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Mental Health ATI Remediation

Management of Care

- **Case Management - (1)**

- Substance Use and Addictive Disorders: Creating a Discharge Plan for a Client Who Has Alcohol Use Disorder (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 18 Substance Use and Addictive Disorders)

1. Assist the client to develop communication skills to communicate with coworkers and family members while sober.
2. Encourage the client and family to attend a 12-step program.
3. Teach the client to recognize indications of relapse and factors that contribute to relapse.

- **Establishing Priorities - (2)**

- Eating Disorders: Manifestations of Anorexia Nervosa (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 19 Eating Disorders)

1. Persistent energy intake restriction leading to significantly low body weight in context of age, sex, developmental path, and physical health.
2. Fear of gaining weight or becoming fat.
3. Disturbance in self-perceived weight or shape.

- Medications for Psychotic Disorders: Prioritizing Client Care (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 24 Medications for Psychotic Disorders)

1. Suppression of acute episodes.
2. Prevention of acute recurrence.
3. Maintenance of the highest possible level of functioning.

- **Ethical Practice - (1)**

- Creating and Maintaining a Therapeutic and Safe Environment: Identifying Countertransference (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 5 Creating and Maintaining a Therapeutic and Safe Environment)

1. The therapeutic nurse-client relationship is foundational to mental health nursing care.
2. Promote independence for self-care and individual growth in clients.
3. Allow choices for clients within the daily routine and within individual treatment plans.

Psychosocial Integrity

- **Abuse/Neglect - (1)**

- Family and Community Violence: Priority Nursing Action for Suspected Child Abuse (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 32 Family and Community Violence)

1. Risk factors for abuse toward a child: The child is under 4 years of age.
2. Family violence can occur against children, spouses or partners, or vulnerable adult family members.
3. Assess for unusual bruising on the abdomen, back, or buttocks.

- **Behavioral Interventions - (2)**

- Anxiety Disorders: Caring for a Client During a Panic Attack (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 11 Anxiety Disorders)
 1. Panic disorder: The client experiences recurrent panic attacks.
 2. Panic attacks typically last 15 to 30 minutes.
 3. The client might experience behavior changes and/or persistent worries about when the next attack will occur.
- Creating and Maintaining a Therapeutic and Safe Environment: Orientation Phase (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 5 Creating and Maintaining a Therapeutic and Safe Environment)
 1. Consistently focus on the client's ideas, experiences, and feelings.
 2. Discuss problem-solving alternatives with the client.
 3. Help to develop the client's strengths and new coping skills.

- **Coping Mechanisms - (1)**

- Crisis Management: Assessing Personal Coping Skills (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 29 Crisis Management)
 1. Assessing presence of suicidal or homicidal ideation requiring possible admission to an acute facility.
 2. Assessing the client's perception of the precipitating event.
 3. Assessing possible anger and aggression.

- **Crisis Intervention - (1)**

- Anger Management: Intervention for a Client Who is Exhibiting Aggression (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 31 Anger Management)
 1. Inappropriately expressed anger can become hostility or aggression.
 2. Aggression, whether an action or behavior, results in a verbal or physical attack.
 3. Provide a safe environment for the client who is aggressive, as well as for the other clients and the staff on the unit.

- **Family Dynamics - (1)**

- Personality Disorders: Recommended Therapy (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 16 Personality Disorders)
 1. Personality disorders often co-occur with other mental health diagnoses (depression, anxiety, and eating and substance use disorders).
 2. The maladaptive behaviors of a personality disorder are not always perceived by the individual as dysfunctional.
 3. A firm, yet supportive approach and consistent care will help build a therapeutic nurse-client relationship.

- **Mental Health Concepts - (1)**

- Eating Disorders: Identifying Manifestations of Anorexia Nervosa (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 19 Eating Disorders)
 1. Clients are preoccupied with food and the rituals of eating, along with a voluntary refusal to eat.
 2. This condition occurs most often in female clients from adolescence to young adulthood.
 3. Onset can be associated with a stressful life event, such as college.

- **Stress Management - (1)**

- 0 Stress Management: Evaluating a Client's Understanding of Deep-Breathing Exercises (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 9 Stress Management)
 1. Breathing exercises are used to decrease rapid breathing and promote relaxation.
 2. Physical exercise causes release of endorphins that lower anxiety, promote relaxation, and have antidepressant effects.
 3. Meditation includes formal meditation techniques, as well as prayer for those who believe in a higher power.

- **Substance Use and Other Disorders and Dependencies - (2)**

- 0 Substance Use and Addictive Disorders: Caring for a Client Who Has Opioid Use Disorder (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 18 Substance Use and Addictive Disorders)
 1. Improper use of prescription meds, specifically opioids, CNS depressants, and CNS stimulants, can result in substance use disorder and drug-seeking behavior.
 2. Opioid agonists attach to CNS receptors altering perception of and response to pain.
 3. Misuse of prescription opioids for non-medical use has increased in the past few years.
- 0 Substance Use and Addictive Disorders: Identifying Manifestations of Alcohol Use Withdrawal (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 18 Substance Use and Addictive Disorders)
 1. Indications of alcohol use in older adults can include a decrease in ability for self-care, urinary incontinence, and manifestations of dementia.
 2. Standardized Screening Tool: Clinical Institute Withdrawal Assessment of Alcohol Scale.
 3. CAGE Questionnaire: Asks questions of clients to determine how they perceive their current alcohol use.

Basic Care and Comfort

- **Non-Pharmacological Comfort Interventions - (1)**

- 0 Depressive Disorders: Recommendations to Decrease Social Isolation (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 13 Depressive Disorders)
 1. Older adult clients can have a history of alcohol use or can develop a pattern of alcohol/substance use later in life due to life stressors (losing a partner or a friend, retirement, or social isolation).
 2. Peer pressure and other sociological factors can increase the likelihood of substance use.
 3. The nurse should use open-ended questions to obtain the information for the nursing history.

Pharmacological and Parenteral Therapies

- **Adverse Effects/Contraindications/Side Effects/Interactions - (3)**

- 0 Medications for Depressive Disorders: Contraindications for Selegiline (Active Learning Template - Medication, RM MH RN 11.0 Chp 22 Medications for Depressive Disorders)
 1. Transdermal selegiline is contraindicated for clients taking carbamazepine or oxcarbazepine.

2. Concurrent use of these medications can increase blood levels of the MAOI.
3. Use cautiously in clients who have diabetes or seizure disorders, or those taking TCAs

O Medications for Psychotic Disorders: Adverse Effects of Clozapine (Active Learning Template - Medication, RM MH RN 11.0 Chp 24 Medications for Psychotic Disorders)

1. Sedation, Hypersalivation, Orthostatic hypotension
2. Risk for fatal agranulocytosis.
3. High risk of weight gain, diabetes, and dyslipidemia.

O Medications for Psychotic Disorders: Contraindications for Aripiprazole (Active Learning Template - Medication, RM MH RN 11.0 Chp 24 Medications for Psychotic Disorders)

1. Barbiturates and phenytoin stimulate hepatic medication metabolizing enzymes, thereby decreasing medication levels of aripiprazole.
2. Fluconazole inhibits hepatic medication metabolizing enzymes, thereby increasing medication levels of aripiprazole.
3. Aripiprazole has a long-acting injectable which is administered on a monthly basis.

• **Expected Actions/Outcomes - (1)**

O Medications for Bipolar Disorders: Evaluating Effectiveness of Mood Stabilizers (Active Learning Template - Medication, RM MH RN 11.0 Chp 23 Medications for Bipolar Disorders)

1. Bipolar disorder is primarily managed with mood stabilizing meds (lithium carbonate.
2. Bipolar disorder also can be treated with certain antiepileptic meds.
3. Lithium controls episodes of acute mania, helpt to prevent the return of mania or depression, and decreases the incidence of suicide.

Reduction of Risk Potential

• **Laboratory Values - (1)**

O Medications for Bipolar Disorders: Monitoring Laboratory Results (Active Learning Template - Medication, RM MH RN 11.0 Chp 23 Medications for Bipolar Disorders)

1. Maintain adequate fluid intake by consuming at least 1.5 to 3 L/day fluid from beverages and food sources.
2. Obtain baseline T3 and T4 and TSH levels prior to starting treatment, and then annually.
3. Lithium level: Less than 1.5 mEq/L

