

N323 Mental Health ATI remediation

Justin Pranada - Level 2

Time spent: 2 hrs

Management of Care

- Substance Use and Addictive D/O: creating a discharge plan for a client who has alcohol use disorder
 - o Teach the client to recognize indications of relapse and factors that contribute to relapse.
 - o Teach cognitive-behavioral techniques to help maintain sobriety and create feelings of pleasure from activities other than using substances or from process addictions.
 - o Assist the client to develop communication skills to communicate with coworkers and family members while sober.
- Crisis Management: priority steps in critical incident stress debriefing
 - o Identifying the current problem and directing interventions for resolution.
 - o Taking an active, directive role with the client.
 - o Helping the client set realistic, attainable goals.
- Legal and Ethical Issues: client confidentiality
 - o The client's right to privacy is protected by HIPAA
 - o Only if the client provides consent should the nurse share information with other persons not involved in the client treatment plan.
 - o If the nurse becomes aware that a client's right to privacy is being violated, they should immediately take action to stop the violation.
- Legal and Ethical Issues: identifying ethical principles

- o Beneficence: the quality of doing good
- o Autonomy: the client's right to make their own decisions
- o Justice: fair and equal treatment for all

Safety and Infection Control

- Legal and Ethical Issues: applying restraints
 - o Age 18 years and older: 4hr
 - o Age 9 to 17 years: 2hr
 - o Age 8 years and younger: 1hr

Psychosocial Integrity

- Family and Community Violence: priority nursing action for suspected child abuse
 - o Assess for unusual bruising
 - o Assess the mechanism of injury
 - o Assess for burns
- Sexual Assault: priority interventions
 - o Provide for client safety
 - o Provide nonjudgemental and empathetic care
 - o Obtain informed consent to collect data
- Crisis Management: priority assessment
 - o Presence of suicidal or homicidal ideation requiring possible admission to an acute facility
 - o Support system
 - o Present coping skills
- Effective Communication: priority response to client who is in crisis
 - o Active listening
 - o Open ended questions
 - o Offering self
- Care of Those Who are Dying and/or Grieving: identifying indications of clinical depression

- o Delayed or inhibited grief
- o Distorted or exaggerated grief response
- o Chronic or prolonged grief
- Eating Disorders: identifying manifestations of anorexia nervosa
 - o Clients are preoccupied with food and the rituals of eating, along with a voluntary refusal to eat
 - o Onset can be associated with a stressful life event
 - o Fear of gaining weight or becoming fat
- Neurocognitive Disorders: findings associated with delirium
 - o Physiological changes
 - o Metabolic changes
 - o CV or respiratory diseases
- Stress Management: evaluating a client's understanding of deep-breathing exercises
 - o Lowers anxiety
 - o Promotes relaxation
 - o Has antidepressant effects
- Substance Use and Addictive Disorders: identifying manifestations of alcohol use withdrawal
 - o Abdominal cramping
 - o Vomiting
 - o Tremors

Basic Care and Comfort

- Depressive Disorders: recommendations of decrease social isolation
 - o Communication
 - o Counseling
 - o Assertive training

Reduction of Risk Potential

- Eating Disorders: reportable finding for a client who has anorexia nervosa
 - o Disturbance in self-perceived weight or shape
 - o Fear of gaining weight
 - o Persistent energy intake restriction leading to significantly low body weight in context of age, sex, developmental path, and physical health