

Unit 4 Ticket to Enter

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1. What are the positive symptoms of Schizophrenia?
 - Positive symptoms of Schizophrenia include hallucinations, delusions, agitation, and jumbled speech.

What are the negative symptoms of Schizophrenia?

- Negative symptoms include attention deficit, concentration and memory impairment, purposeless movements, lack of self-care and personal hygiene, decreased emotional expression, and lack of motivation to take part in activities.

2. What are the typical (1st generation) antipsychotics?

- chlorpromazine (Thorazine)
- haloperidol (Haldol)
- fluphenazine (Prolixin)
- loxapine (Loxatane)

What are the atypical (2nd generation) antipsychotics?

- clozapine (Clozaril)
- risperidone (Risperdal)
- olanzapine (Zyprexa)
- paliperidone (Invega)

Are there any black box warnings for the typical or atypical medications?

- Clozapine: decreases white blood cells; requires frequent CBC testing.
 - Haloperidol: can cause a prolonged QT interval, making the risk of cardiac mortality higher.
 - A great deal of antipsychotics cause an increased risk of death in older adult patients with dementia connected to psychosis.
3. What are the symptoms of Neuroleptic Malignant Syndrome (NMS)?
 - Hyperthermia
 - Altered mental status
 - Elevated creatine phosphokinase
 - Elevated leukocytes (WBC)
 - Tachycardia
 - Tachypnea
 - Muscle rigidity

What causes NMS? How is this treated?

- Cause: caused by central nervous system (particularly hypothalamic) dopamine blockage. Common antipsychotics like fluphenazine and haloperidol, and the sudden discontinuation of dopaminergic medications may all potentially cause NMS.
 - Treatment: Abrupt discontinuation of the antipsychotic, IV fluids, maintaining airway, oxygenation, electrolytes, and vital signs. Medications such as benzodiazepines can improve agitation and muscle relaxation, but ICU monitoring is often required until symptoms are resolved.
4. Define these 4 Extrapyramidal Symptoms (EPS). What are the pharmacological treatments for each one?
- a. Akathisia: Restlessness with the inability to sit still. Beta-blockers, benzodiazepines, and anticholinergics may help treat this.
 - b. Pseudo Parkinsonism: Drug-induced symptoms that correlate to Parkinson's disease from dopamine blockade. Anticholinergics, Symmetrel, and a lower or complete switch of the dose may help treat this.
 - c. acute dystonia: Sudden and severe neck, face, and back muscle contractions or spasms. Anticholinergic therapy or IV/IM anticholinergics may help treat this.
 - d. tardive dyskinesia: involuntary movements that have a late onset, typically in the face or jaw areas. Avoiding anticholinergics and discontinuing or switching to a 2nd generation antipsychotic may help treat this.
5. What standardized assessment tool is used to monitor EPS?
- Abnormal Involuntary Movement Scale (AIMS)
6. What is social skills training and what are some examples of social skills training a nurse can teach a client?
- A behavioral treatment approach called social skills training (SST) helps people, especially those with schizophrenia or other mental illnesses, become more adept at social interaction, everyday functioning, and interpersonal communication. To help clients perform better in social situations, it emphasizes educating, demonstrating, and practicing acceptable social skills.
 - Teaching the client: Encourage the client to make eye contact, listen, use appropriate body language, manage anger, and how to have polite conversations with people, along with medication adherence conversations with professionals.
7. What is agranulocytosis and what antipsychotic requires close laboratory monitoring?
- Agranulocytosis is a significant and potentially fatal decrease in white blood cells (WBCs), especially neutrophils (a kind of granulocyte that fights infection). This illness significantly impairs the immune system, making the body very susceptible to infection. Clozapine is an antipsychotic that requires close laboratory monitoring due to its inhibition of WBC production, especially neutrophils, which can lead to agranulocytosis or neutropenia.

8. What are the symptoms of ADHD? What is the difference between inattentive and hyperactive?
- A persistent pattern of impulsivity, hyperactivity, and/or inattention that impedes everyday functioning or growth is a characteristic of Attention-Deficit/Hyperactivity Disorder (ADHD), a neurodevelopmental condition. Although symptoms may continue throughout adolescence and age, it is frequently initially identified in children.
 - Inattentive symptoms: Frequently makes thoughtless errors in assignments or academics and fails to pay attention to specifics. They have trouble maintaining focus throughout play or activities, and when addressed directly, they don't seem to listen. They frequently fail to complete tasks or adhere to directions and find it difficult to plan activities and chores. They hate or avoid doing things that need a lot of mental strain, like schoolwork, frequently misplace supplies that are necessary for jobs, and are often sidetracked by other stimuli.
 - Hyperactive symptoms: Squirms or fidgets when seated, but when staying seated is expected, they leave their seat. They are incapable of playing or participating in leisure activities in silence and talk endlessly. Answers are blurted out before the questions are finished, with them finding it tough to wait for their turn.

9. What medications are prescribed for ADHD?

- Stimulants (methylphenidate) and non-stimulants (atomoxetine) are the two major categories of medications for ADHD.

What patient/parent education would you provide on the side effects of these medications?

- The nurse would provide education on the effects that include decreased appetite, weight loss, insomnia, high heart rate and blood pressure, nausea, mood swings, fatigue, dizziness, and GI upset. The nurse should encourage the client to take these medications after breakfast and to avoid caffeine.

10. What are some nursing interventions that should be included in the treatment plan for a child with ADHD?

- Minimizing distractions, using a checklist to help the child with organization and tasks, and maintaining a consistent daily routine. The child may benefit if they are seated next to the teacher in school or are allowed breaks to step out and move. Administering all the medications provided and tracking height and weight should also be included.

11. What is Conduct Disorder and what are the behavioral symptoms the person presents with? Are there any contributing factors for developing this condition? (This is a high-yield question)
- Conduct Disorder (CD) is defined as a pattern of behavior that is repeated and persistent and involves serious violations of age-appropriate social norms or the fundamental rights of others.
 - Rule-breaking, aggression, flat empathy or guilt, manipulative behavior, substance use, and lack of academic success. Frequent conflicts with an authority figure as well.
 - Genetics, low serotonin levels, early abuse or neglect, lack of self-esteem, exposure to violence or family conflict, or unstable home environment.
12. What is the difference between Intermittent Explosive Disorder and Disruptive Mood Dysregulation Disorder?
- Intermittent Explosive Disorder: defined by frequent, unexpected outbursts of violent, impulsive, or aggressive conduct that is out of proportion to the circumstances. The individual loses control of their temper and may act violently or destructively; they frequently feel regret afterward.
 - Disruptive Mood Dysregulation Disorder: A childhood mood disorder marked by frequent outbursts of rage and extreme, persistent anger. DMDD encompasses more than simply episodic aggression; it also involves ongoing irritation in between episodes.
13. What 2nd generation medications are commonly prescribed for mood and irritability for a child with autism spectrum disorder?
- Risperidone (Risperdal)
 - Aripiprazole (Abilify)
 - Olanzapine (Zyprexa)
14. What disorder displays a refusal to follow directions, verbal aggression to persons of authority, and power struggles of authoritative figures?
- Oppositional Defiant Disorder (ODD)
15. What is the difference between Encopresis and Enuresis?
- Encopresis is the deliberate or involuntary passage of stool in inappropriate locations that is frequently associated with psychological stress or persistent constipation, typically after age 4.
 - Enuresis is the frequent urination during the day or at night while still in clothes or into bed. After the age of five, when bladder control is expected, a diagnosis is typically made.

16. Why would a long-acting injection of antipsychotics be prescribed?

- Boost adherence to medicines.
- Provide constant therapeutic levels.
- Stop the recurrence of psychotic symptoms in long-term illnesses such as schizoaffective disorder or schizophrenia.
- Minimize adverse consequences.

17. What is verbal preservation? How can a nurse help a patient reduce this?

- Verbal preservation of the constant use of terms, expressions, or concepts, even when they are no longer pertinent to the discussion. Patients with schizophrenia, brain injuries, or other neurological illnesses are frequently affected.
- Gradually change the subject of the conversation.
- Refocus the patient's attention after validating what they stated with an acknowledgment.
- Set explicit time or topic limitations and communicate in a calm, straightforward manner.
- To lessen the anxiety that might cause the repeat, promote grounding or relaxation practices.

18. Why would it be important to know any cultural or religious beliefs before assuming a patient is having psychotic symptoms?

- Behaviors or experiences that mimic psychotic symptoms may be part of certain cultural or religious beliefs, yet they are genuinely common in that person's culture. Respectful, patient-centered treatment is encouraged, and misdiagnosis can be prevented by being aware of the patient's cultural and religious background.