

N323 Mental and Behavioral Health
Proctored ATI Remediation Template

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Assessment Name: Mental Health ATI Exam Remediation
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| Main Category: Management of Care |
| Subcategory: Client Rights |
| Topic: Legal Responsibilities: Clients right to refuse electroconvulsive therapy The client has the right to: * Understand the aspects of care to be active in the decision-making process. * Accept, refuse, or request modification of the plan of care. * Receive care from competent individuals who treat the client with respect. |

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| Main Category: Safety and Infection Control |
| Subcategory: Use of Restraints/Safety Devices |
| Topic: Crisis and anger management: priority intervention for an agitated client * Encourage the client to talk about the incident, and what triggered and escalated the aggression from the client's perspective. * Reassess the milieu and identify potential and actual stressors that may have contributed to the behavior. * Identification of different approaches to prevent subsequent seclusion/restraint |

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| Subcategory: Accident/Error/Injury Prevention |
| Topic: Crisis and anger management: education for staff safety * The initial task of the nurse is to promote a sense of safety for the client and protect the client by assessing the client's potential for suicide or homicide. * Try a variety of strategies to decrease anxiety, such as: Develop a therapeutic nurse-client relationship. Remain with the client. Listen and observe. Make eye contact. Ask questions related to the client's feelings. Ask questions related to the event. Demonstrate genuineness and caring. Communicate clearly and, if needed, with clear directives. Avoid false reassurance and other nontherapeutic responses. * "Critical Incident Stress Debriefing" is a group approach that can be used with a group of people who have been exposed to a crisis situation. |

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

Main Category: Psychosocial Integrity

Subcategory: Behavioral Interventions

Topic: Bipolar Disorders: priority manifestations for a client with mania

- * Patient safety related manifestations would be highest priority. This may include poor judgement, hyperactivity, and impulsivity.
- * Impairments to judgement related to altered cognition would be second – flight of ideas, grandiosity, and pressured speech are all presentations of an acute manic episode.
- * Behavioral changes would be next, as demonstrated by inappropriate social conduct leading to hostile interactions. As well as poor self-care leading to exhaustion from lack of rest or food/water intake.

Subcategory: Abuse or Neglect

Topic: Family and community violence: responding to suspected child abuse

- * Perpetrators of violence often have poor coping skills, a struggle with fulfilling adult roles, and have low self-esteem.
- * Children under 6 months of age with bruises should raise concern and warrant additional analysis.
- * abuse/neglect can come in physical/social/economic/emotional forms.

Subcategory: Stress Management

Topic: Stress management: evaluating a clients understanding of deep-breathing exercises

- * Technique is utilized to help manage high stress emotions. A quiet environment is beneficial during these exercises.
- * Clients are to breathe in over several seconds, hold for several seconds, and breathe out for several seconds with each breath in a slow fashion.
- * Placing a hand on the chest and/or diaphragm allows a client to center their focus on the expansion and contraction of the body with each breath.

Subcategory: Mental Health Concepts

Topic: Personality Disorders: planning therapeutic interventions

* Milieu management focuses on appropriate social interaction within a group context.

* Safety is always a priority concern because some clients who have a personality disorder are at risk for self-injury or violence. BPD clients are at increased risk of self-harm. ASPD clients are at an increased risk of harming others.

* Limit-setting and consistency are essential with clients who are manipulative, especially those who have borderline or antisocial personality disorders

Subcategory: Crisis Intervention

Topic: Crisis and anger management: priority action for a client experiencing a situational crisis

* **Three types of crisis as follows:** Situational/external: Often unanticipated loss or change experienced in everyday, often unanticipated, life events (divorce or job change)

* **Maturation/internal:** Achieving new developmental stages, which require learning additional coping mechanisms. Examples include getting married or retiring.

* **Adventitious:** The occurrence of natural disasters, crimes, or national disasters
People in communities with large-scale psychological trauma caused by natural disasters

Main Category: Clinical Judgement

Subcategory: Generate solutions

Topic: Neurocognitive Disorders: Generating Solutions for a Client Who Is Experiencing Confusion

* Assess the client for potential injury risk, such as falls or wandering.

Assign the client to a room close to the nurses' station for close observation; one that is well-lit with a low level of visual and auditory stimuli. Have the client sit in a room with windows to help with time orientation. Keep bed in low position and cover or remove mirrors to decrease fear and agitation.

* Have the client wear an identification bracelet. Use monitors and bed alarm devices as needed. Use restraints only as an intervention of last resort. Use caution when administering medications PRN for agitation or anxiety.

* Provide compensatory memory aids (clocks, calendars, photographs, memorabilia, seasonal decorations, familiar objects). Reorient as necessary. Keep a consistent **daily routine. Maintain consistent caregivers. Encourage physical activity during the day.**

Subcategory: Take Actions

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

* Do not take MAOI's with SSRI's or SNRI's concurrently

* Do not stop these medications abruptly.

* These medications require a build-up time, w/ therapeutic effects taking up to weeks to initiate.

Subcategory: Evaluate Outcomes

Topic: Bipolar Disorders: Identifying Manifestations

* **Mania:** An abnormally elevated mood, which can also be described as expansive or irritable; usually requires hospitalization. Manic episodes last at least 1 week. (See the Assessment section in this chapter for specific findings.)

* **Hypomania:** A less severe episode of mania that lasts at least 4 days accompanied by three or more manifestations of mania. Hospitalization is not required, and the client who has hypomania is less impaired. Hypomania can progress to mania.

* **Bipolar I disorder:** The client has at least one episode of mania alternating with major depression.
Bipolar II disorder: The client has one or more hypomanic episodes alternating with major depressive episodes.

Subcategory: Recognizing Cues

Topic: Depressive Disorders: Identify Priority Manifestations

* **Depressed mood may be demonstrated by:**
Difficulty sleeping or excessive sleeping, indecisiveness, decreased ability to concentrate, suicidal ideation, increase or decrease in motor activity, inability to feel pleasure, and/or a change in weight of more than 5% of total body weight over 1 month.

* **MDD may also exhibit Psychotic features:** The presence of auditory hallucinations (such as voices telling the client they are sinful) or the presence of delusions (such as the client thinking that they have a fatal disease).

* **Postpartum onset:** A depressive episode that begins within 4 weeks of childbirth (known as postpartum depression) and can include delusions, which can put the newborn infant at high risk of being harmed by the mother.

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

* Delirium is sudden onset and fluctuates in severity. It is reversible. Attention is severely impaired, and consciousness is altered—patients may appear drowsy, agitated, or confused. Visual hallucinations are common. It is usually caused by an acute medical condition, infection, or drug-related issue. Treatment involves identifying and addressing the underlying cause.

* Dementia is gradual onset over a long period; progressive and irreversible in nature. Attention/consciousness are generally intact until the later/advanced stages. Hallucinations are less common but may occur, especially in Lewy body dementia. The cause is typically neurodegenerative, such as Alzheimer’s disease. Treatment is supportive and may include cognitive enhancers like cholinesterase inhibitors.

* Screening tools and diagnostic imaging may assist in generating a formal diagnosis, and in order to differentiate between these two categories. Delirium states are best managed through prevention methods by early detection.

Subcategory: Analyze Cues

Topic: Personality Disorders: Identifying Manifestations

* **Risk Factors can include:** Clients who have personality disorders often have comorbid substance use disorders, and can have a history of nonviolent and violent crimes, including sex offenses. Psychosocial influences (childhood abuse or trauma), and developmental factors with a direct link to parenting. Biological influences include genetic and biochemical factors.

* Clients who have a 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, tendency to provoke interpersonal conflict

* Defense mechanisms used by clients who have personality disorders include repression, suppression, regression, undoing, and splitting.

Main Category: Pharmacological and Parenteral Therapies

Subcategory: Expected Actions/Outcomes

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

* **Positive symptoms:** Manifestation of things that are not normally present. These are the most easily identified manifestations, Hallucinations, Delusions, Alterations in speech, Bizarre behavior (walking backward constantly)

* **Negative symptoms:** Absence of things that are normally present. These manifestations are more difficult to treat successfully than positive symptoms. Affect, Alogia, Anergia, Anhedonia, Avolition

* **Cognitive Findings:** Problems with thinking make it very difficult for the client to live independently
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Affective Findings: Manifestations involving emotions

Subcategory: Medication Administration

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

* **Schizophrenia:** The client has psychotic thinking or behavior present for at least 6 months
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Schizotypal: less severe impairment

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Schizophreniform: presentation of 1-6 months (sub 6 month req for formal schizophrenia Dx)

* **Classes of delusions:**

Ideas of reference, Persecution, Grandeur, Somatic, Jealousy, Control, Thought broadcasting, Thought insertion, Thought withdrawal, Religiosity, Magical thinking

* **Alterations in Speech:**

Associative looseness, Neologisms, Echolalia, Clang association, Circumstantiality, Tangentiality.

Subcategory: Adverse Effects/Contraindications/Side Effects/Interactions

Topic: Depressive Disorders: Clinical Findings of Serotonin Syndrome

* Can begin 2 to 72 hr after starting treatment and can be lethal. Excessive serotonin affecting CNS

function.

* **Manifestations:** Bruxism, Delirium/Confusion/disorientation, agitation/hostility, poor concentration, hallucinations, Seizures, Tachycardia leading to cardiovascular shock, Labile blood pressure, Diaphoresis, Fever & incoordination leading to hyperpyrexia, Nausea, vomiting, diarrhea, abdominal pain, coma and death.

* Most notably the “Serotonin Triade” of symptoms: LOC changes, Autonomic instability, and Neuromuscular abnormalities.