Remediation

Management of Care (2)

Client rights (1)

1. Clients who are involuntarily admitted to a mental hospital still have the right to informed consent and the right to refuse treatment.
2. Legal issues regarding a client's health care must be decided in court using a specialized civil category called a tort.
3. Autonomy is the client's right to make their own decisions and accept the consequence of those decisions.

Continuity of Care (1)

1. Nurses are responsible for teaching, supporting, and making referralsls to promote positive social activities.
2. Nurses should provide referrals to clients and their families to organizations and agencies that offer additional resources for support.
3. Case management programs can help clients transition back to the community after discharge from a facility.

Safety and Infection Control (2)

Accident/Error/Injury Prevention (1)

1. Restraints and seclusion for ages eight and younger are 1 hour, 2 hours for ages 9 to 17, and 4 hours for 18 years old and older.
2. A nurse should obtain a written prescription of restraints within 15-30 minutes.
3. After the restaurants or seclusion expires (24 hours), the nurse needs to acquire a new prescription.

Use of Restraints/Safety Devices (1)

1. Each facility protocol should identify how often the client in seclusion or restraints should be assessed, offered food/drink, toileted, vital signs, and pain.
2. Seclusion or restraints should never be used for the convenience of staff, punishing the client, physically or mentally unstable clients, or clients who can not tolerate the decreased stimulation.
3. Restraints or seclusion should be discontinued when the client is exhibiting safer and quieter behavior

Social Integrity (11)

Family Dynamics (1)

1. Rigid boundaries are rules and roles that are completely inflexible.
2. Families with rigid boundaries often have members who isolate themselves, and communication is minimal.
3. Members of a family with rigid boundaries are very dysfunctional, and negative emotions predominate most of the time.

Behavioral Interventions (1)

1. Panic attacks typically last around 15 to 30 minutes.

2. Safety and comfort are priorities when a client is having a panic attack because they cannot focus and problem solve.
3. Teaching should be postponed when a client is having a panic attack or severe anxiety because they cannot concentrate and learn.

Coping Mechanisms (1)

1. Defense mechanisms become maladaptive when they interfere with functioning, relationships, and reality orientation and are used in excess.
2. Reaction formation is unacceptable feelings or behaviors controlled or kept out of awareness by overcompensating or demonstrating.
3. Sublimation deals with unacceptable feelings or impulses by unconsciously substituting acceptable forms of expression.

Mental Health Concepts (2)

1. Continuous treatment with antipsychotic medication reduces the risk of relapse.
2. Promote self-care by modeling and teaching self-care activities within the mental health facility.
3. Emphasize the importance of medication and therapy adherence to avoid relapse.
1. Altruism is dealing with anxiety by reaching out to others.
2. Suppression is voluntarily denying unpleasant thoughts and feelings.
3. Undoing is performing an act to make up for prior behavior and is most common in children.

Substance Use and Other Disorders and Dependencies (5)

1. There is a risk of developing neuroleptic malignant syndrome while taking bupropion.
2. A neuroleptic malignant syndrome is a rare reaction to antipsychotic drugs and is very serious but treatable.
3. Signs and symptoms of neuroleptic malignant syndrome are high fever, irregular pulse, tachycardia, tachypnea, muscle rigidity, and altered mental status.
1. Manifestations of alcohol withdrawal usually start within 4 to 12 hours of the last intake of alcohol and can continue for 5 to 7 days.
2. Common manifestations of alcohol withdrawal include nausea, vomiting, tremors, restlessness, insomnia, depression, irritability, increased BP, RR, temp, tonic-clinic seizures, and diaphoresis.
3. Alcohol withdrawal delirium can occur 2 to 3 days after cessation of alcohol and is considered a medical emergency.
1. Clients withdrawing from alcohol should have their vital signs and neurologic status ongoing.
2. Seizure precautions should be put in place for clients experiencing alcohol withdrawal.
3. Clients withdrawing from alcohol should avoid use or contact with any products that contain alcohol (cough syrup, aftershave, mouthwash, hand sanitizer).
1. Heroin withdrawal symptoms include nausea, vomiting, abdominal pain, diaphoresis, tremors, nervousness, agitation, depression, muscle spasms, and drug craving.

2. Medications like methadone, dilaudid, and morphine are commonly used for heroin withdrawal.
3. Clients with a history of mental illness or prior opioid withdrawal may have more intense withdrawal symptoms.

1. Medications for alcohol withdrawal are diazepam, carbamazepine, clonidine, chlordiazepoxide, phenobarbital, and naltrexone.
2. Clients should teach the client to recognize indications of relapse and factors that contribute to relapse.
3. Alcohol abstinence is essential for recovery,, and medications like disulfiram, naltrexone, and acamprosate can help with cravings.

Therapeutic Communication (1)

1. Reflecting directs the focus back to the client for the client to examine his feelings.
2. Silence allows time for both the client and the nurse for meaningful reflection.
3. Reflecting can help clients achieve their outcomes and clarify their thoughts and feelings.

Pharmacological and Parenteral Therapies (5)

Expected Actions/Outcomes (3)

1. Manifestations of chlorpromazine anticholinergic effects are dry mouth, blurred vision, photophobia, urinary hesitancy or retention, constipation, and tachycardia.
2. Strategies to decrease anticholinergic effects are chewing sugarless gum, sipping on water, avoiding hazardous activities, wearing sunglasses outdoors, eating high in fiber, regular exercise, maintaining fluid intake of 2-3 L/day, and voiding just before taking meds.
3. Monitor for signs of extrapyramidal symptoms by using an Abnormal Involuntary Movement Scale (AIMS).

1. Naltrexone is a pure opioid antagonist that suppresses the craving and pleasurable effects of alcohol and is also used for opioid withdrawal.
2. Concurrent use of naltrexone with other opioids increases the risk of opioid toxicity.
3. Naltrexone should be taken with meals to decrease gastrointestinal distress.

1. Severe alcohol withdrawal symptoms include severe disorientation, psychotic effects, severe hypertension, and cardiac dysrhythmias,, which can progress to death.
2. Nursing interventions for withdrawal should include maintenance of vital signs, decrease in the risk of seizures, decreased intensity of withdrawal symptoms, and substitution therapy.
3. Propranolol and atenolol are medications that decrease alcohol cravings during withdrawal.

Medication Administration (2)

1. Disulfram used concurrently with alcohol will cause acetaldehyde syndrome to occur.
2. Effects of acetaldehyde syndrome include nausea, vomiting, weakness, sweating, palpitations, and hypotension.

3. Monitoring liver function testing to detect hepatotoxicity is crucial while taking disulfiram.

1. Disulfiram is used to assist clients with maintaining abstinence from alcohol.
2. Clients should be advised to avoid consuming alcohol, inclusing products containing alcohol like mouthwash.
3. Clients should be taught cognititive-behavioral techniqurds to help maintain sobriety adn create feelings of pleasure from activities other than using substances.

Reduction of Risk Potential (2)

Changes/Abnormalities in Vital Signs (1)

1. Serotonin syndrome can begin 2-72 hours after the start of treatment and it can be lethal.
2. Manifestations of serotonin syndrome include mental confusion,. Abdominal pain, diahrrhea, agitation, fever, anciety, hallucinations, hyperflexia, diaphoresis, and tremors.
3. Treatment for serotonin syndrome includes medications to create serotonin receptor blockade and muscle rigidity, cooling bkanekts, antoconvulsants, and artificial ventilation.

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

1. Pre-ECT wroks up can include a chest x-ray, blood work, an ECG, and discontinuation of all benzodiazepines.
2. ECT uses electrial currents to induce brief seizure activity while the client is anesthetized.
3. ECT is not a cure but weekly or monthly maintenance ECT can decrease the chance of relapse.