Management of Care:

Delegation and Supervision: Delegating Tasks to an Assistive Personnel

- Delegation is the process of transferring the performance of a task to another member of the health care team while retaining accountability for the outcome.
    - RNs can delegate to other RNs, PNs, and AP
    - RNs must be knowledgeable about their stat's nurse practice act and the regulations that guide the use of PNs and AP
    - RNs must delegate tasks so that they can complete higher-level tasks that only RNs can perform. This allows more efficient use of all team members.
- Delegation Factors considerations:
    - Predictability of the outcome
    - Need for problem solving and innovation
    - Level of interaction with the client
- Use the five rights of delegation to decide
    - Tasks to delegate (right task)
    - Under what circumstances (right circumstances)
    - To whom (right person)

Safety and Infection Control:

Bipolar Disorders: Providing Care to a Client Who is Experiencing a Manic Episode

- Manic Characteristics:
    - Labile mood with euphoria
    - Agitation and irritability
    - Restlessness
- Focus on safety and maintaining physical health
    - Decrease stimulation without isolating the client if possible
    - Provide outlets for physical activity
    - Asses the client regularly for suicidal thoughts, intentions, and escalating behavior
- Nursing Actions:
    - Prevent client self-harm
    - Decrease client's physical activity
    - Ensure adequate fluid and food intake

Legal and Ethical Issues: Use of Restraints on School-Age Child

- Time limits for seclusion or restraints are based upon the age of the client:
    - Age 18 years and older – 4 hrs.
    - Age 9-17 years – 2 hrs.
    - Age 8 years and younger – 1 hr.

- When the nurse has tried all other less restrictive means to prevent a client from harming self or others, the following must occur in order to use seclusion or restraint:
    - The provider must prescribe the seclusion or restraint in writing
    - The time limits for seclusion or restraints are based upon age of client
    - If the need for seclusion or restraint continues the provider must reassess the client and rewrite the prescription, specifying the type of restraint, every 24 hrs. or the frequency of time specified by facility policy
- Documentation:
    - Client behavior in a clear and objective manner
    - Staff response to disruptive, violent, or potentially harmful behavior, including timelines and the extent of response
    - Time the nurse notified the provider and any prescriptions received

Legal and Ethical Issues: Caring for a Client Who Is in Restraints

- The nurse should never use seclusion or restraint for the following:
    - Convenience of the staff
    - Punishment of the client
    - Clients who are extremely physically or mentally unstable
    - Clients who cannot tolerate the decreased stimulation of a seclusion room
- The facility protocol should identify the nursing responsibilities, including how often the client should be:
    - Assessed and the client's behavior documented
    - Offered food and fluid
    - Toileted
    - Monitored for vital signs and pain
- Complete documentation every 15-30 min:
    - Precipitating events and behavior of the client prior to seclusion or restraint
    - Alternative actions taken to avoid seclusion or restraint
    - The time treatment began

Legal and Ethical Issues: Guidelines for the Use of Mechanical Restrains

- Client Rights Regarding Seclusion and Restraint
    - The provider should prescribe seclusion and/or restraint for the shortest duration necessary, and only if less restrictive measures are not sufficient.
    - The nurse can use seclusions or restraints without obtaining a provider's written prescription if it is an emergency situation. If this emergency treatment is initiated, the nurse must obtain the written prescription within a specified period of time, usually 15-30 min.
    - Restraint or seclusion must be discontinued when the client is exhibiting behavior that is safer and quieter. Once restraints or

seclusion are discontinued, the nurse must obtain a new prescription before initiating restraints again.

- Intentional Torts:
  - False imprisonment – confining a client to a specific area physically, verbally, or using a chemical restraint when it is not part of the client's treatment
  - Assault – making a threat to a client
  - Battery – touching a client in a harmful or offensive way
- Resources for solving ethical client issues:
  - The nurse practice act of a specific state
  - Legal advice from attorneys
  - Facility policies

Psychosocial Integrity

Family and Community Violence: Risk Factors for Child Abuse

- Risk Factors for Abuse Toward Child
  - The child is under 4 years of age
  - The perpetrator perceives the child as being different (the child is the result of an unwanted pregnancy, is physically disabled, or has some other trait that makes them particularly vulnerable.
- Types of Violence
  - Physical – physical pain or harm is involved
  - Sexual – sexual contact take place without consent, whether the vulnerable person is able to give consent or not
  - Emotional – behavior that minimizes an individual's feelings of self-worth or humiliates, threatens, or intimidates a family member
- Vulnerable person characteristics
  - Demonstration of low-esteem and feelings of helplessness, hopelessness, powerlessness, guilt, and shame
  - Attempts to protect the perpetrator and accept responsibility for the abuse
  - Possible denial of the severity of the situation and feelings of anger and terror

Medications for Depressive Disorders: Analyzing Client Behavior

- Tricyclic Antidepressants
  - Therapeutic Uses:
    - Neuropathic pain
    - Fibromyalgia
    - Anxiety disorders
  - Complications:
    - Orthostatic hypotension
    - Anticholinergic effects
    - Toxicity
  - Interactions

        - Concurrent use with MAOIs can cause severe hypertension
        - Concurrent use with antihistamines and other anticholinergic agents can result in additive anticholinergic effects
        - Concurrent use with alcohol, benzodiazepines, opioids, and antihistamines can result in additive CNS depression
- SSRIs
    - Therapeutic Uses:
        - Major depression
        - OCD
        - Bulimia nervosa
    - Complications
        - Sexual dysfunction
        - CNS stimulation – insomnia, agitation, anxiety
        - Serotonin Syndrome
    - Serotonin Syndrome
        - Mental confusion, difficulty concentrating
        - Abdominal pain
        - Hallucinations
- SNRIs
    - Therapeutic Uses
        - Depression
        - First-line treatment for atypical depression
        - Panic disorder
    - Complications
        - Anxiety, agitation, hypomania, mania
        - Orthostatic hypotension
        - Hypertensive crisis
    - Interactions
        - Concurrent use with antihypertensive can cause additive hypotensive effects
        - Concurrent use with meperidine can lead to hyperpyrexia
        - Hypertensive crisis can result from intake of dietary tyramine

Crisis Management: Priority Nursing Interventions

- Types of crisis:
    - Situational/external – often unanticipated loss or change experienced in everyday, often unanticipated, life events
    - Maturational/internal – achieving new developmental stages, which requires learning additional coping mechanisms
    - Adventitious – occurrence of natural disasters, crimes, or national disasters
- Initial interventions include the following
    - Identify the current problem and directing interventions for resolution
    - Taking an active, directive role with the client. Encourage active participation by the client in planning solutions and goal setting
    - Helping the client set realistic, attainable goals

- Assist the client with developmental of the following type of action plan:
    - Short-term
    - Focused on the crisis
    - Realistic and manageable

Eating Disorders: Planning Care for a Client Who has Anorexia Nervosa

- Anorexia Nervosa
    - Persistent energy intake restriction leading to significantly low body weight in context of age, sex, developmental path, and physical health
    - Fear of gaining weight or becoming fat
    - Disturbance in self-perceived weight or shape
- Nursing Care
    - Closely monitor the client during and after meals to prevent purging, which can necessitate accompanying the client to the bathroom
    - Monitor the client for maintenance of appropriate exercise
    - Teach and encourage self-care activities
- Care After Discharge
    - Assist the client to develop and implement a maintenance plan related to weight management
    - Encourage follow-up treatment in an outpatient setting
    - Encourage client participation in a support group

Anxiety Attack Disorders: Caring for a Client During a Panic Attack

- Panic Disorder
    - Panica attacks typically last 15-30min
    - Manifestations present during a panic attack:
        - Palpitations
        - SOB
        - Chocking or smothering sensation
    - The client might experience behavior changes and/or persistent worries about when the next attack will occur
- Nursing Care
    - Provide a structured interview to keep the client focused on the present
    - Remain with the client during the worst of the anxiety to provide reassurance
    - Provide a safe environment for other clients and staff
- Behavioral Therapies
    - Relaxation training – to control pain, tension, and anxiety
    - Modeling – allows a client to see a demonstration of appropriate behavior in a stressful situation
    - Flooding – exposing the client to a great deal of an undesirable stimulus in attempt to turn off the anxiety response

Mental Health Issues of Children and Adolescents: Behavioral Management of Autism Spectrum Disorder

- Autism Spectrum Disorder
    - Complex neurodevelopmental disorder thought to be of genetic origin with a wide spectrum of behaviors affecting an individual's ability to communicate and interact with others.
    - Present in early childhood and is more common in boys than girls
    - Cognitive and language development are typically delayed
- Characteristic behaviors
    - Inability to maintain eye contact
    - Repetitive actions
    - Strict observance of routines
- Physical difficulties
    - Sensory integration dysfunction
    - Sleep disorders
    - Digestive and feeding disorders
    - Epilepsy, and or/ allergies

Stress and Defense Mechanisms: Evaluating Constrictive Use of Defense Mechanisms

- Defense Mechanisms
    - Altruism – Dealing with anxiety by reaching out to others
    - Sublimation – dealing with unacceptable feeling or impulses by unconsciously substituting acceptable forms of expression
    - Suppression – voluntarily denying unpleasant thoughts and feelings
- Continued
    - Repression – unconsciously putting unacceptable ideas, thoughts, and emotions out of awareness
    - Regression – sudden use of childlike or primitive behaviors that do now correlate with the person's current developmental level
    - Displacement – shifting feelings related to an object, person, or situation to another less threatening object, person, or situation
- Continued
    - Reaction formation – unacceptable feeling or behaviors are controlled or kept out of awareness by overcompensating or demonstrating.
    - Undoing – preforming an act to make up for prior behavior (mostly seen in children)
    - Rationalization – creating reasonable and acceptable explanations for unacceptable behavior

Bipolar Disorders: Alterations in Mood

- Types of Bipolar Disorders
    - Bipolar I – client has at leas one episode of mania alternating with major depression
    - Bipolar II – client has one or more hypomanic disorders alternating with major depressive episodes

    - Cyclothymic disorder – client has at least two years of repeated hypomanic manifestations that do not meet the criteria for hypomanic episodes alternating with minor depressive episodes
- Behaviors shown with Bipolar
    - Mania – an abnormally elevated mood, which can also be described as expansive or irritable, hospitalization required.
    - Hypomania – less severe episode of mania that lasts at least four days accompanied by three or more manifestations of mania. Hospitalization not required.
    - Rapid cycling – four or more episodes of hypomania or acute mania within one year and associated with increase recurrence rate and resistance to treatment
- Comorbidities
    - Substance use disorder
    - Anxiety disorders
    - Borderline personality disorder

Medications for Substance Use Disorders: Planning Care for a Client Experiencing Acute Alcohol Withdrawal

- Benzodiazepines
    - Chlordiazepoxide
    - Diazepam
    - Lorazepam
- Intended effects
    - Maintenance of vital signs within expected reference ranges
    - Decrease in the risk of seizures
    - Substitution therapy during alcohol withdrawal
- Nursing actions
    - Administer around the clock or PRN
    - Obtain baseline vital signs
    - Monitor vital signs and neurologic status on an ongoing basis

Neurocognitive Disorders: Home Safety for a Client Who Has Alzheimer's Disease

- Risk Factors
    - Advanced aging
    - Prior head trauma
    - Cardiovascular disease
- Home safety measures
    - Remove scatter rugs
    - Install door locks that cannot be easily opened
    - Place mattress on the floor
- Communication
    - Communicate in a calm, reassuring tone
    - Introduce self to client with each new contact

    - Establish eye contact and use short, simple sentences when speaking to the client.

Effective Communication: Reflective Communication

- Clarifying Techniques
    - Reflecting – Directs the focus back to the client in order for the client to examine his feelings
    - Restating – uses the client's exact words
    - Paraphrasing – restates the client's feelings and thoughts for the client to confirm what has been said
- Assessment
    - Assess verbal and nonverbal communication needs
    - Identify any cultural considerations that can impact communication
    - Assess for congruency between the verbal and nonverbal message
- Planning
    - Minimize distractions
    - Provide for privacy
    - Identify mutually agreed-upon client outcome

Pharmacological and Parenteral Therapies

Medications for Depressive Disorders: Client Teaching About Phenelzine

- Therapeutic Uses
    - Depression
    - First-line treatment for atypical depression
    - Panic disorder
- Client Education
    - Observe for manifestations and notify the provider if they occur
    - Provide the client with written instructions regarding foods and beverages to avoid
    - Avoid taking medications without approval from the provider
- Hypertensive crisis manifestations
    - Headache
    - Nausea
    - Increased heart rate

Medications for Psychotic Disorders: Monitoring Adverse Effects of Chlorpromazine

- Therapeutic Uses
    - Treatment of acute and chronic psychotic disorders
    - Schizophrenia spectrum disorders
    - Bipolar disorder: primarily the manic phase
- Complications
    - Anticholinergic effects
    - Extrapyramidal adverse effects

    - Akathisia
- Contraindications
    - These medications are contraindicated in clients who are in a comma or have Parkinson's disease, liver damage, or severe hypotension
    - Use of conventional antipsychotic medications is contraindicated in older adult clients who have dementia
    - Use cautiously in clients who have prostate enlargement, heart disorders, glaucoma, paralytic ileus, liver disease, kidney disease, or seizure disorders.

Substance Use of Addictive Disorders: Teaching About Disulfiram

- Nursing Care
    - Provide emotional support and reassurance to the client and family.
    - Begin to educate the client and family about addiction and the initial treatment goal of abstinence
    - Encourage self-responsibility
- Teaching
    - Inform client of purpose of disulfiram and the consequences of drinking alcohol during therapy
    - May cause drowsiness. Caution client to avoid driving and other activities requiring alertness until response to medication is known.
    - Advise patient to consult health care professional prior to taking other CNS depressants
- Adverse Reactions
    - Drowsiness
    - Fatigue
    - Psychosis

Reduction of Risk Potential

Medications for Depressive Disorders: Planning Interventions for a Client Who has Serotonin Syndrome

- Serotonin Syndrome
    - Can begin 2-72 hrs. after the start of treatment, and it can be lethal
    - Nursing Actions – Start symptomatic treatment (medications to create serotonin receptor blockade and muscle rigidity, cooling blankets, anticonvulsants, artificial ventilation)
    - Client education – Observe for manifestations, if any occur withhold medications and notify the provider.