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323 Proctored ATI Remediation

Management of Care (3)

- Creating and maintaining a therapeutic and safe environment: Identifying countertransference
    - Countertransference is defined as when a health care team member places characteristics of people from their past onto a current client.
    - Some behaviors of individuals using countertransference would be a nurse competing with a client, or arguing with a client.
    - Nurses and other team members should be aware of countertransference and understand it can induce very strong personal feelings.
- Depressive disorders: Priority findings to share with treatment team
    - For a client with a depressive disorder, it is always important to assess and document the client's suicide and/or self-harm risk.
    - If any of the standardized screening tools were used, they should be documented and the findings shared with other members of the care team.
    - There are a variety of common physical assessment findings, including blunted affect, poor hygiene, psychomotor retardation/agitation, etc., and these should be shared with the care team when identified.
- Medications for psychotic disorders: Prioritizing client care
    - Medications for psychotic disorders come with the risk of extrapyramidal effects, including acute dystonia, pseudo-parkinsonism, and akathisia – if identified, treatment should be held immediately.
    - Many psychotic medications come with the risk of orthostatic hypotension, and it is important to assess the client's blood pressure and associated fall risk.
    - Psychotic medications can also cause serious heart dysrhythmias, and a baseline EKG should be completed prior to medication initiation.

Safety and Infection Control (1)

- Legal and ethical issues: Applying restraints
    - Before deciding to apply restraints, the nurse should attempt to use less restrictive measures to intervene with the client's behavior.
    - If restraints are used in an emergency situation, the nurse must obtain a prescription for the restraints within a certain period of time (~30 minutes).
    - Using restraints incorrectly puts the nurse at legal risk for intentional or unintentional torts, such as false imprisonment and malpractice.

Psychosocial Integrity (5)

- Care of those who are dying and/or grieving: Identifying indications of clinical depression
    - A client who is in the bereavement period can now be diagnosed with clinical depression, even if the event has happened in the last two months.

  - A client who has an existing mental health condition is at higher risk for developing clinical depression during the grief process.
  - A client who has a distorted or an exaggerated grief response is at higher risk for developing clinical depression.
- Creating and maintaining a therapeutic and safe environment: Assessing for transference
  - Transference is defined as when a client characterizes a member of the health care team as having similar characteristics of an important person in the client's life.
  - When transference occurs, the client may want extra time with the nurse or is jealous of another client getting time and attention.
  - Nurses should be cognizant that transference is more likely to occur with a person in authority.
- Eating disorders: Identifying manifestations of anorexia nervosa
  - Anorexia nervosa is characterized by a continuous energy intake restriction that leads to a significantly low body weight in regards to age, sex, development, and physical health.
  - One manifestation of anorexia nervosa is the client having a body weight that is less than 85% of their expected normal weight.
  - Other physical assessment findings include fine & downy hair, dental erosion, irregular heart rhythms, dehydration, muscle weakness, and menstrual irregularities.
- Neurocognitive disorders: Expected findings of Alzheimer's Disease
  - Alzheimer's disease is a major neurocognitive disease characterized by the gradual impairment of cognitive functions.
  - An individual with Alzheimer's disease will likely experience a progressive loss of memory, judgement, speech, executive functioning, etc.
  - As the condition progresses, restlessness and agitation commonly occur, and sundowning can also occur.
- Personality disorders: Establishing client goals
  - For a client with a personality disorder, it is important for the nurse to work with the client and establish clear and realistic goals.
  - When establishing goals, the nurse should use a supportive but consistent approach with the client.
  - Client safety should always be the number 1 priority for the nurse and client, and should be taken into account when collaborating on goals.

Pharmacological and Parenteral Therapies (3)

- Medications for bipolar disorders: Evaluating effectiveness of mood stabilizers
  - For some medications, the client may not see therapeutic results for multiple weeks after starting the medication.
  - Depending on the medication, therapeutic results may manifest as relief of acute mental manifestations or depressive manifestations.

    - The client may also see an improvement in activities of daily living, sleeping habits, eating habits, and social interactions.
- Medications for psychotic disorders: Adverse effects of clozapine
    - Clozapine is an atypical antipsychotic medication, and is no longer considered a first-line treatment for schizophrenia.
    - A serious, potential adverse effect of clozapine is agranulocytosis – the client should regularly monitor WBC levels.
    - Other adverse effects of clozapine include sedation, orthostatic hypotension, and anticholinergic effects.
- Medications for psychotic disorders: Contraindications for aripiprazole
    - Aripiprazole is a third-generation antipsychotic that comes with a low risk of extrapyramidal effects.
    - The medication is contraindicated for concurrent use of barbiturates, as they decrease the aripiprazole's effectiveness.
    - Aripiprazole is also contraindicated for concurrent use of fluconazole, as the medication increases the effects of aripiprazole.