

PART I

Scenario: Sasha, an 18-year-old getting ready to leave for college, was admitted into Urbana-OSF's mental health unit after her parents discovered her symptoms of anorexia are worsening with her worsening use of Adderall. Sasha was brought to the hospital with her two parents and they have asked to be given a call following the admission assessment. Her parents have been very involved throughout the entire time she has struggled with Anorexia, which has been the past two years. When Sasha was 15 years old, she was on the cheerleading team and a teammate told her she could no longer be on the team until she "lost a couple pounds." Directly following that, Sasha refused to eat and was working out excessively to try to fit in with the team she so badly wanted to be on. Her parents began to notice that she was not eating, and she was noticing that she was beginning to rapidly lose weight. When Sasha's parents tried to talk to her, she denied having any problem and she was just cutting back on what she was eating and working out more. After six months, Sasha had lost 25 pounds and her parents began to worry. Her mother took Sasha to her primary care provider who suggested counseling with a private therapist. Sasha agreed and began to see her therapist and it seemed as though her symptoms began to subside. When the following summer came around, Sasha's parents noticed she was working out more and eating less. It has been a continuous cycle. She began to use stimulants six months ago, mainly using Adderall. In the past two years, Sasha had lost 68 pounds, going from 143 lbs. to 109lbs, she is 5'6" tall.

When Sasha was admitted into the OSF ED, Sasha weight was taken, and she weighed 101.2lbs. Sasha's parents were also both present and stood by her side the entire time. There was no tension, just concern for their daughter. Sasha was relatively calm and very understanding of everything that the health care team was doing. Sasha's parents requested for the health care team to do a drug screening to determine whether Sasha was using any kinds of drugs. The results are still pending, but Sasha said, "I only took Adderall like I always do," but her parents did not seem confident that that was the only drug she took.

Assessment: When Taylor, Sasha's ER admitting nurse, started asking Sasha more questions, she started to become tense. Before the nurse could even get a word out, Sasha stated, "I really am doing okay, I have just been working out a little bit and I have been eating enough. I don't have a problem anymore like I used to, I am a lot better. I don't think I need to be here." When Taylor asked if she had been seeing her counselor, she declined and said that she did not think she needed to see her anymore because she didn't have a problem like she used to. Sasha seemed anxious, she was in oversized sweatpants and a sweatshirt and her hair was in a messy bun and appears not to be freshly washed. Her behavior was quiet and shy. She reported she has no LOC. Her cognition seemed intact.

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Taylor asked Sasha if she had any thoughts of hurting herself, and she paused, but then declined. When Taylor started to talk about her substance abuse, Sasha got even more tense. Taylor asked Sasha if she had been using any drugs and she just sat there without answering Taylor. Taylor reminded Sasha that she would never be in any kind of trouble, they just wanted to help her. Sasha confessed to Taylor that she had used Adderall and she “tried cocaine just a couple times” because she heard from friends that it would help her lose weight.

Subjective Data: 101.2 lbs (down 41.8 lbs), her BMI is 16.3 (underweight), doesn't believe she has any kind of problem, denied wanting to hurt herself.

Objective Data: Sasha appeared to be anxious, shy, appearance looked as though she didn't care for what she looked like (unwashed hair, baggy clothes)

PART II

Plan of Care:

Nursing Diagnosis: At risk for imbalanced nutrition related to inadequate food intake as evidenced by low body weight

	Immediate	During Hospitalization	Community
Goal 1.1: Supervise Sasha during mealtimes and after to ensure she is eating	1. Set goal for amount to eat	Staff member sit with Sasha while she eats	Parents / support system support eating certain amount during meals
	2. Make a meal plan with Sasha	Staff makes meal menu with Sasha	Follow meal plan with family
	3. Educate on importance of diet	Consult with dietitian	Continue with dietitian following discharge
Goal 1.2: Ensure eating to gain weight or not lose weight	1. Meal compliance	Diet plan	Family comply with diet plan
	2. Daily weight	Daily weight to encourage no weight loss	Family monitor weight to ensure Sasha isn't losing weight when discharged
	3. No excessive working out	Consult with staff when has the urge to workout	Alternative things to do other than working out
Goal 1.3: Acceptance of eating disorder	1. Sasha acknowledging she has a problem	Sasha needs to verbally say she has a problem and	Should not ignore the issue when she is discharged

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		needs help	
	2. Discuss the reasons the problem has escalated	Determine things that make her feel like she isn't skinny enough or needs to workout more	Determine signs that suggest her eating disorder is about to flare up
	3. Discuss the importance of eating disorders	Encourage Sasha to work through during group meetings	Encourage Sasha to attend group meetings after discharge

Nursing Diagnosis: As risk for ineffective coping related to stimulant abuse / use as evidence by illegal use of cocaine and Adderall.

	Immediate	During Hospitalization	Community
Goal 2.1: Make a plan for someone for Sasha to contact when she has the urge to use drugs	1 Contact support person for Sasha	Enstill trust and determine the problems at hand	Continue relationship with support person
	2. Determine triggers	Have sasha contact support person when coming into contact with triggers	Continue to contact support person when feeling signs of triggers
	3 Discourage exercise & drug use	Use support person to alternative coping skills	Contact support person when feeling the urge to use drugs or exercise
Goal 2.2: determine other coping skills	1. Encourage Sasha to express her feelings and fears	Sasha admitting she has a problem and any fears she may have	Having people Sasha can discuss her feelings and fears with once out of inpatient
	2. Alternative coping mechanisms that could help besides drugs / exercise	Discuss positive things about Sasha	Sasha devote time each day to emphasize things she loves about herself and does well
	3. Educate on alternative calming mechanisms	Introduce things like music therapy & journaling	Continue to use alternative coping mechanisms when feeling urge to over exercise / use

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			stimulants.
Goal 2.3: Encourage support groups for eating disorders and stimulant abuse	1. Educate on support groups	Start in group therapy	Continue to do group therapy
	2. Emphasize positive decisions Sasha is making	Praise and emphasize good decisions	Remind family to emphasize good decisions
	3. Let Sasha know she isn't alone in the feelings she is having	Attending support groups with people who struggle with the same thing	Continue to support her through her disease and never discourage feelings

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PART III

NCLEX Questions with Rationale:

Question #1: Should Sasha be able to do any kind of exercise following her inpatient therapy?

- A. Yes, she should still be able to exercise as long as she is maintaining the specified amount of calories she should intake per day.
- B. No, she will never be able to exercise again
- C. No, she will not be able to exercise until she is fully recovered.
- D. Yes, she needs to exercise to stay physically fit and healthy

Answer: C. Until a patient is fully recovered, she should not be able to exercise because it could conflict the treatment that is in progress.

Question #2: Sasha says she has no issues eating and does not need to have anyone sit with her, she will eat alone. What kind of response should the nurse give?

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- A. "You do not have a choice I have to sit with you."
- B. "We have created a care plan for me to sit with you while you eat to comply with our diet plan we have in place"
- C. "Okay, I will leave you here to eat alone"
- D. "Okay, but if I leave then another patient will have to sit here with you to report if you eat your meal or not"

Answer: B. Sasha will need to have a staff member sit with her to comply with her care and diet plan.

Question #3: Which of the following are coping mechanisms that Sasha should implement to help cope with her eating disorder? Select all that apply

- A. Exercise regularly
- B. Journal her feelings
- C. Consider forming a spiritual life
- D. Lean on support system
- E. Avoid talking about her eating disorder

Answer. BCD. Those are all coping mechanisms that Sasha should implement other than using stimulants.