

Creating and Maintaining a Therapeutic and Safe Environment: Establishing a Therapeutic Nurse-Client Relationship

- The therapeutic nurse-client relationship is foundational to mental health nursing care.
- A therapeutic nurse-client relationship is characterized by an interpersonal process that is safe, confidential, reliable, and consistent.
- Assist the client to develop a sense of autonomy and self-reliance.

Diverse Practice Settings: Referral to a Health Care Professional

- Primary prevention promotes health and emphasizes efforts on preventing mental health problems from occurring
- Secondary prevention focuses on early detection of mental illness
- Tertiary prevention focuses on rehabilitation and prevention of further problems and clients who have previous diagnosis. Mental illness is present and with tertiary prevention, the goal is to prevent further deterioration or complications

Legal and Ethical Issues: Informed Consent for Electroconvulsive Therapy

- Clients who have a mental health disorder diagnosis or who are receiving acute care for mental health disorder are guaranteed the same civil rights as any other citizen
- Only if the client provides consent should the nurse share information with other persons not involved in the client treatment plan
- The nurse can use seclusion or restraints without first obtaining a provided written prescription if it is an emergency. If this emergency treatment is initiated, the nurse must obtain the written prescription within a specific period usually 15 to 30 minutes

Legal and Ethical Issues: Priority Action for Client Refusing Treatment

- Autonomy is of the client's right to make their own decisions. However, the client must accept the consequences of those decisions. The client must also respect the decisions of others
- Nurses must understand ethical principles and how they apply when providing care for clients and mental health settings
- a written plan of care and treatment that includes discharge follow up as well as participation in the care plan and review of that plan

Neurocognitive Disorders: Priority Finding for a Client Who Has Alzheimer's Disease

- Maintain consistent caregivers
- Minimize the need for decision-making and abstract thinking to avoid frustration.
- Monitor the client's level of comfort and assess for nonverbal indications of discomfort.

Suicide: Priority Nursing Assessment

- Primary interventions focus on suicide prevention through the use of community education and screening to identify individuals at risk
- Secondary interventions focus on suicide prevention of an individual client who is having an acute suicidal crisis. Suicide precautions are included in this level of intervention

- Tertiary interventions focus on providing support and assistance to survivors of a client who completed suicide

Legal and Ethical Issues: Caring for a Client Who Is in Restraints

- The provider must prescribe the seclusion or restraint in writing
- The nurse should never use seclusion or restraint as punishment of the client
- If the need for seclusion or restraint continues the provider must reassess the client and rewrite the prescription, specifying the type of restraint, every 24 hours or the frequency of time specified by facility policy

Legal and Ethical Issues: Guidelines for the Use of Mechanical Restraints

- Time limits for seclusion or restraints are based on the age of the client
 - o 18 and older is 4 hours
 - o Age 9 to 17 years is 2 hours
 - o age 8 years and older is an hour
- Complete documentation every 15 to 30 minutes or according to facility policies
- Restraint or seclusion must be discontinued when the client is exhibiting behavior that is safer and quieter

Legal and Ethical Issues: Use of Restraints on a School-Age Child

- a client can voluntarily request a temporary timeout in cases in which the environment is serving or seems too stimulating
- Alternative actions taken to avoid seclusion or restraint
- The nurse has tried other less restrictive means to prevent the client from harming self or others

Bipolar Disorders: Alternations in Mood

- Bipolar disorders are mood disorders with recurrent episodes of depression and mania
- Bipolar one disorder is when the client has at least one episode of mania alternating with major depression
- Bipolar 2 disorder is the client has one or more hypomanic episodes alternating with major depressive episodes

Crisis Management: Priority Nursing Interventions

- A crisis is an acute, time limited usually lasting four to six weeks event during which a client experiences an emotional response that cannot be managed with the clients normal coping mechanisms
- Crisis intervention is designed to provide rapid assistance for individuals or groups who have an urgent need
- The initial task of the nurse is to promote a sense of safety for the client and protect the client by assessing the clients potential for suicide or homicide

Medications for Depressive Disorders: Analyzing Client Behavior

- Disorders affect many clients and are leading cause of disability

- clients who have major depression can require hospitalization with the implementation of close observation and suicide precautions until antidepressant medications reach their peak effect
- It can take 10 to 14 days or longer before TCA's begin to work, and the maximum effects might not be seen until 4 to 8 weeks

Medications for Substance Use Disorders: Planning Care for a Client Experiencing Acute Alcohol Withdrawal

- manifestations usually start within 4 to 12 hours of the last intake of alcohol and can continue 5 to 7 days
- Alcohol withdrawal delirium can occur two to three days cessation of alcohol this is considered a medical emergency
- nurses need to monitor vital signs and neurologic status on an ongoing basis

Neurocognitive Disorders: Home Safety for a Client Who Has Alzheimer's Disease

- Remove scatter rugs
- Install door locks that cannot be easily opened
- All handrails on stairs, and mark step edges with colored tape

Psychotic Disorders: Identifying a Client's Delusions

- Somatic delusions are beliefs that their body is changing in unusual way, such as growing a third arm
- Ideas of reference are misconstruing trivial events and attaches personal significance to them, such as believing that others, who are discussing the next meal, are talking about them
- Grandeur is belief that they are all powerful and important, like God

Stress and Defense Mechanisms: Evaluating Constructive Use of Defense Mechanisms

- Stress can result from a change in one's environment that is threatening, causes challenges, or is perceived as damaging to that person's well-being
- Defense mechanisms are reversible, and the client can use them in either an adaptive or maladaptive manner
- Altruism and sublimation defense mechanisms that are always healthy

Substance Use and Addictive Disorders: Heroin Withdrawal

- A substance use disorder involves repeated use of chemical substances leading to clinically significant impairment during a 12 month period
- Substance use and addictive disorders are characterized by a loss of control due to substance use or behavior, participation that continues despite continuing associated problems, and a tendency to relapse back into the substance use or behavior
- teach the client to recognize indications of relapse and factors that contribute to relapse

Substance Use and Addictive Disorders: Medication to Administer for Alcohol Withdrawal

- Diazepam, carbamazepine, clonidine, chlordiazepoxide, phenobarbital, and naltrexone
- Chronic use of alcohol can have direct cardiovascular damage, liver damage, erosive gastritis and gastrointestinal bleeding, acute pancreatitis, and sexual dysfunction
- Manifestations include severe disorientation, psychotic manifestations (hallucinations), severe hypertension, cardiac dysrhythmias, and delirium. Alcohol withdrawal delirium can progress to death

Medications for Psychotic Disorders: Monitoring Adverse Effects of Chlorpromazine

- Dizziness
- Shuffling walk
- Agitation

Medication for Substance Use Disorders: Adverse Effects of Disulfiram

- Nausea/vomiting
- Weakness
- Sweating

Medication for Substance Use Disorders: Evaluating Therapeutic Effects of Naltrexone

- Take naltrexone with meals to decrease gastrointestinal distress
- Naltrexone is a pure opioid antagonist that suppresses the craving and pleasurable effects of alcohol (also used for opioid withdrawal)
- Help alcoholics stay alcohol-free and narcotics stay drug-free

Substance Use and Addictive Disorders: Teaching About Disulfiram

- Advise clients taking disulfiram to avoid all alcohol
- Don't use mouthwash with alcohol when on disulfiram
- The patient should not take disulfiram for at least 12 hours after drinking

Brain Stimulation Therapies: Preventing Complications of Electroconvulsive Therapy

- 30 minutes prior to the beginning of the procedure, an IM injection of atropine sulfate or glycopyrrolate is administered to decrease secretions that could cause aspiration and to counteract any vagal stimulation effects
- At the time of the procedure, an anesthesia provider administers a short acting anesthetic via IV bolus
- Muscle relaxant is then administered to paralyze the clients muscles during the seizure activity, which decreases the risk for injury

Eating Disorders: Reportable Finding for a Client Who Has Anorexia Nervosa

- Persistent energy intake restriction leading to significant low body weight and context of age, sex, developmental path, and physical health
- fear of gaining weight or becoming fat
- disturbance in self perceived way or shape

Medications for Depressive Disorders: Planning Interventions for a Client Who Has Serotonin Syndrome

- Start symptomatic treatment which are medications to create serotonin receptor blockade and muscle rigidity, cooling blankets, anticonvulsants, and our artificial ventilation
- Observe for manifestations
- Concurrent use with SSRI's can lead to serotonin syndrome