

N323 Mental Health  
Proctored ATI Remediation Template

Student Name: **Kaleb Kelly**  
Assessment Name: **RN Mental Health 2023**  
Semester: **Spring 2024**

Instructions:

1. Download the report from your ATI product for the assessment you are completing this remediation template for
2. The report will be broken down into three (3) aspects:
  - a. Categories
    - i. These categories mimic the NCLEX-RN categories and include the following:
      1. Management of Care
      2. Safety and Infection Control
      3. Health Promotion and Maintenance
      4. Psychosocial Integrity
      5. Basic Care and Comfort
      6. Pharmacological and Parenteral Therapies
      7. Reduction of Risk Potential
      8. Physiological Adaptation
  - b. Subcategories
  - c. Topics
3. Complete the template on the following page by doing the following:
  - a. Main Category
    - i. Subcategories for each main category
      1. Topics for each subcategory → these will be the content areas you will be remediating on
        - a. Provide three (3) critical points to remember for each topic → these will come from the Focused Review module(s) within your ATI product
    - b. NOTE: You must remediate on all subcategories AND topics within the main categories listed under the “Topics to Review” section of the ATI report for this assessment.**
4. In the event you need additional space within the table, please add rows into the table to accommodate this
  - a. In the event, you need less space within the table than what is provided, you may delete those rows from the table to accommodate this OR put “N/A” → There may be main categories that you don’t have to remediate on and that is OK – you can either delete the table OR put “N/A”
5. An example is provided below:

<b>SAMPLE Main Category: Management of Care</b>
<b>SAMPLE Subcategory: Case Management</b>
<b>SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sickle Cell Crisis</b> <ul style="list-style-type: none"><li>• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.</li><li>• SAMPLE Critical Point #2: When a patient is going through sickle crisis, the nurse should monitor oxygen saturation to determine a need for oxygen therapy.</li><li>• SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.</li></ul>
<b>Proctored ATI Grading Scale – RN Mental Health 2023</b>

### Level 3= 90 points

- **Remediation = 10 points:**
- *Minimum 1-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

### Level 2 = 80 points

- **Remediation = 10 points:**
- *Minimum 2-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

### Level 1 = 70 points

- **Remediation = 10 points:**
- *Minimum 3-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

### Below Level 1 = 60 points

- **Remediation = 10 points:**
- *Minimum 4-hour Focused Review*
- *For each topic missed, complete an active learning template and/ or identify three critical points to remember. Must be a full sentence, not just bullet points.*

6. Once the template is completed **and** at least the minimum remediation time has been completed within the Focused Review module(s) in ATI, upload the template to the corresponding dropbox in E360.

## Main Category: Management of Care

### Subcategory: Case Management

#### Topic: Personality Disorders: Interventions to Include When Planning Care for a Client Who Has Borderline Personality Disorder

- The nurse should perform an assessment addressing the patient's health and social needs.
- Education on potential treatment using psychotherapy to help cognitive thinking and behavioral patterns.
- Utilize Dialectical behavior therapy (DBT) to help promote validation and acceptance of the disorder in regard to more socially appropriate behaviors.

### Subcategory: Ethical Practice

#### Topic: Legal and Ethical Issues: Responsibility of Nurse When Client Reports Harm to Others

- The nurse has the legal responsibility to report when a patient states they want to/have a plan to hurt others.
- Client confidentiality must be maintained by the nurse as long as the patient reports no harm to self or others.
- If a patient threatens or does harm to another patient, the priority is to remove the one being attacked away from harm and address the situation. The event should be reported and documented.

### Subcategory: Legal Rights and Responsibilities

#### Topic: Family and Community Violence: Mandatory Reporting

- The nurse must report to the provider if the patient states they feel like harming themselves.

- The patient has confidentiality during assessment; however, a nurse must report any comments made by the patient stating they are going to harm or kill someone else.
- Violence may be physical, sexual, emotional, neglect, or economic abuse.

### **Main Category: Safety and Infection Control**

#### **Subcategory: Accident/Error/Injury Prevention**

##### **Topic: Neurocognitive Disorders: Safety Considerations for a Client Who Has Alzheimer's Disease**

- Keep potentially hazardous items/medications somewhere locked up to avoid any accidental harm.
- Remove clutter and keep walkways well-lit to decrease the chance of patients falling.
- The nurse should monitor the use of heating pads, blankets, heaters, to prevent burns or other injuries.

##### **Topic: Substance Use and Addictive Disorders: Identifying a Client Who Requires Seizure Precautions**

- Use of cocaine in any form can induce a seizure within seconds to hours after ingesting, associated with heart attacks and death.
- Alcohol withdrawal is a major risk factor seen for patients who experience adverse effects and seizures.
- Patients with history of seizures are high-risk and proper seizure precautions should always be part of their plan of care.

### **Main Category: Health Promotion and Maintenance**

#### **Subcategory: Developmental Stages and Transitions**

##### **Topic: Group and Family Therapy: Identifying Types of Dysfunctional Communication**

- Unhealthy pattern of blaming other members to shift focus away from oneself.
- One or more members of the family generalize by using descriptions such as “always” or “never” when describing family encounters.
- Scapegoating, in which a member of the family with little power is typically blamed for problems within the family.

### **Main Category: Psychosocial Integrity**

#### **Subcategory: Abuse or Neglect**

##### **Topic: Depressive Disorders: Evaluating Response to Electroconvulsive Therapy**

- Electroconvulsive therapy (ECT) is the gold standard for treating patients with severe Major Depressive Disorder (MDD).
- Evaluate the patient for suicidal thoughts or ideations in follow-ups post-ECT.
- Monitor for decreased seizure activity or signs of depressive behaviors in the weeks following.

#### **Subcategory: Coping Mechanisms**

##### **Topic: Basic Mental Health Nursing Concepts: Determining a Client's Ability to Cope**

- Assessing the patient's stress level, strategies, and support systems in their ability to cope.
- Completing a Mental Status Examination (MSE) to determine the level of consciousness and behaviors correlated with the ability to cope.
- Screening for interpersonal violence and trauma to better understand the patient's behaviors in ability to cope.

##### **Topic: Care of Clients Who Are Dying and/or Grieving: Caring for a Client After Receiving a Terminal Diagnosis**

- Allowing the patient to go through the five stages of grief, with appropriate education to both the patient and family.
- Keeping patients comfortable while assisting them and family during their end stages of life.
- Monitor for anticipatory grief, which implies “letting go” of a person before the loss occurs.

### **Subcategory: Crisis Intervention**

#### **Topic: Bipolar Disorders: Client Indications of Acute Mania**

- The nurse evaluates the patient and observes signs of increased talkativeness, rapid speech, and racing thoughts.
- The patient becomes distracted easily and has a decreased need to obtain sleep.
- Indication of mania exists due to the patient showing an increase in psychomotor agitation.

### **Subcategory: Mental Health Concepts**

#### **Topic: Personality Disorders: Planning Care for a Client Who Has Paranoid Personality Disorder**

- Referring to the patient seeking psychotherapy or cognitive behavioral therapy as a choice of treatment.
- Educate on the use of anti-anxiety, antidepressant, and antipsychotic medications as prescribed.
- Focused therapy on increasing general coping skills, trust, empathy, social interaction, and self-esteem.

#### **Topic: Psychotic Disorders: Teaching About Relapse**

- Education to patient and family members on early recognition of relapse for an increased chance of intervention.
- Higher risk relapses are associated with substance use disorders, poor medication adherence, and high levels of negative family disturbance.
- Factors such as increased social function, adherence to medications, and routine check-ups show a decreased chance of potential relapse.

### **Subcategory: Sensory/Perceptual Alterations**

#### **Topic: Psychotic Disorders: Responding to a Delusion**

- The nurse should speak slowly, and calmly, and use simple concrete language.
- The nurse should be sure to validate any part of the delusion that is real.
- Let the patient know you recognize their feelings that can be set off by a delusion.

### **Subcategory: Therapeutic Communication**

#### **Topic: Creating and Maintaining a Therapeutic and Safe Environment: Phases of a Therapeutic Relationship**

- The orientation phase is when the nurse introduces themselves to the patient, discusses confidentiality, builds trust, explores the patient’s ideas, and sets goals.
- The working phase involves performing ongoing assessment, reassessing the patient and goals, supporting the patient’s adaptive alternatives, and recognizing issues with transference.
- The termination phase is where the nurse allows the patient to discuss their thoughts/feelings about things coming to an end, summarize goals, review sessions, and discuss ways for which the patient will incorporate new healthy behaviors.

**Subcategory: \*\*Zero Topics to Review\*\***

**Topic: N/A**

- 
- 
- 

**Main Category: Pharmacological and Parenteral Therapies**

**Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions**

**Topic: Psychotic Disorders: Adverse Reaction to Quetiapine**

- For some patients, this medication may put them at risk for increased thoughts of suicide.
- May cause drowsiness, inability to focus, trouble thinking, uncontrollable bodily movement, and blurry vision.
- In severe reactions this medication may induce seizures, cause respiratory depression, loss of bladder, and a high fever.

**Subcategory: Expected Actions/Outcomes**

**Topic: Substance Use and Addictive Disorders: Reviewing Medication Prescriptions for a Client Who Is Experiencing Alcohol Withdrawal**

- Benzodiazepines are used in the treatment of panic, anxiety, and seizures for patients with alcohol withdrawal.
- Disulfiram works to inhibit the enzyme used to metabolize alcohol in the body.
- Barbiturates are used in more emergent situations for severe alcohol withdrawal symptoms.

**Main Category: Reduction of Risk Potential**

**Subcategory: Potential for Complications of Diagnostic Tests/Treatments/Procedures**

**Topic: Brain Stimulation Therapies: Teaching About Electroconvulsive Therapy**

- A type of cognitive therapy that involves sending an electrical current through the brain to relieve symptoms of mental health disorders.
- ECT can provide great improvements to patients with severe symptoms of depression and mania.
- During ECT, a small electric current is passed through the brain to intentionally trigger a seizure.

**Main Category: Clinical Judgement**

**Subcategory: Recognizing Cues**

**Topic: Substance Use and Addictive Disorders: Priority Findings for a Client Who Has Alcohol Use Disorder**

- Early indications include drinking excessively, lying about how much they drank, and irritability.
- A CAGE questionnaire should be used by the nurse to help screen for alcohol use disorder.
- Education on long-term adverse effects such as cirrhosis of the liver, cardiovascular disease, pancreatitis, and decreased immune system.

**Subcategory: Analyze Cues**

**Topic: Bipolar Disorders: Assessing a Client Who Is Taking Lithium**

- Assess the patient for potential adverse effects of lithium toxicity by monitoring serum levels.
- The patient may show signs of vomiting, diarrhea, slurred speech, muscle weakness, or decreased

coordination.

- Monitor the patient for any changes in heart rate or dysrhythmias because of lithium toxicity.

**Topic: Substance Use and Addictive Disorders: Identifying Potential Risks for a Client Who Has Alcohol Use Disorder**

- Many patients with psychological disorders show an increased risk for alcohol use disorder to cope with current illness.
- Those who have immediate family members who are alcoholics show an increased risk for alcohol abuse.
- Experiencing high levels of stress, low self-esteem, and peer pressure all contribute to alcohol use disorder.

**Subcategory: Prioritize Hypothesis**

**Topic: Substance Use and Addictive Disorders: Identifying Priority Manifestations of Alcohol Withdrawal**

- The patient has an increase in anxiety, tremors, headache, nausea, vomiting, and sweating.
- More severe manifestations may include confusion, racing heart, hallucinations, fever, and seizures.
- Symptoms of withdrawal may begin as soon as 6 hours after stopping drinking and can worsen up to 72 hours after their last drink.

**Subcategory: Generate Solutions**

**Topic: Personality Disorders: Planning Care for a Client Who Has Borderline Personality Disorder**

- Administer medications as ordered to help with depression, impulsiveness, aggression, and anxiety.
- Transference-focused psychotherapy aids in helping the patient learn to control their emotions in creating a therapeutic relationship with others.
- The nursing approach with schema-focused therapy involves focusing on helping the patient change negative thought patterns.

**Subcategory: Take Actions**

**Topic: Depressive Disorders: Providing Education for a Client Who Is Prescribed Selegiline**

- Selegiline is a medication indicated for the treatment of movement disorders caused by Parkinson's disease.
- Adhering to the medication may improve tremors, muscle stiffness, and twitching.
- Selegiline is an enzyme blocker that breaks down neurotransmitters such as dopamine in the brain.

**Topic: Substance Use and Addictive Disorders: Initiating Priority Prescriptions for a Client Who Is Experiencing Alcohol Withdrawal**

- Valium is a commonly prescribed medication used in treating symptoms associated with alcohol withdrawal.
- In emergent cases, IV fluids and electrolyte replacement are necessary to help with imbalance and dehydration.
- Propofol is used as an anesthesia, helping in reducing the possible risk of seizure.

**Subcategory: Evaluate Outcomes**

**Topic: Substance Use and Addictive Disorders: Evaluating a Client's Progress**

- The nurse may use a CIWA-Ar assessment tool to assess the patient's severity of alcohol withdrawal symptoms.
- Monitoring electrolytes to ensure the patient is getting adequate nutrition.
- The nurse should provide education on relapse and prevention, as well as the consequences.