

Unit 1: Ticket to Enter

Student: _____

Date: _____

1. Provide 2 examples of an open-ended question. (Videbeck & ATI)
 - a. "Can you tell me more about how you've been feeling lately?"
 - b. "What coping strategies have worked for you in the past when you felt stressed?"

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

- a. "Are you feeling anxious right now?"
 - b. "Did you take your medication this morning?"
2. Name 4 therapeutic communication techniques and give an example to support these. (Videbeck p. 100-103)
 - a. Active listening – *"I'm listening, tell me more about what's upsetting you."*
 - b. Restating/Paraphrasing – *Patient: "I can't sleep." Nurse: "You're having trouble sleeping?"*
 - c. Offering self – *"I'll sit with you for a while."*
 - d. Exploring – *"Can you describe what you mean when you say you feel trapped?"*

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.

False

4. Name 5 Defense Mechanisms and give a short example (ATI textbook pages 19 & 20)
 - a. Denial – *A smoker says, "I don't have cancer, smoking doesn't hurt me."*
 - b. Projection – *A student angry at themselves says, "The teacher hates me."*
 - c. Regression – *An adult starts sucking their thumb when stressed.*
 - d. Displacement – *A man yells at his kids after a bad day at work.*
 - e. Rationalization – *A student blames failing a test on the "unfair teacher" instead of lack of studying.*
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.

False

6. T or F: Patients have the right to refuse medication or treatment.
True

7. Give 3 examples of Gender Identity Care (PowerPoint: Week 2 Slide 25-26).

- a. *Use patient's preferred name and pronouns.*
- b. *Provide gender-neutral restrooms/rooming when possible.*
- c. *Encourage inclusive communication and avoid assumptions about gender/sexual orientation.*

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): Used for close contact tasks → Example: inserting a catheter.*

b. *Personal zone (18 inches–4 feet): Used for general interaction → Example: patient education or conversation at bedside.*

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?

Likely disorder: *Anorexia nervosa, restricting type.*

b. What should the nurse monitor when caring for this patient?

- *Vital signs (esp. hypotension, bradycardia)*
- *Electrolytes (risk for hypokalemia)*
- *Cardiac status (arrhythmias)*
- *Intake/output & weight*

c. Can you name some nursing interventions that are the highest priority?

- *Ensure nutritional needs/safety (monitor meals, prevent purging/laxative use).*
- *Establish structured eating plan.*
- *Therapeutic communication to address distorted body image.*
- *Monitor for suicidal ideation.*

10. What are some symptoms of alcohol withdrawal?

- *Tremors (“shakes”)*
- *Anxiety/irritability*
- *Sweating*
- *Nausea, vomiting*
- *Insomnia*

- *Elevated HR, BP*
- *Seizures (severe)*
- *Delirium tremens (DTs: confusion, hallucinations, severe agitation)*

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

- *Maintain airway, breathing, circulation (ABCs)*
- *Monitor vital signs, level of consciousness*
- *Ensure safety (fall precautions, seizure precautions)*
- *Administer thiamine, folate, multivitamins (prevent Wernicke-Korsakoff syndrome)*
- *Monitor for alcohol withdrawal as BAC drops*
- *Provide calm, low-stimulus environment*

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.

True