
- Contents 1
- Outcome Videos 22
- Active Learning Templates 3

Depressive Disorders: Recommendations to Decrease Social Isolation

- Search
- Saves
- Bookmarks
- Focused Review

Chapter 13 Depressive Disorders

Depression is a mood (affective) disorder that is a widespread issue, ranking...
A client who has depression has a potential risk for suicide, especially if the attempts, comorbid anxiety disorder or panic attacks, comorbid substance lack of social support, or a chronic medical condition.



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Time Spent: 06:00:44

Navigation: Contents (1), Outcome Videos (22), Active Learning Templates (3)

Search: Legal and Ethical Issues: Applying Restraints

Chapter 2 Legal and Ethical Issues

A nurse who works in the mental health setting is responsible for practicing manner consistent with all local, state, and federal laws.

Nurses must have an understanding of ethical principles and how they apply in health settings.

Nurses are responsible for understanding and protecting client rights.

LEGAL RIGHTS OF CLIENTS IN THE MENT

- Clients who have a mental health disorder diagnosis or who are receiving treatment are guaranteed the same civil rights as any other citizen. These include the

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