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N323 Remediation

Depressive Disorders

- Make observations rather than asking direct questions, which can cause anxiety in the client. For example, the nurse might say, "I noticed that you attended the unit group meeting today," rather than asking, "Did you enjoy the group meeting?" Give directions in simple, concrete sentences because a client who has depression can have difficulty focusing on and comprehending long sentences.
- St. John's wort, not regulated by the FDA, is taken by some individuals to relieve manifestations of mild depression.
- Potentially fatal serotonin syndrome can result if St. John's wort is taken with SSRIs or other types of antidepressants. Foods containing tyramine should be avoided.

Legal and Ethical Issues

- Time limits for seclusion or restraints are based upon the age of the client.
 - 18 years and older: 4 hr
 - 9-17 years: 2 hr
 - Age 8 and younger: 1 hr
- Complete documentation every 15 to 30 minutes including a description of the following.
 - Precipitating event and behavior of the client prior to seclusion or restraint
 - Alternative actions taken to avoid seclusion or restraint
 - The time treatment began
 - The client's current behavior, what foods or fluids were offered and taken, needs provided for, and vital signs
 - Medication administration
 - Time released from restraints
- The nurse can use seclusion and restraint without first obtaining a provider's written prescription if it is an emergency situation (must obtain written prescription within a specified period of time (usually 15-30 min)).

Personality Disorders

- Schizoid: characterized by emotional detachment, disinterest in close relationships, and indifference to praise or criticism; often uncooperative
- Clients who have personality disorders can evoke intense emotions in the nurse.
- Defense mechanisms used by clients who have personality disorders include repression, suppression, regression, undoing, and splitting.
- Splitting - inability to incorporate positive and negative aspects of oneself or others into a whole image

Bipolar Disorders

- Clients who are suicidal or those who have rapid cycling can also benefit from ECT.
- A client in true manic state usually will not stop moving, and does not eat, drink, or sleep. This can become a medical emergency.
- Nursing actions: prevent client self harm, decrease client's physical activity, ensure adequate fluid and food intake, promote an adequate amount of sleep each night, assist the client with self-care needs, and manage medication appropriately.

Legal and Ethical Issues (Restraints)

- Negligence - failing to provide adequate care in a personal or professional situation when one has an obligation to do so.
- Malpractice - A type of professional negligence
- Beneficence - the quality of doing good; can be described as charity

Neurocognitive Disorders

- Delirium is rapid over a short period of time (hours or days)
- Neurocognitive disorders are gradual deterioration of function over months or years
- Safety measures: remove scatter rugs, place mattress on the floor, install door locks that cannot be easily opened

Anxiety Disorders

- Buspirone is effective in managing anxiety and can be taken for long-term treatment of anxiety
- SSRI antidepressants (sertraline or paroxetine), are the first line of treatment for anxiety and obsessive-compulsive disorders
- SNRI antidepressants (venlafaxine or duloxetine), are effective in the treatment of anxiety disorders

Substance Use and Addictive Disorders

- Defense mechanism of denial is commonly used by clients who have problems with substance use or addictive disorder. "I can quit whenever I want to, but smoking really doesn't cause me problems."
- Rate of substance use is highest in clients age 18-25
- CAGE questionnaire: Ask questions of clients to determine how they perceive their current alcohol use

Stress and Defense Mechanisms

- Reaction Formation
 - Unacceptable feelings or behaviors are controlled or kept out of awareness by overcompensating or demonstrating the opposite behavior of what is felt
 - Adaptive: A person trying to quit drinking repeatedly talks to adolescents about the dangers of nicotine
 - Maladaptive: A person who resents having to care for an aging parent becomes overprotective and restricts their freedoms

Psychoanalysis, Psychotherapy, and Behavioral Therapies

- Behavioral therapies teach clients ways to decrease anxiety or avoidant behavior and give clients an opportunity to practice techniques.
- Aversion therapy - pairing of maladaptive behavior with punishment or unpleasant stimuli to promote a change in the behavior
- Response prevention: Preventing a client from performing a compulsive behavior with the intent that anxiety will diminish.

Medications for Depressive Disorders: Interactions with Phenelzine

- Antidepressant medications are classified into 5 main groups: tricyclic antidepressants (TCAs), SSRIs, SNRIs, MAOIs, and atypical antidepressants.
- Avoid concurrent use with MAOIs can cause severe hypotension

- Serotonin syndrome can begin 2 to 72 hr after the start of treatment, and can be lethal

Medications for Depressive Disorders: Med Interactions with Monoamine Oxidase Inhibitors

- SSRI Concurrent use with warfarin can displace warfarin from bound protein and result in increased warfarin levels. Monitor prothrombin time (PT) and INR levels
- SSRI concurrent use with tricyclic antidepressants and lithium can result in increased levels of these medications
- Phenelzine is a MAOI. Therapeutic uses: depression, bulimia nervosa, PTSD, OCD, GAD, panic disorder, social anxiety disorder

Medication for Psychotic Disorders

- Risperidone should not be used for clients who have dementia.
- Use cautiously in clients who have cardiovascular or cerebrovascular disease, seizures, or DM.
- Clozapine is the first atypical antipsychotic developed but it is no longer considered a first-line medication for schizophrenia spectrum disorders due to its adverse effects.