

Crisis Management: Priority Steps in Critical Incident Stress Debriefing

1. Critical Incident Stress Debriefing is a group approach that can be used with a group of people who have been exposed to a crisis situation.
2. Identify the current problem and direct interventions for resolution first.
3. Take an active, directive role with the client and encourage active participation by the client in planning solutions and goal setting.

Medications for Psychotic Disorders: Prioritizing Client Care

1. Treat positive symptoms related to behavior, thought, perception, and speech.
2. Treat negative symptoms related to social withdrawal, lack of emotion, lack of energy, flattened affect, decreased motivation, and decreased pleasure in activities.
3. Suppress the acute episodes, prevent the recurrence, and maintain the highest possible level of functioning.

Legal and Ethical Issues: Identifying Ethical Principles

1. Beneficence is the quality of doing good; this can be described as charity.
2. Autonomy is the client's right to make their own decisions.
3. Fidelity is loyalty and faithfulness to the client and to one's duty.

Legal and Ethical Issues: Priority Action for Client Refusing Treatment

1. For a voluntary admission, the client is considered competent and so has the right to refuse medication and treatment.
2. Clients admitted under involuntary commitment are still considered competent and have the right to refuse medication and treatment.
3. A nurse should note and document anytime that the patient has refused treatment.

Neurocognitive Disorders: Making Room Assignments

1. We always want to provide for a safe and therapeutic environment for all the patients.
2. Assign the client to a room close to the nurses' station for close observation if they are at high risk for self-harm or have trouble being around other patients.
3. Provide a room with a low level of visual and auditory stimuli.

Client Safety: Use of Restraints on a Child

1. Restraints can either be physical (devices that restrict movement: vest, belt, mitt, limb) or chemical (sedatives, neuroleptic or psychotropic medications) to calm the client.
2. Use seclusion or restraints for the shortest duration necessary and only if less restrictive measures are not sufficient.
3. Clients can voluntarily request temporary seclusion if the environment is disturbing or seems too stimulating.

Legal and Ethical Issues: Applying Restraint

1. Restraints should never interfere with treatment.
2. Restraints should be easy to remove or change and should be able to have 2 fingers slipped under them.
3. The provider must prescribe seclusion or restraints in writing, after a face-to-face assessment of the client.

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

1. Desipramine is a medication used to treat attention-deficit hyperactivity disorder.
2. Methylphenidate is another medication used to treat ADHD, which raises the levels of norepinephrine and dopamine into the central nervous system.
3. Instruct the client and the client's parents that ADHD is not cured by the medication.

Mental Health Issues of Children and Adolescents: Contributing Factors to Development of Conduct Disorder

1. Parental rejection and neglect are a contributing factor that leads to the development of conduct disorder.
2. Inconsistent child-rearing practices with harsh discipline is a contributing factor that leads to the development of conduct disorder.
3. Physical or sexual abuse is another contributing factor that can lead to the development of conduct disorder.

Neurocognitive Disorders: Risk Factors for Delirium

1. Risk factors for delirium include physiological changes, including neurologic, metabolic, and cardiovascular and respiratory diseases.
2. Other risk factors for delirium include infection, surgery, and substance use or withdrawal.
3. Risk factors for delirium include older age, multiple co-morbidities, severity of disease, polypharmacy, intensive care units, surgery, aphasia, restraint use, and change in client environment.

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

1. Make sure the clients are physically and psychologically safe from harm.
2. Reduce stress-related manifestations by using techniques to alleviate a panic attack.
3. Provide interventions to restore rest and sleep and connect the client to social supports and information about critical resources.

Anxiety Disorders: Caring for a Client During a Panic Attack

1. The client may experience behavior changes and/or persistent worries about when the next attack will occur.
2. Clients experiencing a panic attack or severe anxiety are unable to concentrate or learn.

3. Panic attacks typically last 15 to 30 minute long.

Personality Disorders: Establishing Client Goals

1. We want to reduce hospitalization by providing resources for crisis services and enhancing the social support system.
2. Safety is always a priority concern because some clients who have personality disorder are at risk for self-injury or violence.
3. Clients who have dependent and histrionic personality disorders often benefit from assertiveness training and modeling as well as psychotherapy.

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

1. Client expects exclusive services from the nurse, such as extra session time.
2. Client demonstrates jealousy of the nurse's time or attention.
3. Client compares the nurse to a former authority figure.

Crisis Management: Priority Assessment

1. Prioritize interventions to address the client's physical needs first.
2. Identify the current problem and direction interventions for resolution.
3. Take an active, directive role with the client and encourage active participation by the client in planning solutions and goal setting.

Suicide: Priority Intervention

1. Initiate one-on-one constant supervision around the clock, always having the client in sight and close.
2. Document the client's location, mood, quoted statements, and behavior every 15 minutes or per facility protocol.
3. Primary interventions focus on suicide prevention through the use of community education and screenings to identify individuals at risk.

Personality Disorders: Recommended Therapy

1. Clients who have dependent and histrionic personality disorders often benefit from assertiveness training and modeling as well as psychotherapy.
2. Group therapy is an effective treatment modality for clients who have personality disorder.
3. Cognitive and behavior therapy are effective treatment modalities for clients who have personality disorders.

Eating Disorders: Evaluating the Effectiveness of Treatment for a Client Who Has Anorexia Nervosa

1. Restricting type of anorexia nervosa is the individual drastic restriction of food intake and no bingeing or purging.
2. Binge-eating/purging type of anorexia nervosa is when the individual engages in binge-eating or purging behaviors.
3. Screen for eating disorder inventory, body attitude test, diagnostic survey for eating disorders, and eating attitudes test.

Psychotic Disorders: Positive Symptoms of Schizophrenia

1. Positive symptoms are manifestations of things that are not normally present.
2. The most easily identified manifestations are positive manifestations.
3. Hallucinations, delusions, alterations in speech, and bizarre behavior are all positive symptoms.

Stress and Defense Mechanisms: Identifying Rationalization

1. Rationalization is creating reasonable and acceptable explanations for unacceptable behavior.
2. Adaptive use of rationalization is when an adolescent says, "They must already have a boyfriend" when rejected by another adolescent.
3. Maladaptive use of rationalization is when a young adult explains they had to drive home from a party after drinking alcohol because they had to feed the dog.

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

1. Breathing exercises are used to decrease rapid breathing and promote relaxation.
2. Breathing exercises are a relaxation behavioral technique.
3. The nurse should assist the client in understanding the importance behind doing their deep-breathing exercises.

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

1. Safety is the primary focus of nursing care during acute intoxication or withdrawal.
2. Maintain a safe environment to prevent falls; implement seizure precautions as necessary.
3. Begin to educate the client and family about addiction and the initial treatment goal of abstinence.

Substance Use and Addictive Disorders: Identifying Manifestations of Acute Toxicity

1. Signs of mild toxicity are dizziness, irritability, tremors, and blurred vision.
2. Signs of severe toxicity are hallucinations, seizures, extreme fever, tachycardia, hypertension, chest pain, and possible cardiovascular collapse and death.
3. Acute toxicity manifestations are not as severe as mild toxicity and severe effects.

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

1. Withdrawal is very unpleasant but not life-threatening.
2. Manifestations include abdominal cramping, vomiting, tremors, restlessness, increased heart rate, hallucinations or illusions, anxiety, hypertension, and tonic-clonic seizures.
3. Alcohol withdrawal delirium can occur 2 to 3 days after cessation of alcohol.

Medications for Depressive Disorders: Contraindications for Selegiline

1. Clients taking carbamazepine or oxcarbazepine should not take selegiline.
2. Concurrent use of said drugs can cause an increase in blood levels of the MAOI.
3. Use cautiously in clients who have diabetes or seizure disorders, or those taking TCAs.

Medications for Psychotic Disorders: Adverse Effects of Clozapine

1. An adverse effect of clozapine is orthostatic hypotension.
2. An adverse effect of clozapine is many anticholinergic effects such as urinary hesitancy or retention and dry mouth.
3. Adverse effects of clozapine are agitation, dizziness, sedation, and sleep disruption.

Medications for Psychotic Disorders: Contraindications for Aripiprazole

1. These should not be used for clients who have dementia.
2. Clients should avoid the concurrent use of alcohol.
3. Use cautiously in clients who have cardiovascular or cerebrovascular disease, seizures, or diabetes mellitus.

Medications for Bipolar Disorders: Evaluating Effectiveness of Mood Stabilizers

1. Lithium is used in the treatment of bipolar disorders.
2. Lithium controls episodes of acute mania and helps to prevent the return of mania or depression.
3. The incidence of suicide decreases if the drug reaches therapeutic effects.

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

1. Depending on therapeutic intent, effectiveness can be evidenced by improvement of manifestations of ADHD.
2. Avoid the use of over-the-counter medications.
3. Monitor for signs and symptoms of an allergic reaction when taking this medication.

Medications for Bipolar Disorders: Monitoring Laboratory Results

1. Encourage the client to adhere to laboratory appointments needed to monitor lithium effectiveness and adverse effects.
2. Emphasize the high risk of toxicity is high due to the narrow therapeutic range.
3. The client should monitor their sodium intake and intake an adequate amount of fluid.