

## Reduction of Risk Potential-

### Changes/Abnormalities in Vital Signs

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

- Start symptomatic treatment:
  - meds to create serotonin receptor blockade, muscle rigidity, cooling blankets, anticonvulsants, artificial ventilation
- Concurrent use with SSRIs can lead to serotonin syndrome
  - Avoid concurrent Use
- Concurrent use with MAOIs TCAs St. John's wort increases risk of serotonin syndrome
  - Discontinue MAOI's 14 days prior to starting SSRI

#### Potential for Complications of Diagnostic Tests/Treatments/Procedures Brain Stimulation Therapies: Preventing Complications of Electroconvulsive Therapy

- To prevent memory loss and confusion:
  - Provide frequent orientation
  - Provide safe environment to prevent injury
  - Assist client with personal hygiene
- To prevent cardiovascular changes
  - Monitor VS and cardiac rhythm regularly
- Relapse of depression
  - ECT is not a permanent cure. Weekly or monthly maintenance ECT can decrease the incidence of relapse

## Management of Care

### Case Management

#### Substance Use and Addictive Disorders: Creating a Discharge Plan for a Client Who Has Alcohol Use Disorder

- Safety is primary focus during withdrawal
  - Maintain safe environment to prevent falls
  - Implement seizure precautions as necessary
  - Provide close observation
  - Advise clients taking disulfiram to avoid all alcohol

### Client Rights

#### Legal and Ethical Issues: Informed Consent for Electroconvulsive Therapy

- Client also have various specific rights, including
  - Informed consent and the right to refuse treatment

- o Confidentiality
- o A written plan of care/treatment
- o Provision of adequate interpretive services if needed
- o Care provided with respect, dignity, and without discrimination
- Voluntary admission: The client or client's guardian chooses admission to a mental health facility in order to obtain treatment. This client is considered competent and so has the right to refuse medication and treatment.
- Client admitted under involuntary commitment are still considered competent and have the right to refuse treatment, including medication

### **Confidentiality/Information Security**

#### **Creating and Maintaining a Therapeutic and Safe Environment:**

##### **Establishing a Therapeutic Nurse-Client Relationship**

- Consistently focus on the client's ideas, experiences, and feelings.
- Identify and explore the client's needs and problem.
- Discuss problem-solving alternatives with the client.
- Help to develop the client's strengths and new coping skills.
- Encourage positive behavior change in the client.

### **Ethical Practice**

#### **Legal and Ethical Issues: Priority Action for Client Refusing Treatment**

- Vital to clearly and objectively document information related to violent or other unusual episodes
- Nurse should document:
  - o Client behavior
  - o Staff Response
  - o Time the nurse notified the provider
- Nurse can use seclusion or restraints without first obtaining a providers written prescription if it is an emergency situation

### **Psychosocial Integrity**

#### **Abuse/Neglect**

##### **Family and Community Violence: Risk Factors for Child Abuse**

- 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.
- A history of being abused or neglected as a child
- Physical or mental illness, such as depression or post-traumatic stress disorder (PTSD)

- Family crisis or stress, including domestic violence and other marital conflicts, or single parenting

### **Crisis Intervention**

#### **Crisis Management: Priority Intervention for a Client Who Is Grieving**

- Primary intervention is to evaluate for suicidal or homicidal intent.
- Nurses should promote a sense of safety in the therapeutic relationship and the facility.
- Identify the problem and help set realistic goals.

#### **Crisis Management: Priority Nursing Interventions**

- Rapid assistance for individuals or groups who have an urgent need
- Initial task of the nurse is to promote a sense of safety for the client
- Use strategies to decrease anxiety

### **Family Dynamics -**

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

- Rules and roles are completely inflexible
- Families tend to have members that isolate themselves and communication is minimal
- Members do not share thoughts or feelings

### **Grief and Loss -**

#### **Care of Clients Who are Dying and/or Grieving: Assisting a Client With Grieving**

- Identify the current problem and directing interventions for resolution
- Take an active directive role with the client
- Encourage active participation by the client in planning solutions and goal setting

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

- Facilitate communication between client, family, and provider
- Encourage religious/spiritual practices that bring comfort and strength
- Encourage client who is grieving to attend a bereavement or grief support group

### **Mental Health Concepts**

#### **Anxiety Disorders: Expected Findings of Posttraumatic Stress Disorder**

- Re-experiencing the trauma through intrusive distressing recollections of the event, flashbacks, and nightmares.

- Emotional numbness and avoidance of places, people, and activities that are reminders of the trauma.
- Increased arousal such as difficulty sleeping and concentrating, feeling jumpy, and being easily irritated and angered.

### **Psychotic Disorders: Teaching About Relapse**

- Develop social skills and friendships
- Participate in group work and psychoeducation
- Comply with the medication

### **Stress and Defense Mechanisms: Identifying Defense Mechanisms**

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

### **Substance Use and Other Disorders and Dependencies**

#### **Medications for Depressive Disorders: Emergency Care for a Client Who Has Indications of Neuroleptic Malignant Syndrome**

- Monitor for hyponatremia while taking the medication
- Hypertensive crisis (severe hypertension as a result of intensive vasoconstriction and stimulation of the heart) can result from dietary tyramine, assess adherence to dietary restrictions
- Concurrent use with meperidine can lead to hyperpyrexia, alternative analgesic should be used

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## **Health Promotion and Maintenance**

### **Aging Process**

Older Adults (65 Years and Older): Teaching About Expected Age-Related Changes

- Decreased skin turgor, subcutaneous fat, and connective tissue
- Thinning and graying of hair, more sparse
- Thickening of fingernails and toenails

## **Pharmacological and Parenteral Therapies**

### **Adverse Effects/Contraindications/Side Effects/Interactions**

#### **Medications for Depressive Disorders: Client Teaching About Phenelzine**

- Used for depression, bulimia, atypical depression, panic disorder
- Complications include anxiety, agitation, hypomania, mania
- Monitor for BP and HR for orthostatic changes

### **Expected Actions/Outcomes**

## **Medications for Psychotic Disorders: Monitoring Adverse Effects of Chlorpromazine**

- Agranulocytosis: Med should be d/c if WBC count is less than 3,000
- Anticholinergic effects: dry mouth, blurred vision, constipation
- Acute dystonia, severe spasm of tongue, neck, face, and back

## **Medications for Substance Use Disorders: Managing Alcohol Withdrawal**

- Benzodiazepines: diazepam, lorazepam, oxazepam
- Decreases risk of seizures: Carbamazepine
- Decrease in cravings: Propranolol, atenolol

## **Medication Administration -**

### **Medications for Substance Use Disorders: Adverse Effects of Disulfiram**

- Disulfiram can cause hepatotoxicity. Monitor liver function tests.
- Disulfiram should not be mixed with alcohol. This can cause acetaldehyde syndrome.
  - o Adverse effects of the combination include: nausea, vomiting, weakness, sweating, palpitations, hypotension.
  - o This can progress to respiratory depression, cardiovascular suppression, seizures, and death.
- 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**

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

## **Safety and Infection Control**

### **Use of Restraints/Safety Devices**

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

- In general, provider should prescribe seclusion and/or restraint for shortest duration necessary
- Time limits for seclusion are based upon age:
  - o Age 18 years and older: 4 hours
  - o Age 9-18 years: 2 hours
  - o Age 8 years and younger: 1 hour
- The facility protocol should identify the nursing responsibilities and how often client should be assessed, offered food/drink, toileted, vitals, pain level

#### **Legal and Ethical Issues: Guidelines for the Use of Mechanical Restraints**

- An as needed medication is a chemical restraint, but is considered less restrictive than mechanical.
- Documentation of mechanical restraint should be completed every 15-30 minutes based on facility policy.

- 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