

N323 Mental and Behavioral Health
Proctored ATI Remediation Template

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Assessment Name: Mental and Behavioral Health
Semester: Second

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 Subcategory: Case Management

SAMPLE Topic: Anemias: Discharge Teaching for a Client Who is Recovering from Sickle Cell Crisis

- ❑ 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.

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 drop box

Main Category: Management of Care

Subcategory: Clients Rights

Topic: Neurocognitive Disorders: Recommending Resources for a Caregiver

- * Encourage the clients and family to seek legal counsel regarding advanced directives, guardianship, or durable power of attorney for health care.
- * Determine teaching needs for the client and family members as the client's cognitive ability progressively declines.
- * Provide support for caregivers. Encourage caregivers to ask for help from family or friends respite care, and to take advantage of local support groups.

Main Category: Safety and Infection Control

Subcategory: Accident/Error/Injury Prevention

Topic: Crisis and Anger Management: Education for Staff Safety

- * Risk factors for escalation are a past history of aggression/poor impulse control/violence, poor coping skills, limited support system, comorbidity that leads to acts of violence, living in a violent environment, and limit setting by the nurse within the therapeutic milieu.
- * Nursing staff need to provide a safe environment, follow policies of the mental health setting, assess for triggers/preconditions, self-assess, and contingency management rewarding desired behaviors.
- * When an escalated situation occurs, it is important to respond quickly, remain calm and in control, encourage the client to express their feelings using therapeutic communication, provide as much personal space as possible, maintain eye contact, remain at the same level as the client, avoid accusatory or threatening statements, describe options clearly, offer choices, reassure client staff present are there to help, and set limits for the client.

Subcategory Reporting of Incident/Event/Irregular Occurrence/Variance

Topic: Legal and Ethical Issues: Chart Audits Requiring Incident Reports on a Mental Health Unit for a Group of Clients

- * Chart audits on a mental health unit generally examine the accuracy, completeness, and timeliness of documentation related to incident reports, including those related to a group of clients.
- * Precise, clear, and timely documentation is vital on a mental health unit.
- * Incident reports can include suicide/self-harm, restraints/seclusion, aggressive behaviors/violence, informed consent not being complete, and medication errors.

Main Category: Health Promotion and Maintenance

Subcategory: Health Screening

Topic: Basic Mental Health Nursing Concepts: Performing a Psychosocial Assessment

- * Assess the client's perception of own health and beliefs about illness and wellness.
- * Assess the client's use of substances and any history of substance use disorder.
- * Assess the client's stress level/coping abilities: usual coping strategies, support systems.

Main Category: Psychosocial Integrity

Subcategory: Abuse or Neglect

Topic: Family and Community Violence: Responding to Suspected Child Abuse

- * Types of abuse include physical, sexual, emotional, neglectful, and economical.
- * Nurses need to assess for shaken baby syndrome, unusual or unexplained bruising/injury, if the explanation matches the injury, and assess for head trauma.
- * All states have mandatory reporting laws that require nurses to report suspected child abuse; there are civil and criminal penalties for not reporting suspicions of abuse.

Subcategory: Behavioral Interventions

Topic: Bipolar Disorders: Priority Manifestations for a Client With Mania

- * Possible presence of delusions and hallucinations.
- * Impulsivity/poor judgment
- * Attention-seeking behavior: flashy dress and makeup, inappropriate behavior.

Subcategory: Family Dynamics

Topic: Group and Family Therapy: Encouraging Participation in Cognitive-Behavioral Family Therapy

- * Cognitive-behavioral Therapy uses both cognitive and behavioral therapy approaches to assist a client with anxiety management. This therapy takes into account what clients think influences their feelings and behaviors.
- * In family therapy, the focus is on the family as a system, rather than on each person as a individual.
- * The goals of family therapy are to learn effective ways for dealing with mental illness within the family, improve understanding among family members, and maximize positive interaction among family members.

Subcategory: Mental Health Concepts

Topic: Bipolar Disorders: Indications of Disturbed Thought Process

- * Flight of ideas is an example of disturbed thought process which consists of rapid, continuous speech with sudden and frequent topic change.
- * Disturbed thought process is an indication the client is in the manic phase.
- * Some nursing interventions would be to provide safety, use a calm approach with concise explanations, avoid power struggles, decrease stimulation without isolating the client, implement rest periods, provide high-calorie finger foods, and discourage provocative behaviors/dress.

Subcategory: Stress Management

Topic: Stress Management: Evaluating a Client's Understanding of Deep-Breathing Exercises

- * Deep-breathing exercises are used to decrease rapid breathing a promote relaxation.
- * This is a stress-reducing strategy.
- * You should educate and demonstrate how to properly do this and then have the client do a teach-back and perform the deep-breathing exercise to ensure they understand it and can do it.

Main Category: Basic Care and Comfort

Subcategory: Nonpharmacological Comfort Interventions

Topic: Mental Health Issues of Children and Adolescents: Caring for a Child Who Has Autism Spectrum Disorder

* Provide for a structured environment, including parents to provide consistent and individualized care.

* Use short, concise, and developmentally appropriate communication.

* Identify desired behaviors and a reward system.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Expected Actions/Outcomes

Topic: Psychotic Disorders: Evaluating Client's Understanding of Teaching

* Making sure the client understands their diagnosis is crucial, as well as recognizing signs and symptoms if escalating episodes.

* Developing a trusting, therapeutic relationship with the client will help with patient centered care.

* Milieu Therapy and strict compliance with medication regimen are essential in treatment for psychotic disorders.

Subcategory: Medication Administration

Topic: Psychotic Disorders: Caring for a Client Who Is Prescribed Olanzapine Pamoate

* Olanzapine is an atypical antipsychotic.

* It is used to treat positive and negative symptoms of schizophrenia, psychosis induced by levodopa therapy, relieve psychotic manifestations in other disorders such as bipolar, and impulse control disorders.

* It can cause agranulocytosis, metabolic syndrome, orthostatic hypotension, and anticholinergic effects.

Main Category: Reduction of Risk Potential

Subcategory: System-Specific Assessments

Topic: Neurocognitive Disorders: Assessing a Client's Neurological Status

* Risk factors for neurocognitive disorder and AD include advanced age, prior head trauma, cardiovascular disease, lifestyle factors, and a family history of AD.

* Risk factors for delirium include psychological changes, including neurologic; metabolic, cardiovascular and respiratory diseases; infections; surgery; and substance use or withdrawal.

* Screening tools for neurocognitive disorders include CAM, NEECHAM, BIMS, NMSE, FAST, Functional Dementia Scale, Global Deterioration Scale, and Blessed Dementia Scale.

Main Category: Clinical Judgement

Subcategory: Recognize Cues

Topic: Neurocognitive Disorders: Recognizing Cues for a Client Who Is Experiencing Confusion

* Delirium has a sudden onset and is reversible; whereas dementia has a slow progression and is irreversible.

* Delirium causes impairments in memory, judgment, ability to focus and calculate, which can fluctuate throughout the day, and is often worse at night.

* Neurocognitive disorder causes impairments in memory, judgment, speech, ability to recognize familiar objects, executive functioning, manage daily tasks, and movement, but impairments do not fluctuate greatly throughout the day.

Subcategory: Analyze Cues

Topic: Neurocognitive Disorders: Analyzing Cues for a Client Who Is Experiencing Confusion

* Clients with delirium are often restless, anxious, have motor agitation, and fluctuating moods are common, with a rapid personality change.

* Clients with neurocognitive disorders can be restless, anxious, agitated, and "sundowners" is common, but personality changes are gradual.

* Delirium vitals are often unstable and require medical intervention, whereas dementia vitals are stable.

Topic: Personality Disorders: Identifying Manifestations

* Clients who have personality disorder exhibit one or more of the following common pathological personality characteristics: inflexibility/maladaptive responses to stress, compulsiveness and lack of social restraint, inability to emotionally connect in social and professional relationships, and a tendency to provoke interpersonal conflict.

* Manifestations of personality disorders vary based on the disorder, but most carry an inability to have and maintain healthy relationships with others.

* Safety is always a priority concern because some clients who have a personality disorder are a risk for self-harm or violence. BPD is most likely for self-harm and anti-social personality disorder has a greater risk for danger to others.

Topic: Psychotic Disorders: Identifying Positive Symptoms of Schizophrenia

* Positive manifestations of schizophrenia are things a person has that are not normally supposed to be there.

* Positive symptoms include hallucinations, delusions, alterations in speech, and bizarre behavior (walking backward constantly).

* Command hallucinations are the most dangerous to watch for.

Subcategory: Take Actions

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

* Do not discontinue medication suddenly.

* Therapeutic effects are not immediate and can take several weeks or more to reach full therapeutic benefits.

* Notify provider of any thoughts of suicide.

Subcategory: Evaluate Outcomes

Topic: Bipolar Disorders: Identifying Manifestations

* Use of substances, psychological stressors, and sleep disturbances can trigger episodes of mania.

* Manic characteristics include labile mood with euphoria, agitation/irritability, restlessness, grandiosity, impulsiveness, attention-seeking behavior, manipulative behavior, speech changes, and neglect of ADLs. Depression episodes can be flat/blunted/labile affect, tearfulness/crying, lack of energy, anhedonia, reports of pain/discomfort, difficulty concentrating, self-destructive behavior including suicide, personal hygiene neglect, loss or increase in appetite, and psychomotor retardation.

* Altman Self Rating Mania Scale (ASRM) is used to assess the client's placement on the continuum from depression to mania and is useful for the management and treatment of the client.