

Module Report

Tutorial: Real Life RN Mental Health 2.0

Module: Schizophrenia



Individual Name: Justin Prana

Institution: Lakeview CON

Program Type: BSN

Standard Use Time and Score

	Date/Time	Time Use	Score
Schizophrenia	2/27/2020 11:21:58 PM	47 min	Satisfactory

Reasoning Scenario Details

Schizophrenia - Use on 2/27/2020 10:34:36 PM

Reasoning Scenario Performance Related to Outcomes:

*See Score Explanation and Interpretation below for additional details.

Body Function	Strong	Satisfactory	Needs Improvement
Cognition and Sensation	93.3%		6.7%

NCLEX RN	Strong	Satisfactory	Needs Improvement
Psychosocial Integrity RN 2010	66.7%		33.3%
Pharmacological and Parenteral Therapies RN 2010	100%		
Management of Care RN 2013	100%		
Psychosocial Integrity RN 2013	100%		
Pharmacological and Parenteral Therapies RN 2013	100%		
Reduction of Risk Potential RN 2013	100%		

QSEN	Strong	Satisfactory	Needs Improvement
Safety	90.9%		9.1%
Patient-Centered Care	100%		
Evidence Based Practice	100%		
Quality Improvement	100%		

Decision Log:

Scenario	Daniel's mother calls the urgent care hotline.
Question	Daniel's mother explains to Nurse Kathy the events that have just taken place. Which of the following is the appropriate response by Nurse Kathy?
Selected Option	"Ask your son if he would like to come in to see a provider now."
Rationale	Due to the client's current behavior, safety risk, and age, he is not in a position to make a competent decision regarding his health care needs.

Optimal Decision	
Scenario	Nurse Kathy responds to Daniel's statement of refusal for admission.
Question	Nurse Kathy is talking with Daniel and his mother. Which of the following is an appropriate response by Nurse Kathy to Daniel's refusal of admission?
Selected Option	"Ms. Morris, because of Daniel's current needs, you can agree to a temporary admission for diagnosis and treatment."

Rationale	Because the client's current manifestations require immediate observation and treatment, the provider is legally able to initiate a temporary admission for no more than 15 days. The client's mother should provide informed consent for this admission.
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Scenario	Nurse Kathy is giving report for Daniel's admission.
Question	Nurse Kathy is preparing to give report to Nurse Amber. Use the SBAR format to identify the findings Kathy should include when giving report. (Fill in the blank and click on the submit button when you finish.)
Selected Option	S: Daniel is a 17 yr old male who was brought to the ER by his mother because of hallucinations. Daniel is presented with anxiety and pacing while saying incomprehensible sentences. Vital signs are stable, glucose is 90 and UA is negative. B: Daniel's father committed suicide 7 months ago. According to Mrs. Morris, Daniel has not been expressing emotions pertaining to father's death. Per Mrs. Morris, her son has not been doing great in school and only plays basketball. Per Mrs. Morris, Daniel has been struggling in school since father's death. Today, upon admission, is pt's father's birthday. Pt is taking fluoxetine for 6 months now. A: anxious, incomprehensible speech, pacing. R: behavioral plan to implement written by Dr. Khan.
Rationale	Situation – Daniel Morris is a 17-year-old male brought to the emergency department this evening by his mother. He was having some auditory hallucinations at home this evening. He seems anxious, pacing the exam room and mumbling incomprehensible speech. His vital signs are stable, his urine toxicology screen is negative, and his blood glucose level is 90 mg/dL. Because of the acute nature of his symptoms this evening, Dr. Khan decided it was best to admit him. Background – Approximately 1 year ago, Daniel's father lost his job and became very depressed. About 7 months ago, his father committed suicide. According to his mother, Daniel has not expressed much emotion regarding his father's death. His mother states that he plays basketball for his high school team and previously engaged in social activities with his twin brother and friends. Over the past 7 months, his grades have dropped, and he started taking fluoxetine (Prozac) 6 months ago. He is obsessed with basketball and practices constantly. Today would have been his father's birthday. His mother thinks it's just stress. Apparently, when his mother got home around 1900 he was outside playing basketball. He was visibly upset and anxious. When she attempted to talk to him, he became angry, started hitting himself, and appeared to be experiencing auditory hallucinations regarding his father. Assessment – Visibly anxious, incomprehensible speech at times, occasionally pacing around room. Recommendations – Dr. Khan has written a behavioral plan that we will have in place as soon as possible.

Optimal Decision	
Scenario	Daniel becomes agitated when he's brought to his room for admission.
Question	Nurse Kathy brings Daniel into his room. He remains agitated. Which of the following interventions by Nurse Amber is appropriate at this time?
Selected Option	Administer haloperidol (Haldol).

Rationale	When providing care, the nurse should first use the least restrictive intervention. Therefore, she should administer haloperidol as a chemical intervention to decrease agitation and anxiety prior to implementing more restrictive interventions.
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Optimal Decision	
Scenario	After Daniel receives haloperidol (Haldol) , he continues to be agitated.
Question	After Daniel receives haloperidol (Haldol), he continues to be agitated. Which of the following actions is appropriate for Nurse Amber to take at this time?
Selected Option	Place the client in physical restraints until he is calm.
Rationale	It is appropriate for the nurse to apply physical restraints because the less restrictive method of administering haloperidol was ineffective, and the client still poses an immediate risk of injury to himself or others.

Optimal Decision	
Scenario	Daniel has restraints in place because of his aggressive behavior.
Question	Nurse Amber is caring for Daniel, who is in restraints. Which of the following interventions is appropriate?
Selected Option	Observe Daniel directly while restraints are in place.
Rationale	Because the client's agitation increased, the nurse should directly observe the client while restraints are in place to ensure the client's safety.

Optimal Decision	
Scenario	Nurse Amber identifies manifestations of schizophrenia.
Question	Nurse Amber and Dr. Khan are discussing the characteristics of schizophrenia. Which of the following findings are positive symptoms of schizophrenia? (Select all that apply.)
Selected Ordering	Disorganized speech Auditory hallucinations Acute paranoia
Rationale	Disorganized speech, auditory hallucinations, and acute paranoia are positive symptoms because these are findings that should not be present. Illogical thinking and distractibility are abnormalities in thinking. Therefore, they are cognitive symptoms.

Optimal Decision	
Scenario	Nurse Mike is caring for Daniel during his initial treatment with risperidone (Risperdal).
Question	Nurse Mike is planning care for Daniel during the initial treatment with risperidone (Risperdal). Which of the following interventions should he include?
Selected Option	Monitor orthostatic blood pressure every 4 hr.
Rationale	The nurse should monitor the client's orthostatic blood pressure during initial treatment with risperidone because of a risk of orthostatic hypotension.

Optimal Decision	
Scenario	Nurse Mike is providing teaching with Daniel's mother.
Question	Daniel's mother expresses concern about Jacob's risk of developing schizophrenia because he is Daniel's identical twin. Which of the following is an appropriate response by Nurse Mike?
Selected Option	"Having an identical twin who has schizophrenia greatly increases Jacob's risk for developing schizophrenia."
Rationale	Research supports the genetic link found with schizophrenia. This research indicates that an identical twin has about a 50% risk of developing this disorder if it's present in the other twin.

Optimal Decision	
Scenario	Nurse Mike is providing discharge teaching.
Question	Nurse Mike is providing discharge teaching to Daniel and his mother, and is discussing a relapse prevention plan. Which of the following statements is appropriate to include in the teaching?
Selected Option	"Daniel should participate in group therapy to decrease the risk of relapse."
Rationale	Participating in group therapy will help the client gain a greater understanding of the disease process, learn strategies for coping with the illness, and develop a support system – all of which can help decrease the risk of relapse.

Optimal Decision	
Scenario	Daniel is in the emergency department and he is upset and hostile.
Question	Nurse Kathy is preparing to administer lorazepam (Ativan) 1 mg IM to Daniel. Available is lorazepam 2 mg/mL. How many mL should Nurse Kathy administer? (Round the answer to the nearest tenth.)
Selected Option	0.5

Rationale	<p>Follow these steps for the Ratio and Proportion method of calculation: Step 1: What is the unit of measurement the nurse should calculate? mL Step 2: What is the dose the nurse should administer? Dose to administer = Desired 1 mg Step 3: What is the dose available? Dose available = Have 2 mg Step 4: Should the nurse convert the units of measurement? No Step 5: What is the quantity of the dose available? 1 mL Step 6: Set up an equation and solve for X. $\frac{\text{Have}}{\text{Desired}} = \frac{\text{Quantity}}{X}$ $\frac{2 \text{ mg}}{1 \text{ mL}} = \frac{1 \text{ mg}}{X \text{ mL}}$ $X \text{ mL} = 0.5 \text{ mL}$ Step 7: Round if necessary. Step 8: Determine whether the amount to administer makes sense. If there are 2 mg/mL and the prescription reads 1 mg, it makes sense to administer 0.5 mL. The nurse should administer lorazepam 0.5 mL IM.</p> <p>Follow these steps for the Desired Over Have method of calculation: Step 1: What is the unit of measurement the nurse should calculate? mL Step 2: What is the dose the nurse should administer? Dose to administer = Desired 1 mg Step 3: What is the dose available? Dose available = Have 2 mg Step 4: Should the nurse convert the units of measurement? No Step 5: What is the quantity of the dose available? 1 mL Step 6: Set up an equation and solve for X. $\frac{\text{Desired}}{\text{Have}} \times \text{Quantity} = X$ $\frac{1 \text{ mg}}{2 \text{ mg}} \times 1 \text{ mL} = X \text{ mL}$ $X \text{ mL} = 0.5 \text{ mL}$ Step 7: Round if necessary. Step 8: Determine whether the amount to administer makes sense. If there are 2 mg/mL and the prescription reads 1 mg, it makes sense to administer 0.5 mL. The nurse should administer lorazepam 0.5 mL IM.</p> <p>Follow these steps for the Dimensional Analysis method of calculation: Step 1: What is the unit of measurement the nurse should calculate? (Place the unit of measure being calculated on the left side of the equation.) $X \text{ mL} =$ Step 2: Determine the ratio that contains the same unit as the unit being calculated. (Place the ratio on the right side of the equation, ensuring that the unit in the numerator matches the unit being calculated.) $1 \text{ mL} \times \frac{1 \text{ mg}}{2 \text{ mg}} = X \text{ mL}$ Step 3: Place any remaining ratios that are relevant to the item on the right side of the equation, along with any needed conversion factors, to cancel out unwanted units of measurement. $1 \text{ mL} \times \frac{1 \text{ mg}}{2 \text{ mg}} \times X \text{ mL} = 1 \text{ mg}$ Step 4: Solve for X. $X \text{ mL} = 0.5 \text{ mL}$ Step 5: Round if necessary. Step 6: Determine whether the amount to administer makes sense. If there are 2 mg/mL and the prescription reads 1 mg, it makes sense to administer 0.5 mL. The nurse should administer lorazepam 0.5 mL IM.</p>
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Optimal Decision	
Scenario	Nurse Kathy responds to Daniel's delusion.
Question	Daniel tells Nurse Kathy he is a professional basketball player. Which of the following is an appropriate response by Nurse Kathy?

Selected Option	"Tell me more about basketball and what is important to you about the sport."
Rationale	As an attempt to collect data regarding the delusion, the nurse should ask the client to talk about and explain the delusion. This therapeutic communication technique also helps promote a trusting nurse-client relationship.

Optimal Decision	
Scenario	Nurse Kathy is trying to gather assessment data on Daniel's current acute crisis.
Question	Nurse Kathy is asking Daniel questions. Which of the following audio clips displays the alteration in speech known as neologisms?
Selected Option	Video 8ff9146a019f439e9af954d5260645bb
Rationale	Neologism is an alteration in speech in which the client creates fictitious words that have no meaning to others.

Optimal Decision	
Scenario	During the wellness exam, Nurse Nicole provides information about risperidone (Risperdal).
Question	Nurse Nicole is discussing Daniel's prescription for risperidone (Risperdal) and the risk for extrapyramidal side effects (EPSs). Which of the following statements made by Nurse Nicole is appropriate?
Selected Option	"Risperidone has a low risk for EPSs. However, it can cause weight gain."
Rationale	Risperidone is an atypical antipsychotic and has a low risk for EPSs. The nurse should educate the client about adverse effects of risperidone, which include weight gain.

Optimal Decision	
Scenario	Nurse Nicole is completing the Abnormal Involuntary Movement Scale (AIMS) assessment.
Question	Nurse Nicole is performing an Abnormal Involuntary Movement Scale (AIMS) assessment on Daniel. Which of the following actions is appropriate to include in this examination?
Selected Option	Shine a penlight in the client's mouth to observe the tongue at rest.
Rationale	When performing an AIMS assessment, the nurse should observe the client for any involuntary movement, including abnormal movement of the tongue while at rest.

Optimal Decision	
Scenario	Nurse Nicole is documenting Daniel's height and weight on a growth chart.
Question	Nurse Nicole is assessing Daniel's weight as part of his wellness visit. Indicate the appropriate location to document Daniel's weight in kilograms on the growth chart. (You will find hot spots to select in the artwork below. Select only the hot spot that corresponds to your answer.)
Selected Option	604,262,644,262,644,301,603,300

Rationale	The nurse should first locate the client's age on the horizontal axis of the growth chart. Second, the nurse should locate the client's weight on the vertical axis of the chart. The nurse should then make a small dot where the horizontal and vertical lines intersect. The correct location is where age 18 and 75 kg meet.
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Individual Report – Score Explanation and Interpretation

Reasoning Scenario Information:

Reasoning Scenario Information provides the date, time and duration of use, along with the score earned for each attempt. A Reasoning Scenario Performance score of Strong, Satisfactory, or Needs Improvement is provided for each attempt. This information is also provided for the Optimal Decision Mode if it has been enabled.

Reasoning Scenario Performance Scores:

Strong	Exhibits optimal reasoning that results in positive outcomes in the care of clients and resolution of problems.
Satisfactory	Exhibits reasoning that results in mildly helpful or neutral outcomes in the care of clients and resolution of problems.
Needs Improvement	Exhibits reasoning that results in harmful or detrimental outcomes in the care of clients and resolution of problems.

Reasoning Scenario Performance Related to Outcomes:

A clinical reasoning performance score related to each outcome is provided. Outcomes associated with student responses are listed in the report. The number across from each outcome indicates the percentage of responses associated with the level of performance of that outcome.

NCLEX[®] Client Need Categories:

Management of Care	Providing integrated, cost-effective care to clients by coordinating, supervising, and/or collaborating with members of the multi-disciplinary health care team.
Safety and Infection Control	Incorporating preventative safety measures in the provision of client care that provides for the health and well-being of clients, significant others, and members of the health care team.
Health Promotion and Maintenance	Providing and directing nursing care that encourages prevention and early detection of illness, as well as the promotion of health.
Psychosocial Integrity	Promoting mental, emotional, and social well-being of clients and significant others through the provision of nursing care.
Basic Care and Comfort	Promoting comfort while helping clients perform activities of daily living.
Pharmacological and Parenteral Therapies	Providing and directing administration of medication, including parenteral therapy.
Reduction of Risk Potential	Providing nursing care that decreases the risk of clients developing health-related complications.

Physiological Adaptation	Providing and directing nursing care for clients experiencing physical illness.
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Quality and Safety Education for Nurses (QSEN)

Safety	The minimization of risk factors that could cause injury or harm while promoting quality care and maintaining a secure environment for clients, self, and others.
Patient-Centered Care	The provision of caring and compassionate, culturally sensitive care that is based on a client's physiological, psychological, sociological, spiritual, and cultural needs, preferences, and values
Evidence Based Practice	The use of current knowledge from research and other credible sources, upon which clinical judgment and client care are based.
Informatics	The use of information technology as a communication and information gathering tool that supports clinical decision making and scientifically based nursing practice.
Quality Improvement	Care related and organizational processes that involve the development and implementation of a plan to improve health care services and better meet the needs of clients.
Teamwork and Collaboration	The delivery of client care in partnership with multidisciplinary members of the health care team, to achieve continuity of care and positive client outcomes.

Body Function

Cardiac Output and Tissue Perfusion	The anatomical structures (heart, blood vessels, and blood) and body functions that support adequate cardiac output and perfusion of body tissues.
Cognition and Sensation	The anatomical structures (brain, central and peripheral nervous systems, eyes and ears) and body functions that support perception, interpretation, and response to internal and external stimuli.
Excretion	The anatomical structures (kidney, ureters, and bladder) and body functions that support filtration and excretion of liquid wastes, regulate fluid and electrolyte and acid-base balance.
Immunity	The anatomic structures (spleen, thymus, bone marrow, and lymphatic system) and body functions related to inflammation, immunity, and cell growth.
Ingestion, Digestion, Absorption and Elimination	The anatomical structures (mouth, esophagus, stomach, gall bladder, liver, small and large bowel, and rectum) and body functions that support ingestion, digestion, and absorption of food and elimination of solid wastes from the body.
Integument	The anatomical structures (skin, hair, and nails) and body functions related to protecting the inner organs from the external environment and injury.
Mobility	The anatomical structures (bones, joints, and muscles) and body functions that support the body and provide its movement.

Oxygenation	The anatomical structures (nose, pharynx, larynx, trachea, and lungs) and body functions that support adequate oxygenation of tissues and removal of carbon dioxide.
Regulation and Metabolism	The anatomical structures (pituitary, thyroid, parathyroid, pancreas, and adrenal glands) and body functions that regulate the body's internal environment.
Reproduction	The anatomical structures (breasts, ovaries, fallopian tubes, uterus, vagina, vulva, testicles, prostate, scrotum, and penis) and body functions that support reproductive functions.

Decision Log

Information related to each question answered in a scenario attempt is listed in the report. A brief description of the scenario, question, selected option and rationale for that option are provided for each question answered. The words "Optimal Decision" appear next to the question when the most optimal option was selected.

The rationale for each selected option may be used to guide remediation. A variety of learning resources may be used in the review process, including related ATI Review Modules.