

## Unit 1: Ticket to Enter

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1. Provide 2 examples of an open-ended question. (Videbeck & ATI)
  - a. Can you describe some characteristics of your pain?
  - b. How are you feeling this morning?

Provide 2 examples of a closed-ended question. (Videbeck & ATI)

- a. Are you in pain?
  - b. Do you need to use the restroom?
2. Name 4 therapeutic communication techniques and give an example to support these. (Videbeck p. 100-103)
    - a. Reflecting- directing client actions, thoughts, and feelings back to the client.
      - Ex: Client: "Do you think I should tell the doctor?"
      - Nurse: "Do you think you should?"
    - b. Restating- repeating the main idea expressed.
      - Ex: Client: "I can't sleep. I stay awake all night."
      - Nurse: "You have difficulty sleeping."
    - c. Silence- absence of verbal communication, which provides time for the client to put thoughts or feelings into words, to regain composure, or to continue talking.
      - Ex: Nurse says nothing but continues to maintain eye contact and conveys interest.
    - d. Seeking information- seeking to make clear that which is not meaningful or that which is vague.
      - Ex: "I'm not sure that I follow."
  3. True or **False**: A 19-year-old female is admitted to an acute mental health facility for treatment. During treatment, the patient has a right to maintain possession of her belongings.
  4. Name 5 Defense Mechanisms and give a short example (ATI textbook pages 19 & 20)
    - a. Suppression: Voluntarily denying unpleasant thoughts and feelings
      - Student puts off thinking about a fight they had with their friend so they can focus on the test.

- b. Displacement: Shifting feelings related to an object, person, or situation to another less threatening object, person, or situation.
    - Adolescent angrily punches a punching bag after losing a game.
  - c. Denial: Pretending the truth is not reality to manage unpleasant, anxiety-causing thoughts or feelings.
    - A person initially says, “No, that can’t be true” when told they have cancer.
  - d. Compensation: Emphasizing strengths to make up for weaknesses.
    - Adolescent who is physically unable to play contact sports excels in academic competitions.
  - e. Undoing: Performing an act to make up for prior behavior (most commonly seen in children).
    - Adolescent completes their chores without being prompted after an argument with their parent.
5. T or F: The nurse knows that if a patient reports that he/she is having homicidal thoughts of harming another individual the nurse should not report this due to confidentiality rights.
6. T or F: Patients have the right to refuse medication or treatment.
7. Give 3 examples of Gender Identity Care (PowerPoint: Week 2 Slide 25-26).
- a. Collect information on intake (never assume, ask what pronoun and name is preferred).
  - b. Often need informed consent for the identified name if the name is other than on the medical record.
  - c. If you use the wrong pronoun, apologize and move on. Or state you are sorry and that you are going to try again.
8. What is the difference between the intimate zone and the personal zone? Give an example of nursing care that is within each zone. (PowerPoint Week 2: Therapeutic Communications slide 12 and Videbeck p. 97).
- a. Intimate zone: 0-18 inches
    - Ex: Inserting an IV
  - b. Personal zone: 18-36 inches
    - Ex: Health interview
9. A 17-year-old female wrestler in high school who has restrictive eating patterns is using laxatives to make weight and presents with a BMI of 16.5. Her parents are concerned about her obsession with body weight and missing meals. The patient reports that she is

overweight, and fat compared to her peers. (ATI: Chapter 19 and PowerPoint: Week 2- eating disorders slides 17-21)

- a. What eating disorder is the patient likely presenting with?  
Anorexia Nervosa
  - b. What should the nurse monitor when caring for this patient?
    - Vital signs, weight, integumentary, head, neck, mouth, throat, cardiovascular system, fluid/electrolyte, mental status, intake/output.
  - c. Can you name some nursing interventions that are the **highest** priority?
    - The client's physical health, including nutrition, electrolyte levels, and cardiac checks. A nurse can meet with a dietician to develop a plan for the client, monitor their cardiac status, and provide liquids to maintain electrolyte balance.
10. What are some symptoms of alcohol withdrawal?
- Sweating, increased heart rate, hypertension, anxiety, irritation, headaches, and nausea.
11. You are caring for a 54-year-old male patient with acute intoxication. What are some nursing interventions that you should incorporate into your plan of care? Name 3-5
- Assess ABCs: monitor oxygen and respiratory status
  - Monitor vital signs and cognitive status
  - Implement fall precautions by checking the environment to make sure it is secure
12. **T** or F: A patient presents with a COWS score of 32 and is displaying signs of anxiety, rhinorrhea, insomnia, piloerection, pupil dilation, nausea, vomiting, and body aches. The nurse knows the patient is in Opiate withdrawal.