

NUR 256/253 Mental Health worksheet: Exam 3

Define the following term:

1. Visual hallucinations: common in delirium, seeing things that aren't there
2. Auditory hallucinations: common in schizophrenia, hearing things that aren't there
3. Delusion: false beliefs that are held despite a lack of evidence to support them, distorted or false thoughts.
4. Illusion: errors in the perception of sensory stimuli, stimulus is real, but person misinterprets it.
5. Splitting: inability to view both positive and negative aspects of others as part of a whole, common in borderline.
6. Projection: unconscious rejection of emotionally unacceptable features and attributing them to others.
7. Physical abuse: physical injury
8. Emotional abuse
9. Sexual abuse: forcing sexual intercourse

Pharmacology: Clinical indication, side effects, adverse reactions, and patient teaching

1. Donepezil (Mental Cognition)
 - Used for all stages of Alzheimer's
 - S/E: nausea, vomiting, diarrhea, muscle cramps, fatigue, anorexia, bradycardia, incontinence
 - A/R:
 - P/T: take with food
2. Lithium (mood Stabilizer)
 - Used for acute mania and maintenance treatment
 - S/E: Nausea, vomiting, diarrhea
 - A/R: polyuria, GI upset, ataxia
 - p/T: check lithium level, BUN and creatinine for toxicity
3. Methylphenidate (Stimulant)
4. Cholinesterase (ChE) inhibitor

- Used for mild to moderate stages of Alzheimer's
- S/E: nausea, vomiting, diarrhea bradycardia, incontinence, GI upset, dry mouth
- A/R:
- P/T: take with food

Manifestations for depression -

Plan of care for patients with depression -

Define ADHD and treatment plan

- ADHD:
 - Inappropriate degree of inattention, impulsiveness, and hyperactivity
 - Stimulants: increases attention and task directed behavior while reducing impulsivity, distractibility, and relatedness.
 - Give in the morning, monitor weight
 - Non-stimulants: preferable for those whose anxiety increases from stimulants, active substance abuse disorder or tic disorders.

Clinical manifestations of Tourette's Disorder and tic disorders

- Tourette's disorder:
- Tic disorder:
 - Sudden, nonrhythmic and rapid motor movements or vocalizations.

Patient teaching on types of tics and management

- Motor tics:
 - Involve the head, torso, or limbs, tongue protrusion, touching, squatting, hopping, skipping, retracing steps, twirling when walking.
- Vocal tics:
 - Spontaneous production of words unrelated to conscious communication.

Clinical manifestations of Autism

- ASD:
 - A complex neurobiological and developmental disability that typically appears during a child's first 3 years of life.

- Manifestations:
 - Deficits in social relatedness, repetitive speech, obsessive focus on objects, over adherence to routines, hyper/hyporeactivity to sensory input, and resistant to change.

Types of therapeutic Communication with a child.

- Play, drawing, use words easily to understand, talk on their developmental level.

Define Factitious Disorders

- Factitious disorder imposed on self:
 - Consciously pretend to be ill to get emotional needs met and attain the status of patient. Munchausen syndrome.
- Factitious disorder imposed on another:
 - Caregiver deliberately falsifies illness in a vulnerable dependent. Munchausen by proxy.
- Malingering:
 - Conscious act of fabricating an illness or exaggerating symptoms.

Define the following learning disorders: dyslexia, dyscalculia, and dysgraphia.

- Dyslexia: difficulty reading words
- Dyscalculia: difficulty in mathematics
- Dysgraphia: difficulty in writing expression

Identify s/s of delirium and causes.

- **Medical emergency**
- Cardinal symptoms:
 - Inability to direct, focus, sustain, and shift attention
 - Abrupt onset with clinical features that fluctuate with periods of lucidity
 - Disorganized thinking
- Risk factors:
 - Cognitive impairments, immobilization, psych meds, dehydration, infection, sleep deprivation, and vision or hearing impairment.

Define conversion disorder and manifestations.

- Conversion disorder:
 - Functional neurological disorder manifests itself as neurological symptoms in the absence of a neurological diagnosis.
 - Emotional stress trigger
 - Deficits in voluntary motor or sensory function, paralysis, blindness, movement disorder, gait disorder, numbness, paresthesia, loss of vision or hearing

Define Dissociative Identity disorder and clinical manifestations.

- DID:
 - Presence of 2 or more distinct personality states that recurrently take control of behavior
 - Manifestations: Each alter has its own memories, behavioral patterns, and social relationships that dictate how the person acts when that personality is dominant.

Compare and contrast PTSD and ASD.

- PTSD:
 - persistent, reexperiencing of a highly traumatic event that involves actual or threatened death or serious injury to self or others. Responds with intense fear, helplessness, or horror.
 - Might be brought on by indirect exposure.
- ASD:
 - Symptoms develop after traumatic event, diagnosed 3 days-1 month after event.
 - The symptoms will improve or go on to be PTSD.

Compare the differences between Somatic Disorder, Illness Anxiety disorder and Conversion disorders.

- Somatic disorder:
 - Focus on physical symptoms to the point of excessive concern, preoccupation, and fear.

- Patient's suffering is authentic and experience a high level of functional impairment.
- S/S: headache, nausea, vomiting, diarrhea, backache, tachycardia
- Illness Anxiety disorder:
 - Similar to hypochondriacs, extreme worry and fear about the possibility of having a disease.
 - Worry leads to frequent self-scanning for signs or illness.
 - Symptoms are mild or absent.
- Conversion disorder:
 - Functional neurological disorder manifests itself as neurological symptoms in the absence of a neurological diagnosis.
 - Deficits in voluntary motor or sensory function, paralysis, blindness, movement disorder, gait disorder, numbness, paresthesia, loss of vision or hearing.

Identify what type of therapeutic communication the nurse would use to assess and treat the patient.

- Assess pain, known cause for underlying pain, assess chief complaint
- Validate patient's feelings, talk to them if there's anything else going on to cause the pain.

Define oppositional defiant disorder, manifestations, and nursing interventions.

- ODD:
 - Behavior exceeds the boundaries of what is socially acceptable.
 - Manifestations: seen as difficult/defiant, impairs child's life and makes school functioning, friendships, and family life extremely difficult.
 - Tx: manage anger, improve problem solving, reduce impulsivity and improve social interactions. Parent training, group therapy, CBT, medications.

Manifestation of suicidal ideation and treatment plan for children, adults, and elderly.

- Talking or writing about death, dying or suicide. Comments about hopeless, helpless or worthless, talking about feeling trapped or being a burden to others.
- Decrease stigma, educate about suicide, implement safety. Pharmacological interventions: antidepressants, Lithium, antipsychotics, antianxiety meds.

Define Antisocial personality disorder, manifestations, and nursing interventions.

- Antisocial personality disorder:
 - A pattern of disregard for the rights of others and their frequent violation.
 - Manifestations:
 - antagonistic behaviors: being deceitful and manipulative for personal gain or hostile if one's needs are blocked.
 - Disinhibited behaviors: risk taking, disregard for responsibility, and impulsivity.
 - Profound lack of empathy, absence of remorse or guilt, no boundaries, takes things that don't belong, doesn't follow rules, "entitlement".
 - Interventions: boundaries, consistency, support, and limits. Realistic choices, safety, mood stabilizers.

Define borderline personality disorder, manifestations, and nursing interventions.

- Borderline personality disorder:
 - Severe impairments in functioning, emotional lability.
 - Manifestations: marked instability, impulsivity, splitting, unstable mood, unstable interpersonal relationships, self-destructive/self-harm behaviors.
 - Interventions: CBT, DBT, psychotropics for symptom relief

List nursing interventions that would ensure safety on the mental health unit.

- Safety, frequent rounding

Define Narcissistic personality disorder, manifestations, and nursing interventions.

- Narcissistic personality disorder:

- Feelings of entitlement, and exaggerated belief in one's own importance, and lack of empathy.
- Manifestations: weak self-esteem, very insecure, hypersensitive to criticism, exploits others to meet their own needs, grandiose sense of personal achievement, constant need for admiration.
- Interventions: difficult to treat (not likely to seek help), CBT, group therapy, lithium

Define Histrionic Personality disorder, clinical manifestations, and nursing interventions.

- Histrionic personality disorder:
 - Excitable, dramatic; often high functioning, manipulative.
 - Manifestations: emotional attention seeking, self-centered, low frustration tolerance, excessive emotions. Impulsive, may act flirtatiously or provocatively. Limited abilities to develop meaningful relationships. Sudden shift in emotions, insensitive to others.
 - Interventions: psychotherapy

Define paranoid personality disorders, clinical manifestations, and nursing interventions.

- Paranoid personality disorder:
 - Long-standing distrust and suspiciousness of others based on the belief, unsupported by evidence, that others want to exploit, harm, or deceive the person.
 - Manifestations: children don't have friends and experience social anxiety. Adults have difficult relationships due to their jealousy, controlling behaviors, and unwillingness to forgive.
 - Interventions: adhering to schedules, avoid being overly friendly, projecting a neutral but kind affect. Psychotherapy, short-term antidepressants.

Define schizotypal personality disorders, clinical manifestations, and nursing interventions.

- Schizotypal personality disorder:

- Strikingly strange and unusual, **magical thinking**, odd beliefs, strange speech patterns, and inappropriate affect.
- Manifestations: Severe social and interpersonal deficits. Paranoia, suspiciousness, anxiety, distrust, brief episodes of hallucinations or delusion.
- Interventions: psychotherapy, low-dose antipsychotics

Define schizoid personality disorder, clinical manifestations, and nursing interventions.

- Schizoid personality disorder:
 - Exhibit a lifelong pattern of **social withdrawal**.
 - Manifestations: avoid close relationships, depersonalization, detachment, somewhat expressionless, restricted range of emotion, viewed as odd or eccentric from discomfort with social interaction.
 - Interventions: psychotherapy, group therapy, antidepressants

Clinical manifestation for dependent personality disorders, avoidant personality disorders and obsessive-compulsive disorders

- Avoidant personality disorder:
 - Extremely sensitive to rejection, feel inadequate, and are socially inhibited. Avoid interpersonal contact owing to fears of rejection or criticism.
- Dependent personality disorder:
 - Submissiveness, high need to be taken care of, fears of separation and abandonment, manipulating others to take responsibilities, intense anxiety when left alone even briefly.
- Obsessive-compulsive disorder:
 - Limited emotional expression, stubbornness, perseverance, and indecisiveness. Unhealthy focus on perfection, inflexible standards for others or self.

Define clinical manifestations for patient with Dementia and Alzheimer.

- Dementia:
 - Broad term used to describe progressive deterioration of cognitive functioning and global impairment of intellect.

- Manifestations: forgetting names or appointments, decreased or poor judgment.
- Alzheimer:
 - Early: difficult with recent memory, impaired learning, apathy, depression
 - Moderate to severe: visual/spatial and language deficits, psychotic features, agitation and wandering.
 - Late: gait disturbance, poor judgement, disorientation, confusion, incontinence, difficulty speaking, swallowing, and walking.

Develop a care plan for a patient with Alzheimer's and patient teaching for the family or caregiver.

- Safe environment, medical alert bracelet, exercise, involve family in treatment planning. Community support, finger foods, limit choices, monitor nutrition and weight.

Nursing diagnosis for patients with Alzheimer's and dementia.

Age related changes for the older adult, management of care and medication management

- Aging is accompanied by limited regenerative abilities and increased susceptibility to disease/sickness.
- Familiar surroundings and independence may be lost, diminished senses- hearing, sight, taste, smell.

Identify the difference between dissociative amnesia and dissociative Fugue.

- Dissociative amnesia:
 - Inability to recall important personal information, often of a traumatic or stressful event.
- Dissociative fugue:
 - Sudden, unexpected travel away from the customary locale and inability to recall one's identity and information about some or all their past.
 - May assume a whole new identity.

What signs/actions would the nurse note when assessing a client for suicidal ideation

- Stating “their better off dead”, watching cues, ask them directly in a therapeutic manner

How does the nurse determine the lethality of a suicide plan?

- Lethality: how quickly the person would die from that mode
- Means: access

Examples of a hard method and soft method when confirming a patient has stated they have “a plan.”

- Hard method: using a gun, jumping from high place, car crash
- Soft method: cutting self, ingesting pills