YOUR GUIDE TO



Essentials of Psychiatric Mental Health Nursing

Everything you need to succeed... in class, in clinical, on exams and on the NCLEX®



LEARNING

Your text provides the foundational knowledge you need to know.



APPLYING

Davis*Plus* features interactive clinical scenarios that show you how theory applies to practice.



ASSESSING

Davis Edge is the online Q&A review platform that evaluates your mastery of the material and builds your test-taking skills.

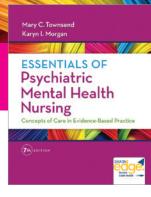
YOUR JOURNEY TO SUCCESS BEGINS HERE!

Your text works together with Davis*Plus* and Davis Edge to make this often intimidating, but must-know content easier to master.

Don't miss everything that's waiting online to make learning less stressful...and save you time. Follow the instructions on the inside front cover to use the access code to unlock your resources today.



LEARNING



STEP #1

Build a solid foundation.

Communication Exercises let you practice your communication skills with vignettes and questions that prepare you for clinical and practice.

Quality and Safety Education for Nurses (QSEN) Activities help you attain the knowledge, skills, and attitudes required to fulfill the initiative's quality and safety competencies.

statement by Hal?

Communication Exercises

1. Hal, a patient on the psychiatric unit, has a diagnosis of schizophrenia. He lives in a halfway house, where last evening he began yelling that "aliens were on the way to take over our bodies! The message is coming through loud and clear!" The residence supervisor became frightened and called 911. Hal tells the nurse, "I'm special! I get messages from a higher being! We are in for big trouble!"

How would the nurse respond appropriately to this

BOX 24-4 QSEN TEACHING STRATEGY

Assignment: Using Evidence to Address Clinical Problems

Intervention With a Combative Client

Competency Domain: Evidence-Based Practice

Learning Objectives: Student will:

- Differentiate clinical opinion from research and evidence summaries
- Explain the role of evidence in determining the best clinical practice for intervening with combative clients.
- Identify gaps between what is observed in the treatment setting to what has been identified as best practice.
- Discriminate between valid and invalid reasons for modifying evidence-based clinical practice based on clinical expertise or other reasons.
- Participate effectively in appropriate data collection and other research activities.
- Acknowledge own limitations in knowledge and clinical expertise before determining when to deviate from evidence-based best practices.

Strategy Overview:

- I. Investigate the research related to intervening with a combative client.
- 2. Identify best practices described in the literature. How were these best practices determined?
- 3. Compare and contrast staff intervention with best practices described in the literature.
- 4. Investigate staff perceptions related to intervening with a combative client. How have they developed these perceptions?

demonstrate the conditions and behaviors you may not encounter in clinical.

Movie Connections list films that

NEW! "Real People. Real Stories"

features interviews with patients to bring their experiences to life.

MOVIE CONNECTIONS

I Never Promised You a Rose Garden (schizophrenia) A Beautiful Mind (schizophrenia)
 The Fisher King (schizophrenia) • Bennie & Joon (schizophrenia) • Out of Darkness (schizophrenia) · Conspiracy Theory (delusional disorder) • The Fan (delusional disorder)

Therapeutic Communication Icon identifies helpful interventions and guidance on how to speak with your patients. Look for this icon in Care Plan sections.

Table 24-4 | CARE PLAN FOR THE CLIENT WITH SCHIZOPHRENIA

NURSING DIAGNOSIS: DISTURBED SENSORY PERCEPTION: AUDITORY/VISUAL

RELATED TO: Panic anxiety, extreme loneliness, and withdrawal into the self

EVIDENCED BY: Inappropriate responses, disordered thought sequencing, rapid mood swings, poor concentration, disorientation

OUTCOME CRITERIA

Short-Term Goal Client will discuss content of hallucinations with nurse or

therapist within 1 week Long-Term Goal

· Client will be able to define and test reality, reducing or eliminating the occurrence of hallucinations.

This goal may not be realistic for the individual with severe and persistent illness who has experienced auditory hallucinations for many years. A more realistic goal may be:

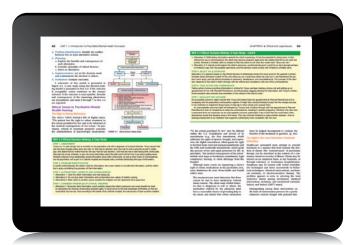
· Client will verbalize understar that the voices are a result of his or her illness and demonstrate ways to

NURSING INTERVENTIONS

- 1. Observe client for signs of hallucinations (listening pose, laughing or talking to self, stopping in midsen tence). Ask. "Are you hearing the voices again?
- 2. Avoid touching the client without warning him or her that you are about to do so.
- 3. An attitude of acceptance will encourage the client to share the content of the hallucination with you. Ask, "What do you hear the voices saying to you?"
- Do not reinforce the hallucination. Use "the voices" instead of words like "they" that imply validation. Let client know

RATIONALE

- 1. Early intervention may prevent aggressive response to command hallucinations
- 2. Client may perceive touch as threatening and may respond in an aggressive manner.
- 3. This is important to prevent possi ble injury to the client or others from command hallucinations.
- 4. It is important for the nurse to be honest, and the client must accept the perception as unreal before



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APPLYING



STEP #2

Practice in a safe environment.

Clinical Scenarios on www.DavisPlus.com walk you through the nursing process with client summaries, multiple-choice questions with rationales, drag- and drop activities, and so much more.





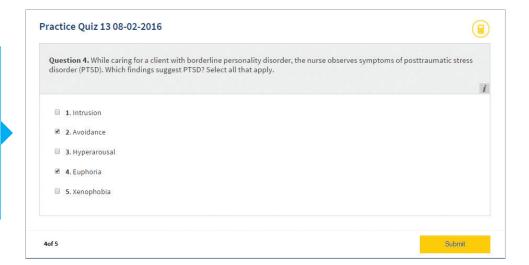
ASSESSING



STEP #3

Study smarter, not harder.

Davis Edge is the interactive, online Q&A review platform that provides the practice you need to master course content and to improve your scores on classroom exams. Access it from a laptop, tablet, or mobile device for review and study on the go.



ourse Topi	c: Personality Disorders Concept(s): Mood; Self Cognitive Level: Application [Applying]
t 🗏 1. Ir	trusion
∕	voidance
3. H	yperarousal
¢ ⊮ 4.E	uphoría
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ationale	Intrusion is a posttraumatic symptom in which the client occasionally reexperiences the trauma. This finding supports the nurse's assumption.
ationale Option 1:	Intrusion is a posttraumatic symptom in which the client occasionally reexperiences the trauma. This finding supports the nurse's assumption. The client avoids places, activities, and people in order to avoid reexperiencing the traumatic event. This finding supports the nurse's
Option 1:	Intrusion is a posttraumatic symptom in which the client occasionally reexperiences the trauma. This finding supports the nurse's assumption. The client avoids places, activities, and people in order to avoid reexperiencing the traumatic event. This finding supports the nurse's assumption. Hyperarousal is the state in which the client has difficulty in sleeping and has difficulty in concentrating due to a traumatic

Assignments are made by your instructor. Or, create your own practice quizzes to review before an exam.

Question 1. While communicating with a client, the nurse finds that the client spends more than 1 hour folding and arranging clothes five times a day. Which nursing intervention would be beneficial to the client in this situation?

Course Topic: Anxiety, Obsessive-Compulsive and Related Disorders | Concept(s): Cognition; Mood; Assessment; Critical Thinking |
Cognitive Level: Application [Applying]

1. Distract the client with other activities.

2. Report to the primary health-care provider.

√ ● 3. Discuss the triggers provoking this behavior.

4. Administer antianxiety medication to the client.

Rationale

Option 1: Distracting the client with other activities does not prevent ritualistic behaviors.

Option 2: The nurse should report to the primary health-care provider if the client's condition is painful and self-mutilating.

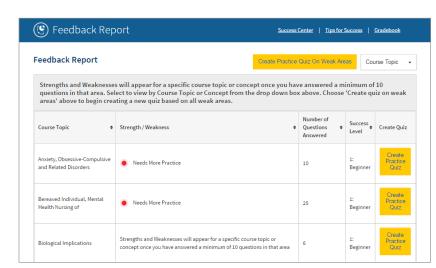
Option 3: The client should first learn to recognize the precipitating factors to avoid the anxiety. Therefore, the nurse should discuss the anxiety-provoking triggers with the client that precipitates the ritualistic behavior.

Option 4: Administering antianxiety medications provides relief from the immobilizing effects of anxiety.

Comprehensive rationales explain why your responses are correct or incorrect. Page-specific references direct you to the relevant content in Essentials of Psychiatric Mental Health Nursing.

The Success Center offers a snapshot of your progress and identifies your strengths and weaknesses.





The Feedback Report drills down to show your performance in individual content areas. It's easy to create new practice quizzes that focus on your areas of weakness or to select the topics or concepts you want to study.