**King Saud University**

**Collage of Nursing**

**Psychiatric and community Department**

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**NUR 472**

**Psychiatric Mental Health**

**1433/434H**

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**Acknowledgment**

This book let is suitable for student nurse needs a guide to the psychiatric nursing practice.

We have developed this booklet to make Psychiatric Nursing practice take its right in Nursing Specialization in Saudi Culture

This book to every student who has a very sincere feeling to the patients and wishes to help them in their problems and emotional needs

Psychiatric Nursing is the most strangest and difficult specialization in the medical filed but it is the most important way of entering to the patient’s mind, that is through understanding patients and improving his/her insight **.**

**We Psychiatric Nursing**

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**Course overview**

**Course Description**

This course will enable the student to identify the Common Health Problems, mental health concepts based on nursing theory, personality development, human behavior, and related behavioral and biological sciences. The roles and responsibilities assumed by nurses in a variety of psychiatric/mental health settings. The course provide the student with the opportunity to apply theoretical knowledge to patient care in the clinical setting

**General Course Objectives**

**At the end of this course students will be able to develop the following competencies:**

1. Ethical performance
2. Mental status assessment
3. Interpersonal management
4. Clinical decision making
5. Prioritize NANDA nursing diagnosis
6. Patient care based on critical thinking

**These competences will be fulfilled through the following main clinical goals :**

* Discuss principles of psychiatric care and Apply at least **two**  of them and emphasize on therapeutic-use-of-self to engage in psychosocial therapeutic activities with patients
* Establishing and maintaining a therapeutic nurse-patient relationship with a patient experiencing psychiatric symptoms.
* Use of critical thinking strategies and appropriate communication skills in response to common patient behaviors associated with emotional distress and psychiatric disorders
* Utilize the nursing process as an organizational framework to promote care for patients with health care deviations related to psychiatric disorders
* Comprehend General Symptomatology & Psychopathology of Psychiatric Disorders
* Perform psychosocial assessment including interview techniques, observation skills, and use of Metal status examination
* Sets realistic goals in limitation with clients, which are client-centered, target-specific expected outcomes with specific time frames for achievement, and which are derived from prioritized nursing diagnoses
* Implement nursing care for patients with mental health problems
* Observe the indications, contraindications ,side effect of administration and precautions of the psychotropic medication
* Consider the legal and ethical issues involved in mental health/psychiatric nursing practice
* Assumes assertive responsibility for own learning in clinical setting
* Initiates participation in activities, and actively participates in clinical conferences.
* Application of appropriate professional attitudes
* Works collaboratively with other mental health professionals, collogues , and instructor within the clinical setting
* Seeks and provides feedback, and documents care accurately and appropriately.

**General Information**

**Area of Training:**

**The NUR472 (1434H) will be conduct in :**

* *King Khalid University Hospital*
* *Al Amal Complex for Mental Health*
* *Geriatric home (psychiatric floor)*

*\***Instructional Model**

Six (6) hours per week will be spent in a clinical practice setting from (8am – 2 pm) × 6 weeks

Psychiatric nursing orientation day counts for the first six hours of clinical.

**Attendance Policies**

Attendance at all clinical experiences is required. Any student who cannot fulfill this requirement for a clinical experience must be excused prior to the clinical day by assigned clinical instructor.

Clinical instructors will provide students with information by the first day of clinical for how to notify the instructor of an anticipated absence from a clinical experience. A student who misses a clinical experience may be required to provide appropriate written documentation of the reason for her absence to her clinical instructor; i.e. a written excuse from a health care provider may be required for incidents of illness/injury. **However, provision of health documentation does not assure that the student will be excused from a clinical experience.**

**Transportation**

The student should appear at the nursing collage by 7:30 the collage’s bus will move from their at 7:45 am to the area of training and back to the collage at 2 pm

In case the student will use private transportation, she should submit official letter.

**Uniform**

***King Khalid University Hospital***

The student should wear a **yellow** lab coat in all days of training any student not wear this uniform will be not allow to be in contact with patients and count absent of the clinical experience day

***Al Amal Complex for Mental Health***

The student should wear a **gray** lab coat in all days of training any student not wear this uniform will be not allow to be in contact with patients and count absent of the clinical experience day .

**Geriatric home (psychiatric floor)**

The student should wear a **white**  lab coat in all days of training any student not wear this uniform will be not allow to be in contact with patients and count absent of the clinical experience day

**ID card**

It is according to the hospital rules and regulation ,the hospital provides an ID card the student should carry it all days of training any student not bring it will be not allow to be in contact with patients and count absent of the clinical experience day.

**Psychiatric/Mental Health Nursing**

Psychiatric Nursing, as a distinct profession, provides service to individuals whose care needs relate to mental, physical, and developmental health.

**Psychiatric Nurses**

Engage in various roles providing health services to individuals, families, groups, and communities.

The practice of psychiatric nursing occurs within the domains of direct practice, education, administration, and research.

The core knowledge and skills of psychiatric nursing are derived from the Biological, physiological, and psychological health sciences.

The competencies acquired from this body of knowledge guide the application of critical thinking and professional judgment.

The core of psychiatric nursing practice is The therapeutic relationship.

Psychiatric Nursing focuses on various factors that

influence physical and mental health and is committed to the promotion of

health, the maintenance of optimal health, the prevention of illness, and the

care and treatment of persons with mental illness and developmental

disabilities. Psychiatric Nurses work with people on their personal

journeys to recovery.

**Ethics of practice**

Nursing student respect the patient’s dignity, autonomy, cultural beliefs, and privacy is of particular concern in psychiatric-mental health nursing practice.

Unethical behavior:

Review (Standards of Care of Psychiatric Mental Health Nursing by American Nurses Association 2000.)

**Orientation Sessions for Psychiatric Health Nursing NUR472 (1434)**

**First week**

|  |  |  |  |
| --- | --- | --- | --- |
| **Place** | **Instructors** | **Time** | **Conferences** |
| **Nursing collage** |  | **8-9** | **General principles of Psychiatric Nursing** |
|  |  | **9 -12** | **General Symptomatology & Psychopathology of Psychiatric Disorders** |

**Second week**

|  |  |  |  |
| --- | --- | --- | --- |
| **Place** | **instructors** | **Time** | **Conferences** |
| **Nursing college** |  | **8-10.5** | **communication / Nursing –patient relationship,**  **- Orientation of clinical area .**  **-Nursing Process.** |
| **break** | | | |
| **Nursing college** |  | **11-12** | **Orientation and general students expectation of NUR 472 course &** **Fears and Concurrences about mental myths** |

**Fears and Concurrences about mental myths**

Student nurses have described psychiatric “mental health nursing as a challenging experience, providing an opportunity for personal and professional growth. Working with clients who exhibit wide-ranging clinical symptoms of different psychiatric mental health disorders can elicit a variety of emotional or behavioral responses. Psychiatric clients are often stereotyped or categorized by the public as being poor, violent, confused, or unable to care for themselves. Consider these questions as you prepare for your psychiatric &mental health nursing experience:

* Do you have any fears?

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* Do you feel nervous knowing that you will be interacting with clients in a psychiatric & mental health clinical setting ?

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* Do you feel adequately prepared to provide interventions for clients with clinical symptoms of a mental illness?

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* Do you have any concerns that have not been answered by your instructor or peers?

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* Do you have any prejudice or feelings of intolerance about persons who are hospitalized in psychiatric & mental health facilities?

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**Paperwork and Assignments Guidelines**

**Paperwork and Assignments required for clinical NUR 472 (1434H) :**

* Nursing Care Plans for assigned patient (1 per semester)
* Case study (1 per semester )
* Presentation at weekly clinical conf. (1/semester)

**Paperwork and Assignments Guidelines**

All students are required to bring their File of Paperwork and Assignments in each clinical day.

Any paper will not be accepted if not submitted in plastic cover.

**Nursing Care Plans**

Every student must develop **one** dcare plans per semester. The care plan should be submitted **three days** after clinical day at the office of her assigned instructor.

**Case study**

Case will be presented to the student either in written format or through video vertion

The student ought to discuss, analyze, collect assessment data due select nursing diagnoses based on NANDA and prioritize care for assumed patient .

**Presentation**

The Student must:

* Submit the first draft of the presentation to the assigned instructor **one week** before the presentation due date in Soft copy in CD and paper based
* Make a copy of the presentation for the rest of the student .

**Outlines for 472 NUR Conferences**

1. **Anti-Psychotic Medications:**
2. Definition of the antipsychotics.
3. Action
4. Types of antipsychotics.
5. Most common drugs ( trade name ).
6. Side effects of these drugs.
7. Extra-Pyramidal side effects
8. Nurse role toward clients who takes these drugs.
9. **Anti-Parkinsonian Medications:**
10. Definition of the antiparkinsonial drugs.
11. Action
12. Indication for using
13. Most common medications ( trade name ).
14. Side effects of these drugs.
15. Nurse role toward client who takes these drugs.
16. **Anti-Depressant Medications:**
17. Definition of anti-depressants.
18. Action
19. Most common drugs:

Tricyclics MAOI SSRI

* Indications - Indications - Indications
* Most common drugs - Most common drugs - most
* Side effects - side effects common drugs

-Food that must avoided - Side effects.

4- Nurse role toward clients who take these drugs.

**Lithium Carbonate ( Priadil ):**

1. Definition of these drugs.
2. Indication for using.
3. Side effects for these drugs.
4. Blood toxicity level.
5. Nurse role for client who take lithium carbonate.
6. **Psychiatric Emergencies:**
7. Definition of psychiatric emergencies.
8. Types of psychiatric emergencies.
9. **Stupor:**
10. Definition of stupor
11. Causes of stupor
12. Differences between neurogenic & psychogenic stupor.
13. Nurse role toward stupor client.
14. **Refusal of Food:**
15. Definition of refusal of food.
16. Causes of refusal of food.
17. Nurse role toward client who refuse to eat.
18. **Suicide:**
19. Definition of suicide.
20. Causes of suicide.
21. Clues of suicide.
22. Modes of suicide.
23. Nurse role toward client who attempt to suicide.
24. **Excitement:**
25. Definition of excitement.
26. Causes of excitement.
27. Clues of excitement.
28. Nurse role

**6-Social Skill Training and Art Therapy**

Definition and Objectives of:

1. Activity therapy
2. Social skill training
3. Art therapy

**7-substances related disorder**

1- Types of substance use, abuse and dependence.

2. Patterns of substance abuse.

3. Predisposing factors

4. Common abused drugs.

5. Nursing process for patients with substance related disorders.

**Rotation plan (1433-1434)**

Training for NUR 472 will be conduct in three different areas psychiatric (inpatient, outpatient, emergency)

**Inpatient wards:**

The student upon the completion of inpatient Rotation will be:

* Recognize major psychotic symptoms of Psychiatric Disorders.
* Establishing and maintaining a therapeutic nurse-patient relationship with assigned patient.
* Demonstrate psychosocial assessment with assigned patient.
* Set at least 3 realistic and short term goal for the assigned patient.
* Implement and evaluate nursing care for the assigned patient.
* Observe the indications, contraindications, administration, side effect and precautions of the psychotropic medication.

**Outpatient wards**

The student upon the completion of outpatient Rotation will be:

* Shared in Mental Status Examination.
* Record symptoms of psychotic disorder.

**Psychiatric Emergency:**

Upon completion of psychiatric emergency Rotation the student will be able to:

* Observe symptoms of patients in psychiatric emergencies.
* Assess patients in psychiatric emergencies.
* Intervene emergency mentally ill patients in psychiatric emergencies
* Summarize the care of patients in psychiatric emergencies

Tasks Activities for Clinical Experience

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Behavioral disorder* | *Affect disorder* | *Intellect disorder* | *Techniques of communication* | *Principles in Psychiatric Nursing* | *Day*  *Date* |
| Clinical conferences | | | | | *Week 1* |
| Clinical conferences | | | | | *Week2* |
| Hyperactivity:  1) Agitation.  2) Excitement.  Compulsion. | Inappropriate affect:  1) Apathy.  2) Indifference.  Inappropriate affect In congruency | Disorders of stream.  ( e.g., incoherence, neologisms )  Formal thought disorder.  (Concrete, autistic) | Offering Self,  Reflecting  +  Silence  Accepting, Making Observation  +  Silence | Acceptance. | *Week3* |
| Repetitive activities  Echopraxia. | Ambivalence.  Depressive affect | Obsessive thoughts  +  Delusions  Paranoid delusions. | Placing the event in time or sequence, validating perception  + Silence,Asking direct questions.+Listening. | Therapeutic Use of Self | *Week4* |
| Negativism.  Automatic obedience. | Pleasurable affect:  1) Euphoria.  2) Elation.  Anxiety, apprehension, fear and phobia | Delusion of influence.  Orientation  versus  Disorientation | Giving recognition or acknowledging.  +  Listening  Present reality or confrontation.  +  Listening | Consistency | *Week5* |
|  |  |  |  | +party day | *Week6* |

**Psychiatric treatment Modalities**

The major goal of treatment are to help the patient to be independent as possible and to achieve stability remission and recovery from symptoms which is often a life long struggle for the individual .in the following examples of different *Psychiatric treatment Modalities :*

**Types of Psychiatric treatment Modalities**

1. **Chemical therapy (Drugs)**
2. **Anti anxiety Agents (Concept)**

Used in the treatment of generalized anxiety, Obsessive compulsive disorder, panic disorder, Post Traumatic Syndrome Disorder, phobic disorders, insomnia, and others.

1. **Antidepressants**

Used in the treatment of depression, bipolar (depressed), Obsessive compulsive disorder, and others.

1. **Mood Stabilizers**

Used in the treatment of bipolar disorder (mania/depression), aggression, schizoaffective, and others, and include lithium

1. **Antipsychotic (Neuroleptic) Agents and Anti Parkinson**

Used in the treatment of schizophrenia, psychotic episodes (depression/organic [dementia]/substance induced), bipolar disorder, agitation, delusional disorder, and others.

1. **Physical therapy**
2. **Electroconvulsive therapy (ECT)**

Is a type of somatic treatment in which electric current is applied to the brain through electrodes placed on the temples. The current is sufficient to induce a grand mal seizure, from which the desired therapeutic effect is achieved.

ECT is primarily used in the treatment of severe depression. It is sometimes administered in conjunction with antidepressant medication, but most physicians prefer to perform this treatment only after an unsuccessful trial of drug therapy.

1. **Mechanical therapy**
2. **Physical Restraint** involves the use of devices to restrict the client’s movement either partially or totally.
3. **Seclusion** is the placement of a client in a designated locked room.

The client presents a physical danger to others in the area and is no longer responding to reason and all other interventions have failed to control the behaviors

1. **Social therapy**
2. **Social skill training** can be defined as 'behavioral techniques or learning activities that enable people to establish or restore practical skills in [domains](http://www.nursingtimes.net/nursing-practice-clinical-research/social-skills-training-in-secure-mental-health-settings/200207.article) required to meet the interpersonal, self-care and coping demands of community living' (Liberman et al, 1994). There is evidence to suggest that social skills training, when carefully designed and delivered, can increase patients' knowledge and skill levels and halve relapse rates (Wallace and Liberman, 1985) and research has indicated that social skills training can be interpreted and carried out in various ways.

**Social skills training is aimed at s**olving problems of daily living such as improving personal hygiene, as well as broader issues involving medication concordance, relationships, occupation and friendships (Liberman et al, 1994). Deficits in social and independent living skills are prevalent among those with severe and enduring mental health problems and include deficits in verbal and non-verbal communication skills such as facial expressions (Liberman, 1992). Techniques to help in this area may include role play, use of video and problem-solving groups .

1. **Art therapy**

art forms created by clients helps to control or release feeling .the art must be used as a vehicle for assessment .this therapy form required sensitivity and experience from therapist who can help client deal with emotional content of art they create .

1. **Psychotherapies:**
2. **Psychoanalysis**
3. Psychoanalysis focuses on discovering the causes of the client’s unconscious and repressed thoughts, feelings, and conflicts believed to cause anxiety and helping the client to gain insight into and resolve these
4. **Individual Psychotherapy**

Individual psychotherapy is a method of bringing about change in a person by exploring his or her feelings, attitudes, thinking, and behavior. It involves a one-to-one relationship between the therapist and the client. People generally seek this kind of therapy based on their desire to understand themselves and their behavior, to make personal changes, to improve interpersonal relationships, or to get relief from emotional pain or unhappiness. The relationship between the client and the therapist proceeds through stages

1. **Group therapy**

In group therapy, clients participate in sessions with a group of people. The members share a common purpose and are expected to contribute to the group to benefit others and receive benefit from others in return. Group rules are established that all members must observe. These rules vary according to the type of group. Being a member of a group allows the client to learn new ways of looking at a problem or ways of coping or solving problems and also helps him or her to learn important interpersonal skills.

1. **Family Therapy**

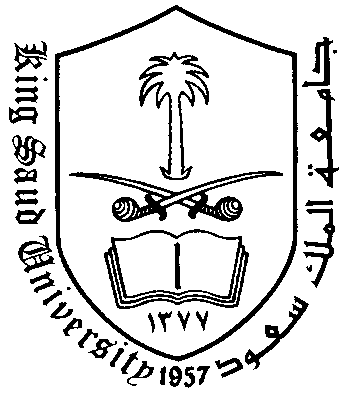
Family therapy is a form of group therapy in which the client and his or her family members participate. The goals include understanding how family dynamics contribute to the client’s psychopathology, mobilizing the family’s inherent strengths and functional resources, restructuring maladaptive family behavioral styles, and strengthening family problem-solving behaviors (Gurman & Lebow,2000). Family therapy can be used both to assess and treat various psychiatric disorders. Although one family member usually is identified initially

1. **Behavioural therapy**

Behavioral therapy is a type of psychotherapy that focuses on changing and gaining control over unwanted behaviors. It is based upon the principles of classical conditioning developed by Ivan Pavlov and operant conditioning developed by B. F. Skinner. It is effective for the treatment of health problems which require some sort of behavior change, such as quitting smoking or losing weight. It is also effective for anxiety disorders and phobias.

1. **Cognitive behavioural therapy (CBT)**

is a psychological treatment that addresses the interactions between how we think, feel and behave. It is usually time-limited (approximately 10-20 sessions), focuses on current problems and follows a structured style of intervention.



**Collage of Nursing**

**Psychiatric department**

**NUR 472**

**Observational Assessment sheet for Psychiatry Patient**

|  |  |
| --- | --- |
|  | Student name |
|  | Number Student |
|  | Group |
|  | Hospital or complex Name |
|  | Ward |
|  | Clinical instructor Name |
|  | Date |

**Observational Assessment sheet for Psychiatry Patient**

**Identifying data:**

|  |  |
| --- | --- |
|  | Patient name(initials letters) |
|  | Region or address |
|  | Age |
|  | Sex |
|  | Educational status |
|  | Nationality |
|  | Occupational status |
|  | Marital status |

**Condition of Patient:**

|  |  |
| --- | --- |
|  | Chief complaints for admission from the patient (subjective): |
|  | From his family (objective): |
|  | Medical Diagnosis |
|  | Date of admitting |
|  | Duration of admission |
|  | Previous admission |
|  | Frequency & interval |
|  | Previous medication |

**General description:**

|  |  |  |
| --- | --- | --- |
| Examples or Comments |  | 1-Appearance: |
|  | Well groomed/not  Good hygiene /bad | Grooming and hygiene |
|  | Sad/happy/others | Facial expression |
|  | Always/sometimes/rarely/not at all | Eye contact |
|  | Within Normal/stopped/not at all | Posture |
|  |  | 2-Motor activity: |
|  | Present/not | Tics or Mannerisms |
|  | Present/not | Stereotyping movement |
|  | Hypoactive/retardation/  hyperactive/ Agitated Excited/calm/Tremor/  catatonia //Rigidity/ within normal | Activity |
| Examples or comments |  | 3-Speech patterns: |
|  | Slow speech/rapid speech/ within normal | Speed |
|  | High volume/normal/low volume | Volume |
|  | Present or not | Stuttering |
|  |  | other speech impairment |

|  |  |  |
| --- | --- | --- |
| Examples or comments |  | 4-Relationship |
|  | Initiation/maintenance/termination | Relation with others |
|  |  | 5-Mood&affect |
|  | Elated /Sad /Depressed/  Irritable /Anxious/  Fearful /Guilty/Worried /Angry/Hopeless/ within Normal | Mood |
|  | Flat/ diminished/Appropriate  Inappropriate/incongruent (sad and smiling/laughing) | Affect |

**Thought process:**

|  |  |  |
| --- | --- | --- |
| Examples or comments |  | Form of the thought |
|  | Present/not | Concrete |
|  | Present/not | Abstract |
|  | Present /not | Autistic |
|  | Present/not | Realistic |

|  |  |  |
| --- | --- | --- |
| Examples or comments |  | Stream of thought |
|  | Present/not | Flight of idea |
|  | Present/not | Neologism |
|  | Present/not | Word salad |
|  | Present/not | Echolalia |
|  | Present/not | Poverty of speech |
|  |  | Others |

|  |  |  |
| --- | --- | --- |
| Examples or comments |  | Content of thought |
|  | Present/not | 1-Delusion |
|  | Present/not | Delusion of persecution |
|  | Present/not | Delusion of guilt |
|  | Present/not | Delusion of grandeur |
|  | Present/not | Hypochondriacally delusion |
|  |  | Others type of delusion |
|  | Present/not | 2-obsession |
|  | Present/not | 3-preoccupation |
|  | Present/not | 4-suciadal or homicidal idea |

|  |  |  |
| --- | --- | --- |
| Examples or comments |  | Perceptual disturbance: |
|  | Present/not | 1-hallusination |
|  | Present/not | Visual |
|  | Present/not | Auditory |
|  | Present/not | Olfactory |
|  | Present/not | Gustatory |
|  | Present/not | Tactile |
|  | Present/not | 2- illusion |

|  |  |  |
| --- | --- | --- |
| Examples or comments |  | Cognitive ability |
|  | Present/not | Conscious |
|  | Time/place/person | Oriented |
|  | Remote/recent intact | Memory |
|  | Present/not | Judgment and make decision. |
|  | Present/not | Insight |
|  | Present/not | Attention and concentration |

**Sleeping and Eating manner:**

|  |  |  |
| --- | --- | --- |
| Examples or comments |  | Sleeping |
|  | Yes/no | Interrupted sleep |
|  | Yes/no | Insufficient sleep |
|  | Yes/no | Difficulty in getting off sleep |
|  | ……….hours | Duration of sleep |
|  |  | Eating: |
|  | ]Decreased/increased | State of appetite |
|  | Quickly/slowly | Eating manner |
|  | By hand/by spoon |
|  | Drops of food |
|  | Diabetic/low salt/low fat/regular/others | Special diet consideration |
|  |  | Restricted food |

**Medication:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Intervention nursing | Side effect | action | Route | Dose | Name |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Nursing care plan

**Nursing diagnoses:**

**Related to:**

**Evidenced by:**

|  |  |
| --- | --- |
| **Nursing Intervention** | **Rationale** |
|  |  |

**Nursing diagnoses:**

**Related to:**

**Evidenced by:**

|  |  |
| --- | --- |
| **Nursing Intervention** | **Rationale** |
|  |  |

**College of Nursing**

**Department of Psychiatric Nursing**

**472 NUR ( CLINICAL )**

**Case Studies**

*1-A female nurse approaches a depressed female client on a psychiatric unit. The nurse introduce herself and asks if it is all right if sits with the client. The nurse asks, " How are you doing today?" The client leans away, maintains a rigid posture, avoids eye contact, and nods her head yes. The nurse leans back to give the client her space and crosses her arms over her chest to create a less threatening posture*

*After several minutes of silence, the nurse explains to the client that she has an hour that she can spend with her today. Following another long period of silence, the nurse says, " I guess you're not in the mood to talk today, so I'll see you tomorrow."*

1.What actions by the nurse demonstrate respect for the client?

2.What actions by the nurse, if any, did not represent therapeutic communication skills and could decrease the client's confidence and trust in the nurse?

3.How would you interpret the client's body language and silence during the first session?

4.How could the nurse's interaction with the client have been improved?

5.Why do you think the nurse decided to leave after 25 minutes?

*2-You are admitting a client to the inpatient unit. The client is in a manic state exhibiting flight of ideas, loose association, poor appetite, irritability, and rapid mood swings between elation and crying spells. The client has been unable to sleep for the past three nights and stays awake pacing the floor*

1.Identify at least five questions you will ask during your initial interview.

2.List three main priorities of care for the client.

3.What are the medication (s) that will probably be prescribed for the client?

4.If disturbed sleep pattern related to sensory alterations as evidenced by verbal complaints of difficulty sleeping is one of your nursing diagnoses, identify one short-term outcome and three nursing interventions for the nursing care plan.

*3-An 82 year-old male client with a history of major depression was brought to the Emergency Department by his son. The client recently lost his wife of 53 years, moved into an assisted living facility, and had to give up the family pet in order to move. The client had ingested an unknown quantity of sleeping medication and was found unresponsive by his son and daughter-in-law. After stabilizing in the Emergency Department, the client is referred to the mental health unit for hospitalization*

1.What are some risk factors of this client to suicide?

2.List the top three nursing diagnoses.

3.List at least five nursing interventions for suicidal clients.

4.Identify at least two expectations for this client.

5.What are precautions the nurse should take to ensure the client is safe?

**Cumulative - Daily student evaluation comment’s report**

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