

Mental Health Ticket To Enter Unit 3

1. Who is at a higher risk for suicide? What places a client at risk for Suicide? Pg. 316

Adults older than 85 years old have the highest rate of suicide.

A history of previous suicide attempts increases the risk of suicide.

2. A client has a history of suicide attempts and is currently at a high risk of suicide. What would you need to implement or evaluate to assure safety? What question would you ask the patient? Pg. 318-319

You need to implement a safety plan, continuous monitoring of the patient, and restrict access to lethal means. The question I would ask the patient would be about their current intent, plan, and access to means for suicide.

3. T or F: A high school student recently completed suicide. Other high school students who attend this school are not at an increased risk of suicide.

Answer: False

4. What is the Columbia Assessment and what does it measure?

The Columbia Assessment is an evidenced supported tool used to assess suicide risk by asking simple, plain-language questions to determine the severity and immediacy of suicidal ideation and behaviors. It measures the presence, severity, and immediacy of an individual's suicide risk.

5. T or F: A client comes to the primary care provider and the nurse does a PHQ-9. The score is 12. The nurse does not need to ask if the patient is suicidal.

Answer: False

6. A client is having passive thoughts of suicide, depression, and feelings of hopelessness. "I'm useless, I shouldn't have survived". Which answer is the best open-ended statement?

- a. Why do you feel this way? You have so much to live for.
- b. What I hear you saying is you feel like you have no value.
- c. It's normal to have feelings of hopelessness when you are depressed.
- d. Many patients feel that way when they are depressed.

Answer: B

7. What is seasonal affective disorder and what is helpful for treatment? Pg. 285

Seasonal affective disorder is a mood disorder with two subtypes, which are winter depression/fall-onset SAD and spring-onset SAD. What is helpful for treatment is light therapy, cognitive behavioral therapy, antidepressants like SSRIs, and vitamin d supplements to help with light deprivation and mood changes.

8. You are instructed by the provider to teach the patient and their family about major depressive disorder. What should you educate?
- Educate the patient and family about signs and symptoms like loss of interest, sadness, and suicidal thoughts.
 - Educate the patient and family about treatment options like SSRI antidepressants and interpersonal therapy.
 - Educate the patient and family about the onset of medications, potential side effects, and the importance of reporting any increase in suicidal thoughts.
 - Educate the patient and family about available support systems and resources, fostering empathy and effective collaboration between family, patient, and healthcare staff.

9. T or F: A patient has a change in behavior after multiple days of treatment in the inpatient setting after starting on an antidepressant. You noticed the person went from poor hygiene and sadness to now clean, cheerful, relaxed, and no longer depressed. The nurse knows this person is at an increased risk of suicide and needs to monitor the patient by implementing safety checks.

Answer: True

10. What is Sigecaps?

Sigecaps is a widely used mnemonic acronym to help identify the key symptoms of major depressive disorder. The letters stand for S: sleep, I: interest, G: guilt, E: energy, C: concentration, A: appetite, P: psychomotor, and S: suicide.

11. What are the symptoms of depression in adolescents? What are somatic symptoms?

Symptoms of depression in adolescents are persistent sadness, irritability, loss of interest in activities, changes in appetite or sleep patterns, fatigue, feelings of worthlessness or guilt, difficulty concentrating, and thoughts of self-harm or suicide.

Somatic symptoms are physical symptoms that are caused by a mental or emotional condition, such as headaches, stomach aches, or general aching pains, which often lack a clear medical explanation.

12. What is postpartum depression and when does it begin? What is postpartum blues and when does it begin? Pg. 285

Postpartum depression is one of the most common complications of pregnancy in developed countries and it starts within four weeks of child birth.

Postpartum blues is a mild, predictable mood disturbance occurring in the first several days after delivery of a baby.

13. What is Electroconvulsive Therapy (ECT)? What education would you give the patient? Pg. 296

Electroconvulsive therapy is used to treat depression in select groups such as clients who do not respond to antidepressants or those who experience intolerable medication side effects at therapeutic doses.

Education I would give to patients would be do not take any anesthetic or other medications before ECT, do not eat anything after midnight the night before, remove any nail polish, and use the bathroom before ECT has started.

14. What is the difference between bipolar 1 and bipolar 2 disorder? Pg. 284

Bipolar 1 is one or more manic or mixed episodes usually accompanied by major depressive episodes.

Bipolar II is one or more major depressive episodes accompanied by at least one hypomanic episode.

15. What is the therapeutic range while taking Lithium? What are the signs and symptoms of Lithium toxicity?

The therapeutic range for lithium is 0.6 to 1.2 mEq/L.

The toxicity symptoms can range from mild tremors to severe neurological issues and coma.

16. What is Steven-Johnson syndrome? What mood stabilizer can cause this?

Steven-Johnson syndrome is a rare, serious disorder of the skin and mucous membranes, usually a reaction to medications.

Lamotrigine is a common mood stabilizer that can cause Steven-Johnson syndrome.

17. What are some symptoms of mania? Pg. 284

The symptoms of mania are elevated or irritable mood, increased energy, decreased need for sleep, grandiosity, racing thoughts, rapid speech, impulsive behavior, and reckless behavior.

18. A patient on the floor with bipolar 1 disorder is experiencing mania. What are some nursing interventions the nurse should implement in the plan of care?

Some nursing interventions the nurse should implement are safety, meeting physiological needs, providing a structured, low-stimulation environment, use calm and direct communication, and provide a structured daily routine with achievable tasks.

19. What is the difference between tangential thoughts and flight of ideas? Pg. 134

Tangential thinking is wandering off the topic and never providing the information requested.

Flight of ideas is an excessive amount and rate of speech composed of fragmented or unrelated ideas.

20. What medical conditions can contribute to symptoms like mental health disorders?

Medical conditions that can contribute to symptoms like mental health disorders are diabetes, Cushing's syndrome, Addison's disease, dementia, stroke, epilepsy, HIV/AIDS, Lyme disease, cancer, traumatic brain injury (TBI), and systemic lupus erythematosus (SLE).