

Mental health remediation: 3 hours of focused review and 3 key points for each bullet point.
 Screenshot of hours: focused review process 03:03:04

The screenshot shows the ATI Proctored Assessment Results page for RN Mental Health 2019. The page features the ATI logo and a 'CLOSE' button. The main content is the 'Individual Performance Profile' for Airelle Mitchell, which includes the following information:

- Adjusted Individual Total Score:** 61.7%
- Time Spent:** 31:44
- Individual Name:** Airelle Mitchell
- Student Number:** MI7010158
- Institution:** Lakeview CON
- Program Type:** BSN
- Test Completed Date:** 12/9/2021
- # of Points:** 60
- Attempt:** 1

The 'Focused Review Progress' section indicates that the user has missed topics and provides a 'FOCUS REVIEW' button. Below this, a table shows the proficiency level (Level 1) and mean scores for National (69.8%) and Program (70.5%) groups. A table at the bottom shows 'Individual Performance in the Major Content Areas' with columns for Content Area, Topics to Review, Total # Points, National Mean, Program Mean, National Percentile Rank, Program Percentile Rank, and Individual Score. A 'Show all topics to review' button is also present.

Management of care:

- **Client Rights - (1)**

- Legal and Ethical Issues: Informed Consent for Electroconvulsive Therapy (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 2 Legal and Ethical Issues)
 - 1. Clients must be aware of the risks and benefits before signing.
 - 2. Client's do need consent for Electroconvulsive Therapy.
 - 3. Consent should be witnessed by the nurse.

Safety and infection control:

- **Accident/Error/Injury Prevention - (1)**

- Bipolar Disorders: Providing Care to a Client Who is Experiencing a Manic Episode (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 14 Bipolar Disorders)

- 1. Focus on safety and maintaining physical health by providing a safe environment.
- 2. Decrease stimulation without isolating the client if possible. Be aware of noises and music that can be triggering the client's behavior.
- 3. Assess the client regularly for suicidal ideations and intentions.

- **Use of Restraints/Safety Devices - (1)**

- Legal and Ethical Issues: Guidelines for the Use of Mechanical Restraints (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 2 Legal and Ethical Issues)
- 1. Restraints are either physical or chemical (neuroleptic medication to calm the client).
- 2. The provider must prescribe the seclusion or restraint in writing.
- 3. Age 18 years or older - 4 hours, age 9 years to 17 years - 2 hours, age 8 years and younger 1 hours max.

Health promotion and maintenance:

- **Aging Process - (1)**

- Older Adults (65 Years and Older): Teaching About Expected Age-Related Changes (Active Learning Template - Growth and Development, RM Fund 10.0 Chp 25 Older Adults (65 Years and Older))
- 1. Loss of subcutaneous fat, which makes it more difficult for older adults to adjust to cold temperatures.
- 2. Neurologic has slower reaction time. Decreased visual acuity.
- 3. Decreased production of saliva, increased risk for constipation, and increased dental problems.

Psychosocial integrity:

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

- Family and Community Violence: Risk Factors for Child Abuse (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 32 Family and Community Violence)
- 1. If the child is under four years of age can be a risk factor for child abuse.
- 2. The perpetrator perceives the child as being different as unwanted or an unwanted pregnancy.
- 3. Risk factors of the child being disabled or another trait that makes the child vulnerable.

- **Behavioral Interventions - (1)**

- 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. Giving the client a calm and quiet environment to be in and benefit from while having a panic attack.
- 2. Remain with the client during the worst of the anxiety to provide reassurance.
- 3. Provide the client with a safe environment and provide structure.

- **Coping Mechanisms - (1)**

- Stress and Defense Mechanisms: Evaluating Constructive Use of Defense Mechanisms (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 4 Stress and Defense Mechanisms)
- 1. Suppression - voluntarily denying unpleasant thoughts and feelings.
- 2. Repression - unconsciously putting unacceptable ideas, thoughts, and emotions out of awareness.
- 3. Displacement - shifting feelings related to an object, person, or situation to another less threatening object, person, or situation.

- **Crisis Intervention - (3)**

- Bipolar Disorders: Client Indications of Acute Mania (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 14 Bipolar Disorders)

- 1. The client can have a labile mood with euphoria, restlessness, and agitation.
- 2. Grandiose view of self and abilities, impulsivity, and manipulative behaviors.
- 3. Neglect ADL's including nutrition and hydration, decreased sleep, and denial of illness.
- Crisis Management: Priority Nursing Interventions (Active Learning Template - Therapeutic Procedure, RM MH RN 11.0 Chp 29 Crisis Management)
 - 1. The nurse should promote a sense of safety for the client and protect them by assess their risk for suicide or harm.
 - 2. Prioritize to address the client's physical needs first.
 - 3. Assist with admission for clients who have a risk for suicide and assist them in the process.
- Medications for Depressive Disorders: Analyzing Client Behavior (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 22 Medications for Depressive Disorders)
 - 1. Monitor for hyponatremia.
 - 2. Risk for serotonin syndrome, so monitor for symptoms.
 - 3. For certain medications, monitor for orthostatic hypotension.

- **Family Dynamics - (3)**

- Eating Disorders: Planning Care for a Client Who Has Anorexia Nervosa (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 19 Eating Disorders)
 - 1. Monitoring for electrolyte imbalances. Males have decreased testosterone and females have decreased estrogen.
 - 2. Use a positive approach and support to promote client self-esteem and positive self image.
 - 3. Using cognitive behavioral therapies like relaxation techniques and cognitive reframing.

- Group and Family Therapy: Identifying Characteristics of a Family Who Has Rigid Boundaries (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 8 Group and Family Therapy)
 - 1. Rules and roles are completely inflexible.
 - 2. Families tend to have members that can isolate themselves and communication is minimal.
 - 3. Members of the families do not share thoughts or feelings.
- Group and Family Therapy: Recognizing Boundaries (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 8 Group and Family Therapy)
 - 1. Enmeshed boundaries: thoughts, roles, and feelings blend so much that individual roles are unclear.
 - 2. Rigid boundaries: rules and roles are completely inflexible.
 - 3. Healthy families: have boundaries that are distinguishable between family roles. Clear boundaries define roles of each member and are understood by all.

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

- Bipolar Disorders: Alterations in Mood (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 14 Bipolar Disorders)
 - 1. Mania: an abnormally elevated mood, which can also be described as expansive or irritable; usually requires hospitalization.
 - 2. Hypomania: a less severe episode of mania that lasts at least 4 days accompanied by three or more manifestations of mania.
 - 3. Rapid cycling: four or more episodes of hypomania or acute mania within 1 year and associated with increased recurrence rate and resistance of treatment.

- **Substance Use and Other Disorders and Dependencies - (5)**

- Medications for Depressive Disorders: Emergency Care for a Client Who Has Indications of Neuroleptic Malignant Syndrome (Active Learning Template -

System Disorder, RM MH RN 11.0 Chp 22 Medications for Depressive Disorders)

- 1. Notify the provider immediately.
- 2. Do not give the medications if the client has these symptoms of neuroleptic malignant syndrome.
- 3. This can happen in drugs like bupropion or vilazodone.
- Medications for Substance Use Disorders: Manifestations of Alcohol Withdrawal (Active Learning Template - Medication, RM MH RN 11.0 Chp 26 Medications for Substance Use Disorders)
- 1. Manifestations usually start within 4 -12 hours of the last intake of alcohol and can continue 5 to 7 days.
- 2. Common manifestations include nausea, vomiting, tremors, restlessness, inability to sleep, depressed mood or irritability, increased heart rate, blood pressure, respiratory rate, and temperature.
- 3. Alcohol withdrawal delirium can occur in 2-3 days after cessations and this is a medical emergency.
- Medications for Substance Use Disorders: Teaching About Methadone (Active Learning Template - Medication, RM MH RN 11.0 Chp 26 Medications for Substance Use Disorders)
- 1. Teach a client about tapering the use of methadone.
- 2. This medication must be administered from an approved treatment center.
- 3. This is used for long term maintenance and withdrawal.
- Substance Use and Addictive Disorders: Heroin Withdrawal (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 18 Substance Use and Addictive Disorders)
- 1. Withdrawal manifestations can occur within hours to several days after cessation of opioid use.

- 2. These manifestation from withdrawal are not life threatening but can cause suicidal ideation.
- 3. Common findings of withdrawal are agitation, insomnia, flu-like manifestations, rhinorrhea, sweating, and diarrhea.
- Substance Use and Addictive Disorders: Medication to Administer for Alcohol Withdrawal (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 18 Substance Use and Addictive Disorders)
- 1. Benzodiazepines can be administered for alcohol withdrawal.
- 2. These medications are chlordiazepoxide, diazepam, lorazepam, and oxazepam.
- 3. Intended effects are to decrease seizures, and the intensity of withdrawal manifestations.

Pharmacological and parenteral therapies:

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

- Medications for Psychotic Disorders: Monitoring Adverse Effects of Chlorpromazine (Active Learning Template - Medication, RM MH RN 11.0 Chp 24 Medications for Psychotic Disorders)
- 1. Dry mouth, blurred vision, photophobia, urinary hesitancy or retention, constipation, and tachycardia.
- 2. Agranulocytosis indications of infection appear, obtaining a CBC.
- 3. Medications should be discontinued if white blood cells are less than 3000 mm.
- Medications for Substance Use Disorders: Managing Alcohol Withdrawal (Active Learning Template - Medication, RM MH RN 11.0 Chp 26 Medications for Substance Use Disorders)
- 1. Manage alcohol withdrawal with benzodiazepines.
- 2. Going to a rehabilitation center to be monitored because alcohol withdrawal can be fatal.

- 3. Making sure seizure precautions are at the bedside. Administer medications around the clock or as PRN.

- **Medication Administration - (1)**

- Substance Use and Addictive Disorders: Teaching About Disulfiram (Active Learning Template - Medication, RM MH RN 11.0 Chp 18 Substance Use and Addictive Disorders)
- 1. Do not drink with any alcohol or foods/items containing alcohol.
- 2. No vanilla extract, mouth wash, or gum.
- 3. Disulfiram is used for abstinence maintenance not withdrawal. Monitor liver function.

Reduction of risk potential:

- **Potential for Complications of Diagnostic Tests/Treatments/Procedures - (1)**

- Brain Stimulation Therapies: Preventing Complications of Electroconvulsive Therapy (Active Learning Template - Medication, RM MH RN 11.0 Chp 10 Brain Stimulation Therapies)
- 1. Benzodiazepines should be discontinued because they can interfere with the seizure process.
- 2. Severe hypertension should be controlled because a short period of hypertension occurs after the ECT procedure.
- 3. Monitor cardiac vitals during the ECT.