

Management of Care

- **Confidentiality/Information Security - (2)**

- Crisis Management: Priority Steps in Critical Incident Stress Debriefing

1. A crisis is an acute event (4-6 weeks) where a client experiences an emotional response that can't be managed through normal coping mechanisms.
2. Crisis intervention consists of rapid assistance who need urgent care. Care is directed at resolution of the immediate problem causing the crisis.
3. Medications often administered for crisis management are anti anxieties such as alprazolam, diazepam, oxazepam and or antidepressants paroxetine, bupropion, fluoxetine.

- Legal and Ethical Issues: Client Confidentiality

1. Clients with mental health disorders have the same rights as any other person, this also includes the right to refuse treatment even if they are involuntarily admitted.
2. Nurses must follow ethical principles, an example of ethical principle is autonomy which means the right to make their own decisions.
3. A psychiatric advance directive includes the client's treatment preference during involuntary admissions.

Psychosocial Integrity

- **Behavioral Interventions - (1)**

- Anxiety Disorders: Caring for a Client During a Panic Attack

1. Body dysmorphic disorder is the clients preoccupation with perceived flaws of physical appearance.

2. Systematic desensitization is gradual mastering of relaxation techniques. The client is gradually exposed to the anxiety-producing stimulus.
3. Cognitive therapy is a therapeutic procedure used to decrease cognitive distortions.

- **Crisis Intervention - (1)**

- o Suicide: Priority Intervention

1. A no-suicide contract is used to build rapport/tryst between the nurse and client
2. Suicide precautions include one-on-one constant supervision.
3. Electroconvulsive therapy is effective in decreasing suicidal ideations of those who have a depressive or psychotic disorder.

- **Grief and Loss - (1)**

- o Care of Those Who Are Dying and/or Grieving: Caring for a Client After Receiving a Terminal Diagnosis

1. Those with distorted or exaggerated grief may be unable to perform activities of daily life.
2. Disenfranchised grief is an experienced loss that are publicly shared such as abortion or suicide.
3. Maturational loss is losses normally expected due to the developmental process of life.

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

- o Eating Disorders: Identifying Manifestations of Anorexia Nervosa

1. Treatment for eating disorders focuses on normalizing eating patterns and addressing issues raised by the illness.
2. Binge eating disorder is recurrently eating large quantities of food over a short period of time without the use of compensatory behaviors associated with bulimia
3. Hypertension can be persistent with those with binge eating disorders

- **Substance Use and Other Disorders and Dependencies - (1)**

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

1. The younger the person is at the initial time of substance use increases the likeness of developing substance use disorder
2. Symptoms of opioid withdrawals are sweating, rhinorea, piloerection, tremors, and muscle pains.
3. Medications for opioid withdrawals are methadone, clonidine, buprenorphine, naltrexone.

- **Therapeutic Communication - (1)**

- o Effective Communication: Encouraging Expression of Feelings

1. Intrapersonal communication allows nurses to perform self-assessment on their values and beliefs prior to caring for a client
2. Intonation is the tone of voice in which someone communicates.

3. Empathy is to convey objective awareness and understanding of the feelings.

Basic Care and Comfort

- **Non-Pharmacological Comfort Interventions - (1)**
 - Depressive Disorders: Recommendations to Decrease Social Isolation
 1. Those with major depressive disorder can have psychotic features such as auditory hallucination such as voices telling them sinful things.
 2. Females are twice as likely to be depressed than males.
 3. Depressed clients can become socially isolated, showing little or no effort to interact with other people.

Pharmacological and Parenteral Therapies

- **Adverse Effects/Contraindications/Side Effects/Interactions - (4)**
 - Medications for Bipolar Disorders: Adverse Effects of Lamotrigine
 1. Adverse effects of lamotrigine include double or blurred vision, dizziness, and headache.
 2. The nurse should teach the patient to avoid activities that require concentration or visual acuity
 3. The client should withhold medication if a rash appears.
 - Medications for Depressive Disorders: Contraindications for Selegiline
 1. Selegiline is a transdermal patch and is classified as a monoamine oxidase inhibitor.
 2. Selegiline is contraindicated with those who use MAOIs.
 3. Selegiline is a contradiction for those taking carbamazepine and oxcarbazepine.

- o Medications for Psychotic Disorders: Adverse Effects of Clozapine
 1. Clozapine has anticholinergic effects such as urinary retention and dry mouth.
 2. Clozapine can cause agitation, dizziness, sedation, and sleep disruption.
 3. Clozapine can also cause mild EPS and mild tremors. The nurse should monitor these adverse effects.
- o Medications for Psychotic Disorders: Contraindications for Aripiprazole
 1. Aripiprazole is contradicted by those who have parkinsons and liver damage.
 2. Antipsychotic drugs such as aripiprazole are contraindicated for those who have dementia.
 3. Aripiprazole should be cautiously taken with a client with BPH.

- **Expected Actions/Outcomes - (2)**

- o Medications for Bipolar Disorders: Evaluating Effectiveness of Mood Stabilizers
 1. Evaluating the effectiveness of mood disorders are the relief and decrease of mani manifestations.
 2. Verbalization of improvement in mood is a sign that the mood stabilizers are working.
 3. Improved sleeping and eating habits are signs that the mood stabilizers are working.

- o Medications for Children and Adolescents Who Have Mental Health

Issues: Evaluating Client Understanding of Methylphenidate

1. Observe and assess for adverse effects of methylphenidate.
2. Clients should eat regular meal times and avoid unhealthy food choices.
3. Teach client to flush the patch down the toilet after removal

Reduction of Risk Potential

- **Laboratory Values - (2)**

- o Medications for Anxiety and Trauma- and Stressor-Related Disorders:

Reportable Laboratory Results

1. Anti-anxiety medications can be hard on the kidneys BUN and creatinine levels should be monitored.
2. Clients taking benzodiazepines should not breastfeed.
3. Withdrawal syndrome can be avoided if medications are tapered off.

- o Medications for Bipolar Disorders: Monitoring Laboratory Results

1. Mood stabilizers such as valproic acid need to be monitored to ensure safe serum levels.
2. Lithium is often used for bipolar and should be monitored to ensure safe serum levels.
3. Lithium should be withheld if levels are too high.