

## Part I: Recognizing RELEVANT Clinical Data

### History of Present Problem:

Jeremy Brown is a 30-year-old Caucasian male who was brought to the emergency department (ED) by the police after being involved in an altercation at work. Jeremy was at work today, and he threw a large piece of metal at a coworker and began yelling, “Stop following me, I know what you have been up to!” Because Jeremy was very agitated and upset, and the police were called.

Since arriving in the ED, he has been agitated, displaying rapid pressured speech and repeating the phrases he hears the police and others in the ED said. Jeremy reported that he recently stopped taking his risperidone and citalopram because he believed his coworkers have been breaking into his house and poisoning his medications. Jeremy’s manager reports that he was diagnosed with schizophrenia five years ago.

### Personal/Social History:

Jeremy graduated from college with a 4.0 GPA and was in his first year at law school when he experienced the first episode of acute mental illness and was diagnosed with schizophrenia. He had to drop out of law school at age 24 and never finished. Jeremy lives at home with his mother and father and recently broke up with his girlfriend.

Jeremy likes his job at the foundry but feels he is a disappointment because both of his sisters are lawyers, as is his father. Jeremy has no close friends and only a few acquaintances. Jeremy’s mental health had been stable up until the last three months. He has been feeling more paranoid the past three months and experienced a dramatic increase in symptoms when he stopped taking all of his medications one month ago.

*What data from the histories are RELEVANT and have clinical significance to the nurse?*

RELEVANT Data from Present Problem:	Clinical Significance:
<p>“Stop following me, I know what you have been up to!”</p> <p>Since arriving in the ED, he has been agitated, displaying <b>rapid pressured speech and repeating the phrases he hears the police and others in the ED said</b></p> <p>Stopped taking his Risperidone and Citalopram</p> <p>Diagnosed with schizophrenia 5 years ago</p> <p>He threw a large piece of metal at a coworker</p>	<p>Patient is very paranoid and having delusion- he believes his coworkers are breaking into his house and poisoning him.</p> <p>This is known as echolalia- a common finding of schizophrenia.</p> <p>Risperidone is an antipsychotic used for schizophrenia and bipolar. Citalopram is an SSRI that is used for depression. He has relapsed.</p> <p>He is not compliant with his medications that he is taking for his diagnosis of schizophrenia.</p> <p>Agitation from thinking his coworkers are “breaking into his house and poisoning his meds”.</p>
RELEVANT Data from Social History:	Clinical Significance:

<p>He recently broke up with his girlfriend.</p> <p>He had to drop out of law school at age 24 and never finished.</p> <p>He has been feeling more paranoid the past three months and experienced a dramatic increase in symptoms when he stopped taking all of his medications one month ago.</p> <p>Jeremy likes his job at the foundry but feels he is a disappointment because both of his sisters are lawyers, as is his father.</p> <p>Lacking friends</p>	<p>This could be a stressor to the situation</p> <p>This is a major change in this patient's personal life</p> <p>Results of him not being compliant and trying to control his symptoms with his medications</p> <p>He is comparing himself to his sisters and a father, having decreased self-esteem</p> <p>Not having personal relationships so this could be a cause of low self-esteem and could cause him to be constantly stuck in his head, causing further stress</p>
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### Patient Care Begins:

Current VS:	P-Q-R-S-T Pain Assessment:	
T: 97.8 F/36.6 C (oral)	Provoking/Palliative:	Denies pain
P: 100 (regular)	Quality:	
R: 22 (regular)	Region/Radiation:	
BP: 130/84	Severity:	
O2 sat: 98% room air	Timing:	

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*What VS data are RELEVANT and must be interpreted as clinically significant by the nurse?*

RELEVANT VS Data:	Clinical Significance:
RR elevated, HR elevated, pulse is slightly elevated	<p>Elevated respiratory rate can lead to hyperventilation, lack of O<sub>2</sub></p> <p>He is very agitated which can result in increased vital signs</p>

Current Assessment:	
GENERAL APPEARANCE:	Calm, body relaxed, no grimacing, appears to be resting comfortably

RESP:	Breath sounds clear with equal aeration bilaterally ant/post, nonlabored respiratory effort
CARDIAC:	Pink, warm & dry, no edema, heart sounds regular with no abnormal beats, pulses strong, equal to palpation at radial/pedal/post-tibial landmarks, brisk cap refill
NEURO:	Alert & oriented to person, place, time, and situation (x4)
GI:	Abdomen flat, soft/nontender, bowel sounds audible per auscultation in all four quadrants
GU:	Voiding without difficulty, urine clear/yellow
SKIN:	Skin integrity intact, skin turgor elastic, no tenting present

<b>Mental Status Examination:</b>	
APPEARANCE:	Diaphoretic, uncombed shoulder-length, somewhat greasy hair; clothes are stained and torn. Cooperative with the admission process.
MOTOR BEHAVIOR:	No abnormal muscle movements
SPEECH:	Rapid and pressured. Client often repeats words and phrases he hears others in the emergency room say. The client says, "He was brought to the emergency room" over and over again when he is not distracted or engaged in conversation.
MOOD:	Reports feeling very upset
AFFECT:	Becomes agitated/anxious when talking about his co-workers and his meds; guarded and suspicious, mood and affect are congruent.
THOUGHT PROCESS:	Linear but irrational
THOUGHT CONTENT:	Displays paranoid delusions that coworkers are following him to hurt him and are poisoning his medication.
PERCEPTION:	Denies auditory or visual hallucinations, or feelings of depersonalization (feeling detached from self or environment)
INSIGHT:	Poor-believes he was brought in to the emergency room for protection from his coworkers
JUDGMENT:	Poor-stopped meds and is acting aggressively towards co-workers
COGNITION:	Alert and oriented times 4 (person, place, time and purpose), is easily distracted
INTERACTIONS:	Is in good control when talking with nursing staff, his boss, and police.
SUICIDAL/HOMICIDAL :	Denies any suicidal thoughts or thoughts of self-harm. Stated he wants to "punish" his co-workers.

*What assessment data are RELEVANT and must be interpreted as clinically significant by the nurse?*

<b>RELEVANT Assessment Data:</b>	<b>Clinical Significance:</b>
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<b>Strong pulses</b>	Increased heart rate related to anxiety from paranoia as evidenced by “my co-workers have been breaking into his house and poisoning his medications”
<b>RELEVANT Mental Status Exam Data:</b>	<b>Clinical Significance:</b>
Diaphoretic, greasy hair, stained clothes, rapid and pressured speech, repeats words said by others, reports feeling upset, guarded and suspicious, agitated/anxious when talking about meds and co-workers, irrational thought process, paranoid delusions that coworkers are following him, poor insight, aggressive, stopped meds- risperidone and citalopram, wants to “punish” coworkers for “poisoning his meds”	Signs of mania related to diagnosis of schizophrenia  Greasy hair, stained clothes could be related to depressive symptoms and may not be taking care of himself appropriately

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### Diagnostic Results:

<b>BMP:</b>	Sodium (135–145)	Potassium (3.5–5)	Glucose (70–110)	Creatinine (0.6–1.2)
Current:	130	3.5	160	1.1
Prior:	135	3.8	128	1.0
<b>CBC:</b>	WBC (4.5-11)	Neutrophil (42-72%)	Hgb (12-16)	Platelets (150-450)
Current:	6.5	60	12.5	250
Prior:	8.2	68	12.8	289

*What data must be interpreted as clinically significant by the nurse? (Reduction of Risk Potential/Physiologic Adaptation)*

<b>RELEVANT Diagnostic Data:</b>	<b>Clinical Significance:</b>	<b>TREND:</b> Improve/Worsening/Stable:
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<ul style="list-style-type: none"> <li>• Low sodium/Hypotatremic</li> <li>• Blood glucose elevated</li> </ul>	<ul style="list-style-type: none"> <li>• Citalopram can cause low sodium levels, patient may also have low sodium levels if he has not consumed any food or liquids for a while, give the patient some gatorade or crystal light?</li> <li>• Elevated blood glucose due to stress or diabetes, risperidone can cause hyperglycemia</li> </ul>	<ul style="list-style-type: none"> <li>• Sodium improving</li> <li>• Glucose worsening (elevating)</li> </ul>
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## Part II: Put it All Together to THINK Like a Nurse!

1. *After interpreting relevant clinical data, what is the primary problem?*

*(Management of Care/Physiologic Adaptation)*

<b>Problem:</b>	<b>Pathophysiology in OWN Words:</b>
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Acute Psychosis (relapsed) related to Schizophrenia	Schizophrenia is defined as a mental disorder in which reality is abnormally interpreted as a result of a hallucination, delusions, and/or disordered thinking and behavior that can be disabling as it impaires daily functioning. The etiology is unknown but is believed it is a combination of genetics, brain chemistry, and environmental factors.
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## Collaborative Care: Medical Management

### 2. State the rationale and expected outcomes for the medical plan of care. (Pharm. and Parenteral Therapies)

<b>Medical Management:</b>	<b>Rationale:</b>	<b>Expected Outcome:</b>
Admit to the inpatient mental health unit on a voluntary status	Patient is a clear danger to himself and others as he threw a large piece of metal at a coworker, and the patient is agitated and upset and not taking his prescribed medications- risperidone and citalopram.	Patient will remain in inpatient mental health until patient's schizophrenia is stable from medication and therapy, and the patient is no longer a harm to himself or others.
Risperidone 2mg PO BID	Risperidone is an atypical second generation antipsychotic used to treat schizophrenia in children 13 years or older and in adults. It can also be used to treat episodes of mania and mixed episodes of depression and mania in children 10 years or older and adults. Risperidone can also be used to treat behavior problems in autistic children 5-16 years of age.	Decreased schizophrenic symptoms such as delusions as evidenced by "my coworkers have been breaking into his house and poisoning his medications", unusual thinking, reduced motivation, decreased psychotic manifestations.
Citalopram 20mg PO at HS	Citalopram is a selective serotonin reuptake inhibitor that works as an antidepressant to increase the amount of serotonin to promote mental balance.	Serotonin levels will increase and agitation, pressured rapid speech, upset feelings, and distablized mood will be resolved; increase in hygiene and self-care
Lorazepam 1mg PO every 6 hours PRN for anxiety or agitation	Lorazepam is a benzodiazepine that is used to treat anxiety often found in clients who have psychotic disorders like schizophrenia, as well as some of the positive and negative symptoms.	Decreased or absent/resolved positive and negative symptoms of schizophrenia like hallucinations, delusions,

<p>Haloperidol 5mg IM every 4 hours PRN for severe agitation</p>	<p>Haloperidol is a first-generation antipsychotic that can treat positive symptoms like hallucinations, delusions, and bizarre behavior of psychotic disorders like schizophrenia, all of which the client is presenting</p>	<p>alterations in speech, alogia, avolition, disordered thinking, and unstable or rapidly changing mood.</p> <p>Decreased or absent/resolved symptoms like hallucinations, delusions, and bizarre behavior of psychotic disorders like schizophrenia, all of which the client is presenting</p>
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**Collaborative Care: Nursing**

**3. What nursing priority (ies) will guide your plan of care? (Management of Care)**

<p><b>Nursing PRIORITY:</b> Patient and staff safety</p> <p>Establish therapeutic relationship</p>	<p>Removing any and all safety hazards from the room like sharp objects, cords, any items with glass</p>
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<b>PRIORITY Nursing Interventions:</b>	<b>Rationale:</b>	<b>Expected Outcome:</b>
<ul style="list-style-type: none"> <li>Establish and maintain patient and staff safety</li> </ul>	<p>Patient wants to “punish” his coworkers so need to keep people safe.</p>	

**4. What psychosocial/holistic care PRIORITIES need to be addressed for this patient? (Psychosocial Integrity)**

<p><b>Psychosocial Priorities:</b> Address and educate on stress management and coping mechanisms.</p> <p>Educate patient on symptoms of schizophrenia and acute mania episodes, and urge client to call a primary doctor if symptoms are experienced.</p>	<p>Stress management will help the patient address problems and avoid overreacting and explosive reactions.</p> <p>Coping mechanisms can be applied to any aspect of the patient's life, such as relationship issues, family problems, etc.</p>	
<p><b>Nursing Interventions:</b></p>	<p><b>Rationale:</b></p>	
<ul style="list-style-type: none"> <li>● Talk to pt about his support system</li> <li>● Get a referral for a therapist</li> </ul>	<ul style="list-style-type: none"> <li>● A good support system is important for someone with a mental illness</li> <li>● A therapist can be a helpful resource for the pt and a great way to express his feelings once he is discharged</li> </ul>	<ul style="list-style-type: none"> <li>● Pt will be able to function at a higher level</li> <li>● Pt will have a resource to trust and confide in to talk about his feelings</li> </ul>

**5. What can you do to engage yourself with this patient's experience, and show that he matters to you as a person?** (*Psychosocial Integrity/Basic Care and Comfort*)

Use therapeutic communication such as active listening, seeking clarification, utilizing open ended questions, avoiding "why" questions, fidelity through keeping promises such as getting the patient more water when requested to build trust, summarizing, and using silence when appropriate.