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Glossary

Focused Review

WITHDRAWAL MANIFESTATIONS

Alcohol

- Manifestations usually start within 4 to 12 hr of the last intake of alcohol and can continue 5 to 7 days.
- Common manifestations include nausea; vomiting; tremors; restlessness and inability to sleep; depressed mood or irritability; increased heart rate, blood pressure, respiratory rate, and temperature; diaphoresis; tonic-clonic seizures; and illusions.
- Alcohol withdrawal delirium can occur 2 to 3 days after cessation of alcohol. This is considered a medical emergency. Manifestations include severe disorientation, psychotic effects (hallucinations), severe hypertension, and cardiac dysrhythmias. This type of withdrawal can progress to death.

Opioids

- Withdrawal manifestations occur within hours to several days after cessation of opioid use.

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Remediation

Management of Care

Ethical Practice (1)

-Legal and Ethical Issues: Identifying Ethical Principles

1. Know the different principles of ethics in mental health nursing.
 1. Beneficence- quality of doing good
 2. Autonomy- Clients right to make their own decisions
 3. Justice- Fair and equal treatment for all
 4. Fidelity- Loyalty and faithfulness to the client and to all
 5. Veracity- Honesty
- b. Nurses should be able to use these principles when faced with an ethical dilemma.
- c. Autonomy references the client, independence references the nurse.

Safety and Infection Control

Accident/Error/Injury Prevention (1)

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

1. Recognizing the differences between Mania, Hypomania, and Rapid Cycling.
 1. Mania- Abnormally elevated mood which can also be described as irritable. Typically lasts around one week. Requires hospitalization.

2. Hypomania- Less severe mania, lasts at least four days, and has at least three symptoms of mania. Does not require hospitalization.
 3. Rapid Cycling- Four or more episodes of acute mania within one year.
- b. Electroconvulsive therapy can be used to manage extreme manic behavior.
 - c. Medications include mood stabilizers, first generation antipsychotics, second generation antipsychotics, and antidepressants.
 - a. Mood Stabilizers- Lithium, anticonvulsants
 - b. First Generation Antipsychotics- Chlorpromazine, Loxapine
 - c. Second Generation Antipsychotics- Olanzapine, Risperidone
 - d. Antidepressants- SSRIs (Fluoxetine)

Use of Restraints/Safety Devices (1)

- Legal and Ethical Issues: Guidelines for the Use of Mechanical Restraints
 1. An as needed medication is a chemical restraint, but is considered less restrictive than mechanical.
 2. Documentation of mechanical restraint should be completed every 15-30 minutes based on facility policy.
 3. The nurse can initiate before being given a prescription by a provider for the safety of the client and staff. Prescription must be obtained within 15-30 minutes.

Psychosocial Integrity

Coping Mechanisms (1)

- Stress and Defense Mechanisms: Evaluating Constructive Use of Defense Mechanisms
 1. Assess if the client has recent changes or stressors that may cause their behaviors
 2. Know the difference between healthy and unhealthy use of defense mechanisms
 - a. Altruism and sublimation are always healthy
 - b. All other defense mechanisms can be used in healthy manners
 1. Can be unhealthy if used inappropriately or repetitively
 - b. Evaluate the progress of the client throughout nursing care for effectiveness

Crisis Intervention (1)

- Crisis Management: Priority Intervention for a Client Who Is Grieving
 1. Primary intervention is to evaluate for suicidal or homicidal intent.
 2. Nurses should promote a sense of safety in the therapeutic relationship and the facility.
 3. Identify the problem and help set realistic goals.

End-of-Life Care (1)

- Suicide: Priority Interventions for a Client Who is Grieving

1. Nurse should implement suicide precautions for any client who displays suicidal thoughts or ideations.
2. Assess comments, suicide plan, verbal, and nonverbal cues.
3. Perform a thorough physical assessment looking for indications of recent or previous self-harm.
 1. Lacerations, scratches
 2. Scars

Family Dynamics (2)

-Eating Disorders: Planning Care for a Client Who Has Anorexia Nervosa

1. Nurses should initially determine the mental status of the client about the situation.
2. Identify what kind of cognitive distortions the client may have.
 - a. Overgeneralization
 - b. All-or-nothing thinking
 - c. Catastrophizing
 - d. Personalization
 - e. Emotional Reasoning
- a. Knowing patients' vital signs may be different.
 - a. Lower baseline blood pressures make orthostatic hypotension likely.
 - b. Bradycardia
 - c. May have a lower body temperature.

-Group and Family Therapy: Identifying Characteristics of a Family Who Has Rigid Boundaries

1. A nurse should know what rigid boundaries look like.
 - a. Rigid boundaries- rules and roles are completely inflexible. Tend to have members who isolate themselves and communication is minimal. Members do not share thoughts or feelings.
- a. Identify which member appears to be the leader of the family.
- b. Encourage isolating and quiet members to speak up.

Grief and Loss (1)

-Care of Clients Who are Dying and/or Grieving: Planning Care for Bereavement

1. Bereavement includes both grief (inward feelings of loss) and mourning (outward display of loss).
2. Identify what type of loss the client experienced.
 1. Necessary- anticipated
 2. Actual- loss of valued person or item
 3. Perceived- loss defined by client but not obvious to others
 4. Maturation- normally expected due to processes of life
 5. Situational- unanticipated loss due to an external event
- b. Educate patients of the Kubler Ross stages of grief and the expectations associated with each stage.
 - a. Denial
 - b. Anger

- c. Bargaining
- d. Depression
- e. Acceptance

Mental Health Concepts (1)

-Stress and Defense Mechanisms: Identifying Defense Mechanisms

1. Know the different defense mechanisms and their manifestations
2. Know differences between adaptive and maladaptive uses of all defense mechanisms.
3. Be able to recognize these manifestations in different clients.

Substance Use and Other Disorders and Dependencies (2)

-Medications for Substance Use Disorders: Manifestations of Alcohol Withdrawal

1. Common manifestations include nausea, vomiting, tremors, restlessness and inability to sleep, depressed mood or irritability, tachycardia, hypertension, tachypnea, fever, diaphoresis, tonic-clonic seizures, illusions
2. May experience delirium 2-3 days after cessation of alcohol use
3. Manifestations of alcohol withdrawal delirium include severe disorientation, hallucinations, severe hypertension, and cardiac dysrhythmias

-Medications for Substance Use Disorders: Teaching About Methadone

1. Encourage client to participate in a 12-step program
2. Educate client of the use of methadone for both withdrawal and long-term maintenance
3. Inform client that the dose must be tapered slowly to reduce detoxification

Therapeutic Communication (1)

-Suicide: Therapeutic Communication During Assessment

1. Perform a self-assessment regularly to determine how a nurse feels about suicide before communicating with these patients to avoid appearing judgemental
2. Always use follow-up questions if the answer to the first question is negative
3. Involve significant others or family in the treatment plan if the client is comfortable with doing so

Pharmacological and Parenteral Therapies

Expected Actions/Outcomes (1)

-Medications for Substance Use Disorders: Managing Alcohol Withdrawal

1. Manifestations start within 4-12 hours of the last drink and can last for 5-7 days.

2. Delirium may occur 2-3 days after the last drink.
3. Monitor vital signs, implement seizure precautions, and administer proper medications as needed for symptoms of withdrawal.

Medication Administration (2)

-Medications for Substance Use Disorders: Adverse Effects of Disulfiram

1. Disulfiram can cause hepatotoxicity. Monitor liver function tests.
2. Disulfiram should not be mixed with alcohol. This can cause acetaldehyde syndrome.
 - a. Adverse effects of the combination include: nausea, vomiting, weakness, sweating, palpitations, hypotension.
 - b. This can progress to respiratory depression, cardiovascular suppression, seizures, and death.
- a. Medication effects can last for up to 2 weeks after cessation, continue to avoid alcohol during this time.

-Substance Use and Addictive Disorders: Teaching About Disulfiram

1. Encourage the client to adhere to the medication plan.
2. Advise the client to avoid all alcohol products.
3. Teach the client about signs of relapse and contributions to possible relapse.