

Remediation (2 hours, three questions for each subtitle)

1. Substance Use and Addictive Disorders: Creating a Discharge Plan for a Client Who Has Alcohol Use Disorder (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 18 Substance Use and Addictive Disorders)
 - a. Help the client develop an emergency plan: a list of things a client would need to do and people they would need to contact.
 - b. Encourage the client to adhere to the treatment plan.
 - c. Medications that help with alcohol abstinence include disulfiram, naltrexone, and acamprosate.
2. Depressive Disorders: Priority Findings to Share with Treatment Team (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 13 Depressive Disorders)
 - a. Expected findings in depressive disorders include anergia, anhedonia, and anxiety.
 - b. Physical exam findings of depressive disorders include a sad with a blunted affect.
 - c. Slowed speech, decreased verbalization, and delayed response are common physical exam findings in those with depressive disorders. The patient might seem too tired to speak and can sigh often.
3. Eating Disorders: Manifestations of Anorexia Nervosa (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 19 Eating Disorders)
 - a. Anorexia nervosa can cause low blood pressure and even orthostatic hypotension.
 - b. Clients with anorexia nervosa have fine, downy hair (lanugo) on the face and back, yellowed skin, pale, cool extremities, and poor skin turgor.
 - c. Clients who have self-induced vomiting can have calluses or scars on their hands (Russell's sign).
4. Medications for Psychotic Disorders: Prioritizing Client Care (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 24 Medications for Psychotic Disorders)
 - a. Medications are used to treat positive and negative symptoms of schizophrenia. Positive symptoms include agitation, bizarre behavior, delusions, hallucinations, flight of ideas, and loose associations. Negative symptoms include social withdrawal, lack of emotion, flattened affect, decreased motivation, and decreased pleasure in activities.
 - b. The goals of psychopharmacological treatment include suppression of acute episodes, suppression of acute reoccurrence, and maintenance of the highest possible level of functioning.
 - c. There are three categories of antipsychotics: first generation (conventional), second generation (atypical), and third generation.
5. Creating and Maintaining a Therapeutic and Safe Environment: Identifying Countertransference (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 5 Creating and Maintaining a Therapeutic and Safe Environment)
 - a. Countertransference occurs when a health care team member displaces characteristics of people in their past onto their client.
 - b. Behaviors of countertransference include the nurse overly identifying with the client, when the nurse competes with the client, and when the nurse argues with the client.

- c. A nurse should be aware that clients who induce very strong personal feelings can become objects of countertransference.
6. Neurocognitive Disorders: Making Room Assignments (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 17 Neurocognitive Disorders)
 - a. The nurse needs to provide a safe and therapeutic environment.
 - b. The nurse can assign a client to a room near the nurse's station for close observation.
 - c. The nurse can also provide a room with a low level of visual and auditory stimuli.
7. Medications for Children and Adolescents Who Have Mental Health Issues: Medication for Attention-Deficit Hyperactivity Disorder (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 25 Medications for Children and Adolescents Who Have Mental Health Issues)
 - a. Tricyclic antidepressants can be used for patients who have attention-deficit hyperactivity disorder (ADHD). Tricyclic antidepressants include desipramine, imipramine, and clomipramine.
 - b. CNS stimulants can also treat patients with ADHD. Examples of CNS stimulants include methylphenidate, amphetamine mixture, and dextroamphetamine.
 - c. Selective norepinephrine reuptake inhibitors (SNRIs) can also be used to treat ADHD. Examples of SNRIs include atomoxetine and bupropion.
8. Mental Health Issues of Children and Adolescents: Contributing Factors to Development of Conduct Disorder (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 28 Mental Health Issues of Children and Adolescents)
 - a. Parental rejection and neglect
 - b. Difficult infant temperament
 - c. Inconsistent child-rearing practices with harsh discipline
9. Family and Community Violence: Priority Nursing Action for Suspected Child Abuse (Active Learning Template - Basic Concept, RM MH RN 11.0 Chp 32 Family and Community Violence)
 - a. All states have mandatory reporting laws that require nurses to report suspected child abuse. There are civil and criminal penalties for not reporting suspected child abuse.
 - b. Make sure clients are physically and psychologically safe from harm.
 - c. Reduce stress-related manifestations by using techniques to alleviate panic attacks.
10. Personality Disorders: Caring for a Client Who Has Borderline Personality Disorder (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 16 Personality Disorders)
 - a. Safety is always a priority concern because some clients with borderline personality are at risk for self-injury or violence.
 - b. A firm yet assertive approach and consistent care will help build a therapeutic nurse-patient relationship.

- c. Limit-setting and consistency are essential for clients who are manipulative, especially those who have borderline personality disorder or antisocial personality disorder.
11. Eating Disorders: Identifying Manifestations of Anorexia Nervosa (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 19 Eating Disorders)
- a. Amenorrhea can be seen in clients who have anorexia nervosa.
 - b. Clients who have anorexia nervosa have a body weight that is less than 85% of the normal expected normal weight.
 - c. Clients who have anorexia nervosa have fine, downy hair (lanugo) on the face and back, yellowed skin, pale, cool extremities, and poor skin turgor.
12. Neurocognitive Disorders: Expected Findings of Alzheimer's Disease (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 17 Neurocognitive Disorders)
- a. Alzheimer's disease is neurodegenerative, resulting in the gradual impairment of cognitive function.
 - b. Confabulation is an expected finding of Alzheimer's disease. The client can make up stories when questioned about events or activities that they do not remember.
 - c. Denial is an expected finding of Alzheimer's disease. Both the client and the family members can refuse to believe that changes are taking place, even when those changes are obvious to others.
13. Use and Addictive Disorders: Caring for a Client Who Has Opioid Use Disorder (Active Learning Template - System Disorder, RM MH RN 11.0 Chp 18 Substance Use and Addictive Disorders)
- a. Safety is the primary focus of nursing care during acute intoxication or withdrawal.
 - b. Maintain a safe environment to prevent falls; implement seizure precautions as necessary.
 - c. Provide close observation for withdrawal manifestations, possibly one on one observation. Physical restraints should be a last resort.
14. Medications for Depressive Disorders: Contraindications for Selegiline (Active Learning Template - Medication, RM MH RN 11.0 Chp 22 Medications for Depressive Disorders)
- a. Transdermal selegiline is contraindicated for clients taking carbamazepine oxcarbazepine. Concurrent use of these medications can increase the blood levels of the MAOIs.
 - b. Use cautiously in clients with diabetes or seizure disorders or those taking TCAs.
 - c. MAOIs are contraindicated in clients taking SSRIs.
15. Medications for Psychotic Disorders: Adverse Effects of Clozapine (Active Learning Template - Medication, RM MH RN 11.0 Chp 24 Medications for Psychotic Disorders)
- a. Anorgasmia, impotence, low libido
 - b. Anticholinergic effects such as urinary retention and dry mouth.
 - c. Dyslipidemia with increased risk of hypertension and other cardiovascular diseases.

16. Medications for Psychotic Disorders: Contraindications for Aripiprazole (Active Learning Template - Medication, RM MH RN 11.0 Chp 24 Medications for Psychotic Disorders)
 - a. These medications should not be used in clients with dementia. These medications can cause death related to cerebrovascular accidents or infection.
 - b. Clients should avoid the concurrent use of alcohol.
 - c. Use cautiously in clients with cardiovascular disease, cerebrovascular disease, seizures, or diabetes mellitus.
17. Medications for Bipolar Disorders: Evaluating Effectiveness of Mood Stabilizers (Active Learning Template - Medication, RM MH RN 11.0 Chp 23 Medications for Bipolar Disorders)
 - a. Relief of acute mania manifestations (flight of ideas, excessive talking, and agitation) or depressive manifestations (fatigue, poor appetite, and psychomotor retardation).
 - b. Verbalization of improvement of mood
 - c. Ability to perform ADLs
18. Medications for Children and Adolescents Who Have Mental Health Issues: Evaluating Client Understanding of Methylphenidate (Active Learning Template - Medication, RM MH RN 11.0 Chp 25 Medications for Children and Adolescents Who Have Mental Health Issues)
 - a. Methylphenidate is used to treat the symptoms of ADHD in children and adults
 - b. Methylphenidate raises the levels of norepinephrine and dopamine in the central nervous system.
 - c. The client must not know to swallow the sustained-release tablets whole and not crush or chew the medication.
19. Medications for Anxiety and Trauma- and Stressor-Related Disorders: Reportable Laboratory Results (Active Learning Template - Medication, RM MH RN 11.0 Chp 21 Medications for Anxiety and Trauma- and Stressor-Related Disorders)
 - a. Warfarin cannot be used concurrently with SSRIs because warfarin can be displaced from bound proteins and results in increased warfarin levels. INR and PT must be monitored. The therapeutic level of INR on warfarin therapy is 2 to 3. The therapeutic level of PT on warfarin therapy is 25-35 seconds.
 - b. When TCA and lithium are used concurrently with SSRIs, both levels increase. An increase in lithium must be reported to the provider immediately. The therapeutic range of lithium is 0.8-1.2 mmol/L in acute treatment.
 - c. When NSAIDs and anticoagulants and used concurrently with SSRIs, platelet aggregation is further suppressed, increasing the risk of bleeding. A normal platelet count is 150,000 to 450,000 platelets per microliter of blood. If platelets are below 150,000, notify the provider and put the patient on bleeding precautions.