

### **Depressive Disorders: Priority Findings to Share with Treatment Team**

- The client is sad with a blunted affect.
- The client exhibits poor grooming and a lack of hygiene.
- The client becomes socially isolated, showing little or no effort to interact.

### **Crisis Management: Priority steps in Critical Incident Stress Debriefing**

- Tension building phase.
- Acute battering phase.
- Honeymoon phase.
- Periods of escalation and de-escalation.

### **Eating Disorders: Manifestations of Anorexia Nervosa**

- Clients are preoccupied with food and the rituals of eating, along with a voluntary refusal to eat.
- Onset can be associated with a stressful life event, such as college.
- Those with binge-eating/purging type have higher rates of impulsivity and are more likely to abuse drugs and alcohol

### **Medications for Psychotic Disorders: Prioritizing Client Care**

- Improvement and prevention of acute psychotic manifestations, absence of hallucinations, delusions, anxiety, and hostility.
- Improvement in performing ADLs.
- Improvement of sleeping and eating habits.

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

- CNS stimulants raise the levels of norepinephrine and dopamine into the CNS.
- SNRI blocks the reuptake of norepinephrine at the synapses in the CNS.
- Tricyclic antidepressants block the reuptake of norepinephrine and serotonin in the synaptic space.

### **Neurocognitive Disorders: Risk Factors for Delirium**

- A change in reality can cause fear, panic, and anger.
- Neurologic changes such as Parkinson's or Huntington's.
- Older age, co-morbidities, severity of disease, polypharmacy, ICU, surgery, aphasia, restraint use, or a change in the client's environment.

### **Crisis Management: Assessing Personal Coping Skills**

- During crisis intervention it is assumed that the client was well-functioning and mentally healthy.
- A crisis for one person might not be a crisis for another.
- Individuals will experience psychological deterioration or growth.

### **Care of Those Who are Dying and/or Grieving: Maladaptive Grief Response**

- Initiate a referral for psychotherapy.
- Provide information on community resources.
- Ask the client if contacting a spiritual adviser would be acceptable or encourage the client to do so.

### **Creating and Maintaining a Therapeutic and Safe Environment: Assessing for Transference**

- More likely to occur with a person in authority.

- Client views a member of the healthcare team as having characteristics of another person who has been significant to the client's personal life.
- Client expects exclusive services from the nurse.

#### **Anxiety Disorders: Caring for a Client During a Panic Attack**

- Remain with the client during the worst of the anxiety to provide reassurance.
- Provide a structured interview to keep the client focused on the present.
- Use relaxation techniques with the client as needed for relief.

#### **Personality Disorders: Recommended Therapy**

- Psychotherapy, group therapy, and cognitive and behavior therapy are effective treatment modalities.
- Dialectical behavior therapy is a cognitive-behavioral therapy used for clients who exhibit self-injurious behavior.
- Case management is beneficial for clients who are severely impaired.

#### **Care of Clients Who Are Dying and/or Grieving: Priority Finding for a Client Who is Grieving**

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

#### **Stress and Defense Mechanisms: Identifying Rationalization**

- Creating reasonable and acceptable explanations for unacceptable behavior.
- Adaptive use blames the behavior on something other than person displaying the behavior.
- Maladaptive provides excuses for behavior.

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

- Provide a highly structured milieu in an acute care unit for the client who needs intensive therapy.
- Develop and maintain a trusting nurse/client relationship.
- Use a positive approach and support to promote client self-esteem and positive self-image.

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

- Maintain a safe environment to prevent falls and implement seizure precautions if necessary.
- Orient the client to time, place, and person.
- Maintain adequate nutrition and fluid balance.

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

- Delirium can occur 2 to 3 days after the cessation of alcohol.
- Severe disorientation, psychotic manifestations, severe hypertension, cardiac dysrhythmias, and delirium are manifestations.
- Alcohol withdrawal delirium can lead to death.

#### **Medications for Psychotic Disorders: Adverse Effects of Clozapine**

- Has a high incidence for anticholinergic effects.
- Monitor for orthostatic changes in blood pressure.
- Monitor and screen for EPS.

#### **Medications for Depressive Disorders: Contraindications for Selegiline**

- Transdermal is contraindicated for clients taking carbamazepine or oxcarbazepine.
- Concurrent use can increase blood levels of the drug.
- Use cautiously in clients who have diabetes or seizure disorders.

#### **Medications for Bipolar Disorders: Evaluating Effectiveness of Mood Stabilizers**

- Anticonvulsants can act as mood stabilizers.
- Valproate and carbamazepine treat acute mania.
- Lamotrigine is used for maintenance in bipolar therapy.

#### **Medications for Anxiety and Trauma- and Stressor-Related Disorders: Reportable Laboratory Results**

- Hyponatremia is more likely in older adults who take diuretics.
- Obtain a baseline blood sodium and monitor periodically.

#### **Eating Disorders: Reportable Finding for a Client Who Has Anorexia Nervosa**

- Rapid weight loss or weight loss of greater than 30% of total body weight over 6 months.
- ECG changes.
- Unsuccessful weight gain in outpatient treatment and failure to adhere to treatment contract.