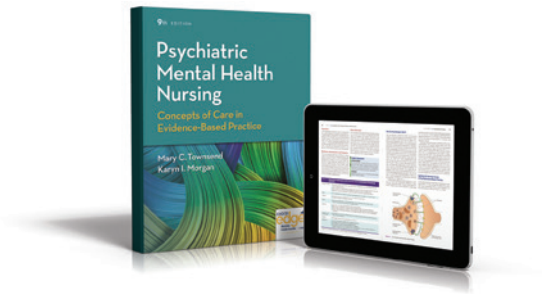
YOUR GUIDE TO

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

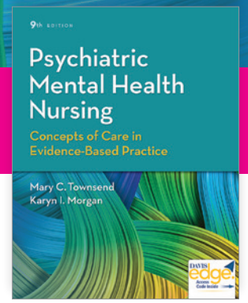
Davis Edge is the online Q&A review platform that evaluates your mastery of the material and builds your test-taking skills.

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.

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!"

One of the Quality and Safety in Nursing Education (QSEN) criteria identified by the Institute of Medicine (IOM) (2003) stresses that the patient must be at the center of decisions about treatment (patient-centered care), and this type of assessment tool provides an opportunity to actively engage the patient in describing what medications have been effective or ineffective and identifying side effects that may impact willingness to adhere to a medication regimen.

Quality and Safety Education for Nurses (QSEN) activities and content, highlighted with a special icon, help you attain the knowledge, skills, and attitudes required to fulfill the initiative's quality and safety competencies.

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)

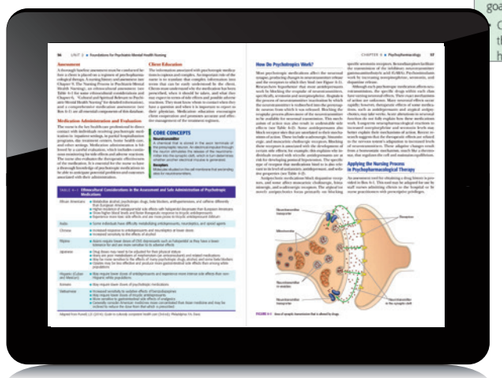
Movie Connections list films that demonstrate the conditions and behaviors you may not encounter in clinical.

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

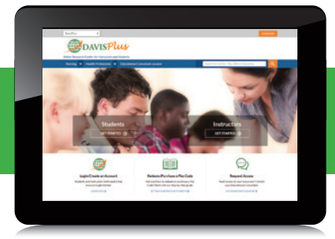
NURSING DIAGNOSIS: DISTURBED SENSORY PERCEPTION: AUDITORY/VISUAL
RELATED TO: Panic anxiety, extreme loneliness, and withdrawal into the self
EVIDENCED BY: Inappropriate responses, disordered thought sequencing, rapid mood swings, poor concentration, disorientation

OUTCOME CRITERIA	NURSING INTERVENTIONS	RATIONALE
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 understanding that the voices are a result of his or her illness and demonstrate ways to	1. Observe client for signs of hallucinations (listening pose, laughing or talking to self, stopping in midsentence). 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?" 4. Do not reinforce the hallucination. Use "the voices" instead of words like "they" that imply validation. Let client know	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 possible 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 hallucinations can be eliminated.



A FREE ebook version of your text is available with each new printed book to make studying and reviewing easier. Use the access code on the inside front cover.

APPLYING



STEP #2

Practice in a safe environment.

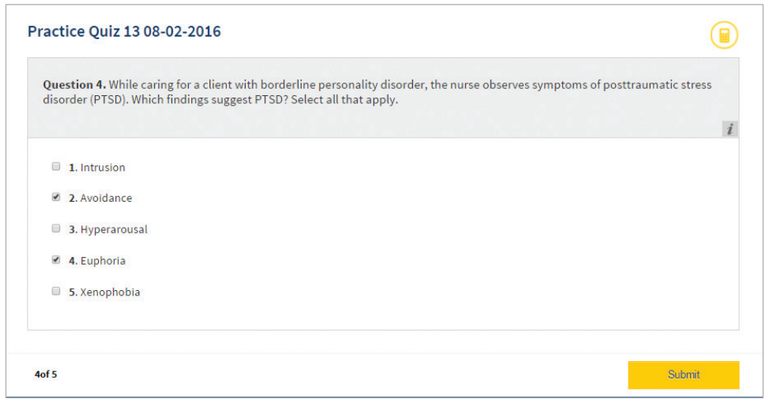
Clinical Scenarios on www.Davis*Plus*.com walk you through the nursing process with client summaries, multiple-choice questions with rationales, drag- and drop activities, and so much more.

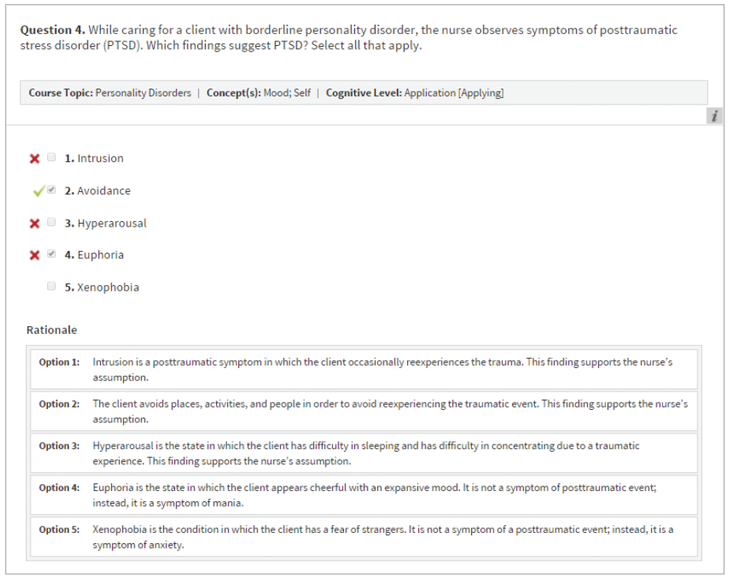
ASSESSING

STEP #3

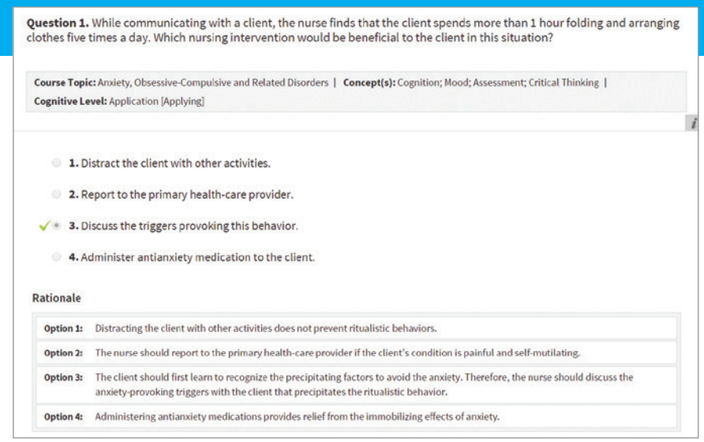
Study smarter, not harder.

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.



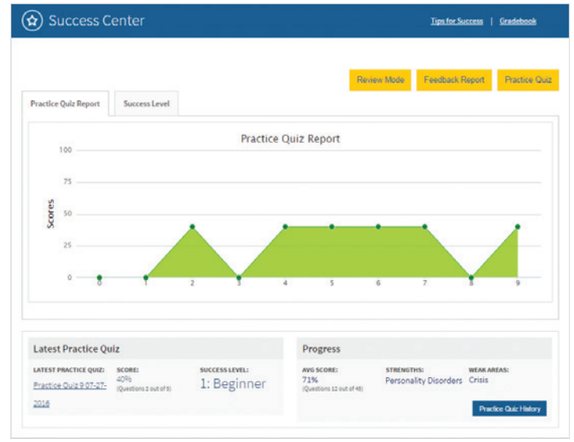


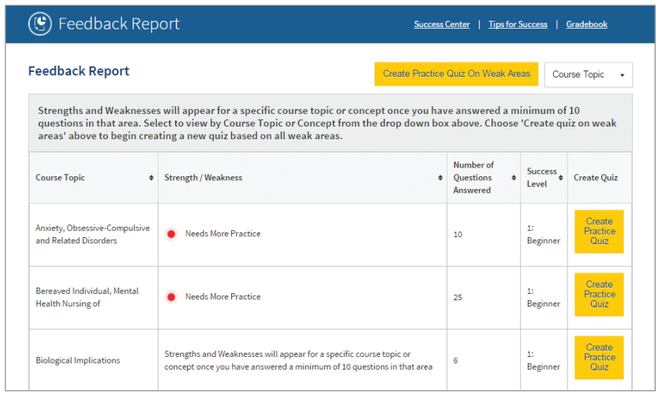
Assignments are made by your instructor. Or, create your own practice quizzes to review before an exam.



Comprehensive rationales explain why your responses are correct or incorrect. Page-specific references direct you to the relevant content in *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.