

Mental Health (3 hours)
Proctored ATI Remediation Template

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Assessment Name: Proctored ATI Mental Health Exam
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:

SAMPLE Main Category: Management of Care
SAMPLE Subcategory: Case Management
SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sick Cell Crisis <ul style="list-style-type: none">• SAMPLE Critical Point #1: Anemia is the abnormally low amount of circulation RB, Hgb concentration, or both.• 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.• SAMPLE Critical Point #3: A patient should have their hemoglobin checking in 4 to 6 weeks to determine efficacy.
Proctored ATI Grading Scale – RN Pediatric Health 2023

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.
- 7.

Main Category: Management of Care (1 topic)

Subcategory: Legal and Ethical Issues: responsibility of Nurse When client reports harm to others.

Topic: legal rights of clients in the mental health setting.

- Clients to 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. EX: the right to humane treatment and care).
- Clients also have various specific right. Ex: informed consent and the right to refuse treatment.
- A written plan of care/treatment that includes discharge follow-up, as well as participation in the care plan and review of that plan.

Topic: Ethical issues for clients in the mental health setting

- They have the justice to fair and equal treatment for all.
- Client has the right to make their own decisions, but the client must accept the consequences of those decisions. Client also needs to respect other decisions.
- Being honest when dealing with a client is called veracity.

Topic: Confidentiality

- Only if the client provides consent should the nurse share information with other persons not involved in the client treatment plan.
- The client right to privacy is protected by the Health insurance Portability and accountability act (HIPAA).
- It is important to understand the federal law and of state laws as they relate to confidentiality in specific health care facilities.

Main Category: Safety and Infection Control (3 topics)

Subcategory: Neurocognitive Disorders: Performing Risk assessment for client who has dementia

Topic: Assessment

- Delirium and neurocognitive disorder have some similarities and some important differences.
- Clients who have NCD can also develop delirium.
- Delirium onset is rapid over a short period of time (hours or days), neurocognitive disorders are gradual deterioration of function over months or years.

Topic: Patient-centered care

- Nursing interventions are focused on protecting the client from injury, as well as promoting client dignity and quality of life.
- Perform self-assessment regarding possible feelings of frustration, anger, or fear when performing daily care for clients who have progressive cognitive decline.
- Identify disturbances in physiologic status which can contribute to the cause of delirium.

Topic: Client education

- Educate family/caregivers about the client's illness, methods of care, and adaptation of the home environment.
- Remove scattered rugs and install door locks that cannot be easily opened.
- Install a handrail on stairs, and mark step edges with colored tape.

Subcategory: Neurocognitive disorders: safety considerations for a client who has Alzheimer's disease.

Topic: Defense Mechanisms

- Patient could become in denial which is both the client and family members can refuse to believe that changes (loss of memory) are taking place, even when those changes are obvious to others.
- Patients could make up stories when questioned about events or activities that they do not remember which is called confabulation.
- If the patient seems to avoid answering questions by repeating phrases or behavior, this is called preservation.

Topic: Screening/Assessment tools

- The functional dementia scale is a tool that gives the nurse information regarding the clients' ability to perform self-care, extent of the client's memory loss, mood changes, and the degree of danger to self-and/or others.
- The confusion assessment method (CAM) and Neelon-champagne (NEECHAM) confusion scale are tools both for delirium.
- The blessed dementia scale is a tool that provides the nurse with client behavioral information based on an interview with a secondary source (a client's family member).

Topic: Patient-centered care

- Provide for a well-lit environment, minimizing contrasts and shadows.
- Have the client wear an identification bracelet. Use monitors and bed alarm devices as needed.
- Assess the client's risk for injury and ensure safety in the physical environment, such as a lowered bed.

Subcategory: Legal and Ethical Issues: caring for a client who is in restraints.

Topic: Types of admission to a mental health facility

- There in informal admission which is the least restrictive form of admission for treatment. Client does

not pose a substantial threat to self or others. Client is free to leave the hospital at any time, even against medical advice.

- Temporary emergency admission is when a client is admitted for emergent mental health care due to the inability to make decisions regarding care. The mental health care provider can initiate the admission which is then evaluated by a mental health care provider.
- Involuntary admission is when the patient enters the mental health facility against their will for an indefinite period. This admission is based on the client's need for psychiatric treatment, the risk for harm to self or others, or the inability to provide self-care.

Topic: Client rights regarding seclusion and restraint

- Restraints can be either physical or chemical (neuroleptic medication to calm the client).
- Verbal interventions could be a restraint, for example encouraging the client to calm down, asking the client for cooperation, active listening).
- A patient should never be secluded or restrained for the convenience of the staff, punishment of the client, clients who are extremely physically or mentally unstable, or clients who cannot tolerate the decreased stimulation of a seclusion room.

Topic: Tort law in the mental health setting

- Intentional tort is when actions are done that damage a client's property or violate client rights.
- Unintentional torts are when actions or inactions that cause unintended harm as a result of failing to meet one's duty of care in either a personal or professional situation.
- Breaking confidences or by taking photographs without permission of the client is called invasion of privacy.

Main Category: Health Promotion and Maintenance (1 topic)

Subcategory: Group and family therapy: identifying types of dysfunctional communication.

Topic: Areas of Functioning

- Blaming is when members blame others to shift focus away from their own inadequacies.
- When members use dishonesty to support their own agendas is called manipulating.
- Distracting is when a member inserts irrelevant information during attempts at problem solving.

Topic: Other concepts related to family dysfunction

- Scapegoating is when a member of the family with little power is blamed for problems within the family.
- A third party is drawn into the relationship with two members whose relationship is unstable is called triangulation.
- When emotional issues or themes within a family that continue for at least three generations is called multigenerational issues.

Topic: Family therapy

- In family therapy, the focus is on the family as a system, rather than on each person as in individual.
- Family assessments include focused interviews and use of various family assessment tools.
- Nurses also work to mobilize family resources, to improve communication, and to strengthen the family's ability to cope with the illness of one member.

Main Category: Psychosocial Integrity (7 topics)

Subcategory: Mental health issues of children and adolescents: identifying outcomes for a client who has autism spectrum disorder

Topic: Types of ADHD

- Autism spectrum disorder is present in early childhood and is more common in boys than girls.
- Intellectual developmental disorder is when clients have intellectual developmental disorder have an onset of deficits and impairments during the developmental period of infancy or childhood.
- Specific learning disorder is when clients demonstrate persistent difficulty in acquiring reading, writing, or mathematical skills.

Topic: Patient-Centered care

- The nurse needs to obtain a complete nursing history such as mothers' pregnancy and birth history, sleeping, eating, and elimination patterns, attachment behaviors, recent weight loss or gain, etc.
- Perform a complete physical assessment, including a mental status examination and developmental assessment.
- Intervene for clients who have engaged in high-risk behaviors.

Topic: Interventions

- Provide emotional support that is accepting of regression and other defense mechanisms.
- Offer protection during panic levels of anxiety by providing for needs.
- Implementing methods to increase client self-esteem and feelings of achievement.

Subcategory: Substance use and addictive disorders: manifestations of cocaine use

Topic: Assessment

- The nurse needs to assess adolescent population related to developing decision-making, judgement, and self-control skills.
- Any history of trauma such as abuse, or combat experience needs to be noted.
- The nurse should be aware if the patient has chronic stress such as socioeconomic factors that are affecting them as well.

Topic: Interprofessional Care

- There are patients that could have both a mental health disorder (depression) and a substance use or addictive disorder. When a patient is experiencing both, they need to be treated simultaneously and require a team approach.
- Group therapy is when patients who have similar diagnoses can meet in an outpatient setting or within mental health residential facilities.
- Family therapy identifies codependency, which is a common behavior demonstrated by the significant other/family/friends of an individual with substance or process dependency and assists the family to change that behavior.

Topic: Client education

- We need to teach the patient to recognize indications of relapse and factors that contribute to relapse.
- The nurse could assist the patient to develop communication skills to communicate with coworkers and family members while sober.
- Nursing staff could also teach cognitive-behavioral techniques to help maintain sobriety and create feelings of pleasure from activities other than using substances or from process addictions.

Subcategory: depressive disorders: evaluating response to electroconvulsive therapy

Topic: Depressive Disorders recognized by the DSM-5-TR

- Major depressive disorder (MDD) is a single episode or recurrent episodes of unipolar depression (not associated with mood swings from major depression to mania) resulting in a significant change in a client normal functioning.
- Seasonal affective disorder (SAD) is a form of depression that occurs seasonally, usually during the winter, when there is less daylight.
- Persistent depressive disorder is a milder form of depression that usually has an early onset (in childhood or adolescence) and lasts at least 2 years for adults (1 year for children).

Topic: Assessment

- The nurse needs to be aware of any family history and a previous personal history of depression

because of it being the most significant risk factor.

- Depression can be the primary diagnosis or a response to another physical or mental health disorder.
- Expected findings could be anergia (lack of energy), anhedonia (lack of pleasure in normal activities), anxiety, reports of sluggishness (most common), etc.

Topic: Patient-centered care

- The nurse should assess the client for suicide and implement appropriate safety precautions.
- The patient could be monitored for the ability to perform activities of daily living and encourage independence as much as possible.
- The nurse should also make time to be with the client, even if they do not speak.

Subcategory: psychotic disorders: teaching about relapse

Topic: Types of disorders

- There is schizophrenia, which is when the client has psychotic thinking or behavioral present for at least 6 months.
- Delusional disorder is when the client experiences delusional thinking for at least 1 month.
- Brief psychotic disorder is when the client has psychotic manifestations that last 1 day to 1 month in duration.

Topic: Assessment

- Positive symptoms are manifestations of things that are not normally present. Ex: hallucinations, delusions, altered speech and bizarre behavior.
- Negative symptoms are absence of things that are normally present. These can be more difficult to successfully treat such as affect, alogia, anergia, anhedonia, etc.
- Cognitive findings are problems with thinking make it very difficult for the client to live independently.

Topic: Antipsychotics: first generation (conventional)

- The therapeutic use of this medication is to help with treatment of acute and chronic psychotic disorders.
- If an infection appears, the nurse needs to obtain a CBC and medication should be discontinued if WBC count is less than 3,000 mm³.
- Manifestations of this drug could be dry mouth, blurred vision, photophobia, urinary hesitancy or retention, constipation, and tachycardia.

Subcategory: stress and defense mechanisms identifying client maladaptive use of defense mechanisms

Topic: Defense mechanisms

- Altruism is with dealing with anxiety by reaching out to others.
- Sublimation is with dealing with unacceptable feelings or impulses by unconsciously substituting acceptable forms of expression.
- Suppression is voluntarily denying unpleasant thoughts and feelings.

Topic: Anxiety

- This is viewed on a continuum with increasing levels of anxiety leading to decreasing ability to function.
- Acute level of anxiety is precipitated by an imminent loss or change that threatens one's sense of security.
- Chronic level of anxiety is one that usually develops over time, often starting in childhood.

Topic: Patient-centered care

- You want to have therapeutic intent, so you want to encourage the client to express feelings, develop trust, and identify the source of the anxiety.
- The nurse should encourage participation in activities, such as exercise that can temporarily relieve feelings of inner tension.
- We need to provide an environment that meets the physical and safety needs of the client. Remain with the client and remain calm.

Subcategory: creating and maintaining a therapeutic and safe environment: phases of a therapeutic relationship

Topic: Milieu therapy

- This therapy creates an environment that is supportive, therapeutic, and safe. It is also known as therapeutic community or therapeutic environment.
- The goal is that while the client is in the therapeutic environment, the client will learn the tools necessary to cope adaptively, interact more effectively and appropriately, and strengthen relationship skills.
- One structure of the milieu therapy is regular community meetings, which include both the clients and the nursing staff.

Topic: Therapeutic Nurse-Client relationship

- The nurse should ensure self-awareness and evaluation of their own beliefs, values, and behaviors.
- The nurse should also explore the patients' needs and problems.
- These relationships take time to establish, but even time-limited therapeutic encounters can have positive outcomes.

Topic: Client safety

- The nurses' station and other areas should be placed to allow for easy observation of clients by staff and access to staff by clients.
- Special safety features (bathroom bars and wheelchair accessibility for clients who are disabled) should be addressed.
- Plan for safe access to recreation areas, occupational therapy, and meeting rooms.

Subcategory: psychotic disorders: responding to a delusion**Topic: Antipsychotics: second-and third generation (atypical)**

- A complication with this med could be orthostatic hypotension so we want to make sure to be monitoring blood pressure and heart rate for orthostatic changes.
- The therapeutic use for this med is to help with negative and positive symptoms of schizophrenia spectrum disorder.
- Nurse needs to be aware to avoid this med if the patient is already prescribed clozapine.

Topic: Patient-centered care

- Ask the client directly about hallucinations. The nurse should not argue or agree with the client's view of the situation but can offer a comment to help bring them back to reality.
- Monitor the client for paranoid delusions, which can increase the risk for violence against others.
- If the client is experiencing command hallucinations, provide for safety due to the increased risk for harm to self or others.

Topic: Alterations in thought (delusions)

- Ideas of reference is misconstruing trivial events and attaches personal significance to them, such as believing that others, who are discussing the next mean, are talking to them.
- Persecution is when the patient feels singled out for harm by others, such as being hunted down by the FBI.
- Grandeur is when once believes that they are all powerful and important, like a god.

Main Category: Clinical Judgement (9 topics)

Subcategory: substance use and addictive disorders: priority findings for a client who has alcohol use disorder

Topic: Assessment

- Some cultures (Alaska natives and Native American groups) have a high percentage of members who have alcohol use disorder.
- The rate of substance use is highest in clients who are 18 to 25 years of age.
- The younger that person is at the time of initial substance use, the higher the incidence of developing a substance use disorder.

Topic: Commonly used substances

- Opioid agonists attach to CNS receptors altering perception of and response to pain. This response can lead to generalized CNS depression.
- CNS depressants can produce physiological and psychological dependence and can have cross-tolerance, cross-dependency, and an additive effect when taken concurrently.
- Manifestations of intoxication can be slurred speech, nystagmus, memory impairment, altered judgement, decreased motor skills, decreased level of consciousness, respiratory arrest, peripheral collapse.

Topic: Alcohol

- The nurse needs to maintain the vital signs within expected reference ranges.
- Adjunct medications that go with alcohol would be carbamazepine, clonidine, propranolol, and atenolol.
- The nurse needs to check heart rate prior to administration of propranolol, and withhold if less than 60/min.

Subcategory: depressive disorders: caring for a client who has depression

Topic: Physical assessment findings

- The client might often look sad with blunted affect.
- The patient becomes socially isolated, showing little or no effort to interact.
- Manifestations could be slowed speech, decreased verbalization, delayed response (the client might seem too tired to speak and can sign often).

Topic: Patient-centered care

- Help with counseling for problem-solving, increasing coping abilities, changing negative thinking to positive thinking, increasing self-esteem, assertiveness training and using available community resources.
- Need to build a therapeutic relationship with the patient who is unable or unwilling to communicate.
- The nurse needs to make observations rather than asking direct questions, which can cause anxiety in the client.

Topic: psychopharmacological therapies

- Therapeutic effects are not immediate, and it can take several weeks or more to reach full therapeutic benefits.
- We want to advise our patients to change positions slowly to minimize dizziness from orthostatic hypotension.
- We also want to educate our patients to avoid hazardous activities (driving or operating heavy equipment/machinery) due to the potential adverse effect of sedation.

Subcategory: bipolar disorders: assessing a client who is taking lithium

Topic: behaviors shown with bipolar disorders

- Mania is abnormally elevated mood, which can also be described as expansive or irritable; usually requires hospitalization.
- Rapid cycling is four or more episodes of hypomania or acute mania within 1 year and associated with increased recurrence rate and resistance to treatment.
- Hypomania is a less severe episode of mania that lasts at least 4 days accompanied by three or more manifestations of mania.

Topic: Complications

- We need to educate our patient that some adverse effects resolve within a few weeks of starting the medication.
- Fine hand tremors can be a complication to meds, it can interfere within purposeful motor skills and can be exacerbated by factors (stress and caffeine).
- Lithium toxicity manifestations can be diarrhea, nausea, vomiting, thirst, polyuria, muscle weakness, fine hand tremors, slurred speech, lethargy.

Topic: Mood-stabilizing antiepileptic medications

- The therapeutic use of these medications are used to treat and prevent relapse of manic and depressive episodes.
- The nurse needs to administer in low doses initially, and then gradually increase dosage.
- The nurse should also withhold the medication and notify the provider if Stevens-Johnson syndrome occurs.

Subcategory: Neurocognitive disorders: potential complications in an older adult client**Topic: Types of cognitive disorder**

- Neurocognitive disorders recognized (NCD) are defined by DSM-5 which are delirium, mild neurocognitive disorder, and major neurocognitive disorder.
- Delirium tends to be short-term and reversible, mild neurocognitive disorders may or may not progress to a major disorder.
- Alzheimer's disease is neurodegenerative, resulting in the gradual impairment of cognitive function. It is the most common type of major NCD.

Topic: Client education

- Educate family/caregivers about the client's illness, methods of care, and adaptation of the home environment.
- The patient needs to be educated to remove clutter, keeping clear, wide pathways for walking through a room.
- The patient wants to make sure store cleaning supplies are locked up in cupboards.

Topic: Patient-centered care

- The best way to prevent and manage delirium is to minimize risk factors and promote early detection. Timely recognition essential.
- The patient should be assigned to a room close to the nurses' station for close observation.
- Make sure to have the patient sit in a room with windows to help with time orientation.

Subcategory: substance use and addictive disorders: identifying potential risks for a client who has alcohol use disorder**Topic: Assessment**

- One protective factor is positive family support, social relationships, and self-esteem.
- Cocaine use is decreased among adolescents, but about half of adolescent population report access to marijuana.
- Older adults who use substances are especially prone to falls and other injuries, memory loss, somatic reports (headaches), and changes in sleep patterns.

Topic: Patient-centered care

- Safety is the primary focus of nursing care during acute intoxication or withdrawal.
- Provide emotional support and reassurance to the client and family. Educate the client and family about codependent behaviors.
- Begin to educate the client and family about addiction and the initial treatment goal of abstinence.

Topic: Client educations

- Assist the client to develop communication skills to communicate with coworkers and family members while sober.
- Educate client to recognize indications of relapse and factors that contribute to relapse.
- Encourage the client and family members to attend a 12-step program.

Subcategory: substance use and addictive disorders: identifying priority manifestations of alcohol

withdrawal

Topic: Client education

- Teach cognitive-behavioral techniques to help maintain sobriety and create feelings of pleasure from activities other than using substances or from process addictions.
- The client and family are educated regarding issues (family coping, problem-solving, indications of relapse, and availability of support groups).
- Relapse prevention therapy assists clients in identifying the potential for relapse and promotes behavioral self-control.

Topic: Patient-centered care

- Make sure patient maintain adequate nutrition and fluid balance.
- The nurse needs to administer medications as prescribed to treat the effects of intoxication or to prevent or manage withdrawal.
- The nurse needs to begin to develop motivation and commitment for abstinence and recovery.

Topic: Central Nervous System Stimulants

- The severe intoxications of cocaine manifestations could be hallucinations, seizures, extreme fever, tachycardia, hypertension, chest pain, possible cardiovascular collapse, and death.
- Withdrawal manifestations are not life-threatening, but possible occurrence of suicidal ideation.
- Amphetamines can be taken orally, injected IV or smoked.

Subcategory: depressive disorders: providing education for a client who is prescribed selegiline

Topic: Client care

- In the acute phase, we need to assess suicide risk, and implement safety precautions or one-to-one observation as needed.
- In the continuation phase, treatment is generally 4 to 9 months in duration.
- The maintenance phase is prevention of future depressive episodes is the goal of treatment.

Topic: Psychopharmacological therapies

- The therapeutic effects are not immediate, and it can take several weeks or more to reach full therapeutic benefits.
- The patient needs to avoid alcohol while taking an antidepressant.
- The patient needs to avoid the concurrent use of St. John's wort, which can increase the risk for serotonin syndrome.

Topic: Serotonin norepinephrine reuptake inhibitors.

- The purpose for these meds are to inhibit the uptake of serotonin and norepinephrine; minimal inhibition of dopamine.
- Headache, nausea, agitation, anxiety, dry mouth, and sleep disturbances could all be an adverse effect of these drugs.
- SSRI's are selectively inhibit serotonin reuptake, allowing more serotonin to stay at the junction of the neurons.

Subcategory: personality disorders: planning care for a client who has borderline personality disorder.

Topic: Nursing care

- Clients who have personality disorders can evoke intense emotions in the nurse.
- Milieu management focuses on appropriate social interaction within a group context.
- The plan of care for clients who have personality disorders vary according to the cluster they are in.

Topic: Lifespan considerations

- Children may exhibit difficulties in developing social relationships and school classwork.
- Adolescents may report being bullied for having odd habits, behaviors, or ideas.
- Adults may have some trouble forming intimate relationships, maintaining, or establishing careers, and fulfilling opportunities to mentor future generations.

Topic: The 10 personality disorders

- There is paranoid in Cluster A which is characterized by distrust and suspiciousness toward others based on unfounded beliefs that others want to harm, exploit, or deceive the person.
- Histrionic is Cluster B and it is characterized by emotional attention-seeking behavior, in which the

person needs to be the center of attention; often seductive and flirtatious.

- In cluster C you have avoidant, which is known by social inhibition and avoidance of all situations that require interpersonal contact, despite wanting close relationships, due to extreme fear of rejection; have feelings of inadequacy and are anxious in social situations.

Subcategory: substance use and addictive disorders: potential prescriptions for a client who has alcohol use.

Topic: Sociocultural theories

- Some cultures (Alaska natives and native American groups) have a high percentage of members who have alcohol use disorder.
- Peer pressure and other sociological factors can increase the likelihood of substance use.
- Older adults' clients can have a history of alcohol use or can develop a pattern of alcohol/substance use later in life due to life stressors.

Topic: Patient-centered care

- Maintain a safe environment to prevent falls; implement seizure precautions as necessary.
- The nurse needs to provide emotional support and reassurance to the client and family. Educate the client and family about codependent behaviors.
- Patient needs monitored for covert substance use during the detoxification period.

Topic: Client education

- Group therapy will teach the patient that other people cannot be blamed for the client's addictions, and they must acknowledge their feelings and problems.
- The nurse needs to help assist the client to develop communication skills to communicate with coworkers and family members while sober.
- Teach the client to recognize indications of relapse and factors that contribute to relapse.

Main Category: Pharmacological and Parenteral Therapies (3 topics)

Subcategory: substance use and addictive disorders: reviewing medication prescriptions for a client who is experiencing alcohol withdrawal

Topic: Population-specific considerations

- If these medications are used while pregnant it can create risks for their infants, including and increased likelihood of prematurity, low birth weight, and neonatal abstinence syndrome.
- Need to get work history because of the concerning behaviors include volunteering for overtime, coming to work on days not working, deteriorating appearance and job performance, having mood swings, forgetting, and lying.
- Older adults can show effects of alcohol use to lower doses than younger adults.

Topic: Client education

- Withdrawal manifestations could include abstinence syndrome evidenced by irritability, craving, nervousness, restlessness, anxiety, insomnia, increased appetite, difficulty concentrating, anger, and depressed.
- Teach the client to recognize indications of relapse and factors that contribute to relapse.
- Educate the client that they are not responsible for their disease but are responsible for their recovery.

Topic: Caffeine

- These include cola drinks, coffee, tea, chocolate, every drinks.
- The intended effect is to increase level of alertness and decrease fatigue.
- Intoxication commonly occurs with ingestion of greater than 250 mg.

Subcategory: anxiety and trauma – and stressor – related disorders: adverse interactions with fluoxetine

Topic: Sedative hypnotic anxiolytics: Benzodiazepines

- These are used for generalized anxiety disorder (GAD) and panic disorder.
- You can use these for alcohol withdrawal (for prevention and treatment of acute manifestations).
- The nurse understands that hyperarousal manifestations of dissociative disorders.

Topic: Interactions

- Patients need educated to avoid alcohol and other substances that cause CNS depression.
- Client needs to know to avoid the use of grapefruit juice.
- Clients do not want to take these meds with fatty foods because it can reduce absorption.

Topic: Nursing administration

- The nurse wants to administer the medication with meals or snacks if GI upset occurs.
- The nurse needs to administer the medication at bedtime if possible due to sedations.
- We need to advise the clients to swallow sustained-release tablets and to avoid chewing or crushing the tablets.

Subcategory: depressive disorders: adverse effects of citalopram

Topic: Other atypical antidepressants

- Vilazodone is supposed to block both serotonin and works as a serotonin agonist at receptor sites (first medication to work in this way).
- The nurse needs to educate the client on the manifestations of serotonin syndrome to client and instruct when to notify provider.
- These meds need to be taken with food to help increase absorption.

Topic: Tricyclic antidepressants

- It is expected for these meds to take 10 to 14 days or longer before TCAs begin to work, and maximum effects.
- The therapeutic use of these drugs are to help with depression and depressive episodes of bipolar disorders.
- Orthostatic hypotension's is a complication and the nurse needs to be aware so she can be aware of the effects of postural hypotension.

Topic: Monoamine oxidase inhibitors

- The onset of these drugs therapeutic action is not immediate, and usually takes 2 to 4 weeks.
- CNS stimulation can be a complication and your patient could start experiencing anxiety, agitation, mania, or hypomania.
- Client education for them to observe for effects and notify the provider is any of those manifestations occur.

Main Category: Reduction of Risk Potential (1 topic)

Subcategory: Brain stimulation therapies: teaching about electroconvulsive therapy

Topic: Electroconvulsive therapy

- This is indicated when the patient's manifestations are not responsive to pharmacological treatment.
- Schizophrenia spectrum disorders are patients who have schizophrenia with catatonic manifestations.
- With major depressive disorder, the patient from whom risks of other treatments outweigh the risks of ECT.

Topic: Repetitive transcranial magnetic stimulation

- This is a noninvasive therapy that uses magnetic pulsations (MRI strength) to stimulate the cerebral cortex of the brain.
- RTMS is commonly prescribed daily for a period of 4 to 6 weeks.
- A common complication includes mild discomfort or a tingling sensation at the site of the electromagnet and headaches.

Topic: Vagus nerve stimulation

- This stimulation provides electrical stimulation through the vagus nerve to the brain through a device that is surgically implanted under the skin on the chest like a pacemaker device.
- It is indicated that depression that is resistant to pharmacological treatment and/or ECT. The treatment is approved by the FDA.
- A consideration of this stimulation is commonly performed as an outpatient surgical procedure.

Main Category: Basic Care and Comfort (1 topic)

Subcategory: rest and sleep: assisting with a client's sleep in an inpatient mental health facility

Topic: Sleep cycle

- Stage 1 REM sleep is very light sleep, only a few min long, muscle relaxation, loss of awareness of surroundings, vital signs and metabolism beginning to decrease, awakens easily, and feels relaxed and drowsy.
- Stage 2 REM is a deeper sleep, 10 to 20 min long, vital signs and metabolism continuing to slow, requires slightly more stimulation to awaken, and increased relaxation.
- Stage 3 REM is slow wave sleep or delta sleep, vital signs decreasing, more difficult to awaken, psychological rest and restoration, and reduced sympathetic activity.

Topic: Sleep duration

- Insomnia is the most common sleep disorder; this is the inability to get an adequate amount of sleep and to feel rested.
- Sleep apnea is more than five breathing cessations lasting longer than 10 secs. Per hour during sleep, resulting in decreased arterial oxygen saturation levels.
- Narcolepsy is a sudden attack of sleep that are often uncontrollable.

Topic: Assessment/data collection

- The nurse wants to ask about sleep patterns, history, and any recent changes.
- You would want to identify the usual sleep requirements for the patient.
- The nurse would also want to ask about sleep problems (type, manifestations, timing, seriousness, related factors, aftereffects).