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323 ATI Remediation  
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Medications for Depressive Disorders: Planning Interventions for a client who has serotonin syndrome

1. Discontinue MAOIs 14 days prior to starting an SSRI
2. Fluoxetine should be discontinued 5 weeks before starting an MAOI
3. Advise the client against use of St John's wort

Creating and Maintaining a therapeutic and safe environment: establishing a therapeutic nurse-client relationship

1. Consistently focus on the client's ideas and feelings
2. Help to develop the client's strengths and new coping skills
3. Assist the client to develop a sense of autonomy and self-reliance

Neurocognitive Disorders: Priority finding a client who has Alzheimer's disease

1. Assign the client to a room close to the nurses' station for close observation
2. Provide a room with low visual and auditory stimuli
3. Have the client wear an identification bracelet. Use monitors and bed alarm devices as needed

Suicide: Priority nursing assessment

1. Family history of suicide
2. Declining physical health
3. Loss of loved one

Bipolar Disorders: Providing care to a client who is experiencing a manic episode

1. Decrease stimulation without isolating the client if possible
2. Follow agency protocols for providing protection if a threat of self-injury or to others
3. Implement frequent rest periods

Legal and ethical issues: caring for a client who is in restraints

1. Provider must rewrite prescription for restraints every 24hr
2. Time limit of restraints are based on age
  - a. 18 and older:4 hr
  - b. 9-17:2hr
  - c. 8 and below:1 hr
3. Complete documentation every 15-30 min

Legal and ethical issues: guidelines for the use of mechanical restraints

1. The nurse can use seclusion or restraints without written prescription if its an emergency situation
2. Must obtain prescription for restraints within 15-30 min

3. Document and describe the event, behavior, actions taken to avoid restraints, time treatment began, what foods or drinks were offered/taken away, VS

Older adults: teaching about expected age-related changes

1. Depressed response to immunizations and stress
2. Prostate hypertrophy in males and atrophy of breast tissue in women
3. Increased blood pressure due to reduced cardiac output and circulation

Medications for depressive disorders: client teaching about phenelzine

1. Change positions slowly due to orthostatic hypotension
2. Observe for effects of anxiety, agitation, hypomania, mania and notify MD if they occur
3. Avoid designated tyramine foods while taking this medication-leads to hypertension and intense vasoconstriction and stimulation of heart

Medications for substance use disorders: managing alcohol withdrawal

1. Chlordiazepoxide
2. Diazepam
3. Lorazepam
4. Oxazepam

Medications for psychotic disorders: monitoring adverse effects of chlorpromazine

1. Dry mouth, blurred vision, photophobia, urinary hesitancy/retention, constipation, tachycardia
2. Severe spasm of tongue, neck, face and back
3. Rigidity, shuffling gait, drooling, tremors, bradykinesia
4. Inability to sit or stand still/ pacing agitation

Substance use and addictive disorders: teaching about disulfiram

1. Avoid all alcohol
2. Encourage client to adhere to the treatment plan
3. Teach the client to recognize indications of relapse and factors that contribute to relapse
4. Assist the client to develop communication skills while sober
5. Encourage family and client to attend 12 step program

Family and Community Violence: Risk for factors for child abuse

1. Female
2. Under 4 years of age
3. Perpetrator perceives the child as being different

Bipolar Disorders: client indications of acute mania

1. Elevated mood, irritable or expansive
2. Usually lasts one week
3. Requires hospitalization

Medication for depressive disorders: analyzing client behavior

1. Monitor for manifestations
2. Monitor for indications of orthostatic changes
3. Monitor for increased HR, hold medication and notify provider

Eating disorders: planning care for a client who has anorexia nervosa

1. Establish realistic goals for weight gain
2. Encourage client decision making and participation in plan of care for a sense of control
3. Develop and maintain a trusting relationship

Group and family therapy: recognizing boundaries

1. Rigid boundaries: rules and roles are inflexible, isolate themselves and communication is minimal
2. Enmeshed: thoughts, roles, feelings blend so much that individual roles are unclear
3. Healthy boundaries, roles are understood by all and able to function appropriately individually

Mental Health issues of children and adolescents: behavioral management of autism spectrum disorder

1. Sensory integration dysfunction, sleep, digestive, feeding disorders, epilepsy or allergies
2. More common in boys than girls
3. Provide a structured environment, role-model social skills, role-play situations that involve conflict and resolve strategies

Anxiety disorders: expected findings of posttraumatic stress disorder

1. Sleep disturbance
2. Muscle tension
3. Avoidance of activities and events

Stress and defense mechanisms: identifying defense mechanisms

1. Altruism: Dealing with anxiety by reaching out to others
2. Sublimation: dealing with unacceptable feelings or impulses by unconsciously substituting acceptable forms of expression
3. Suppression: voluntarily denying unpleasant thought/feelings

Medications for depressive disorders: emergency care for a client who has indications of neuroleptic malignant syndrome

1. Do not give medication and notify provider immediately
2. Monitor client for hyponatremia
3. Can cause sexual dysfunction

Effective Communication: Reflective Communication

1. Silence
2. Active listening
3. Questions that allow the nurse to obtain specific or additional information