

A guide to...

Psychiatric Mental Health Nursing, 8TH EDITION

STEP 2. Prepare for the real world of nursing practice



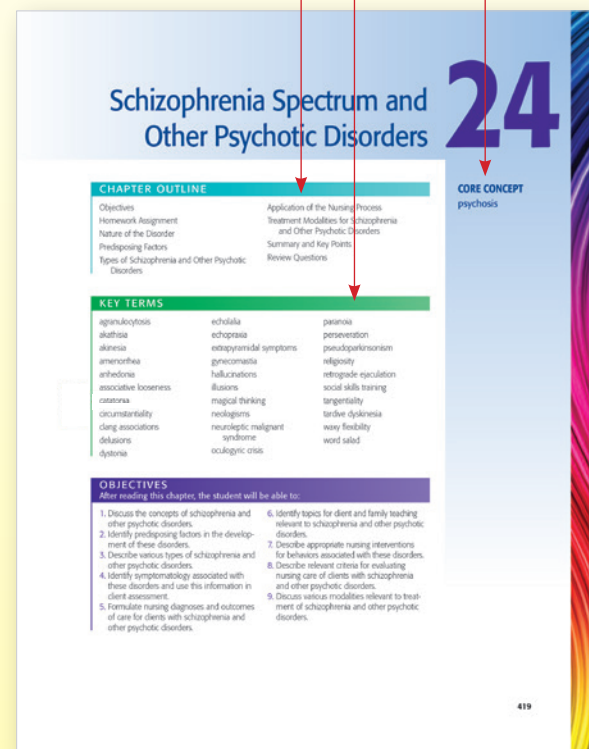
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STEP 1. Preview what you'll learn

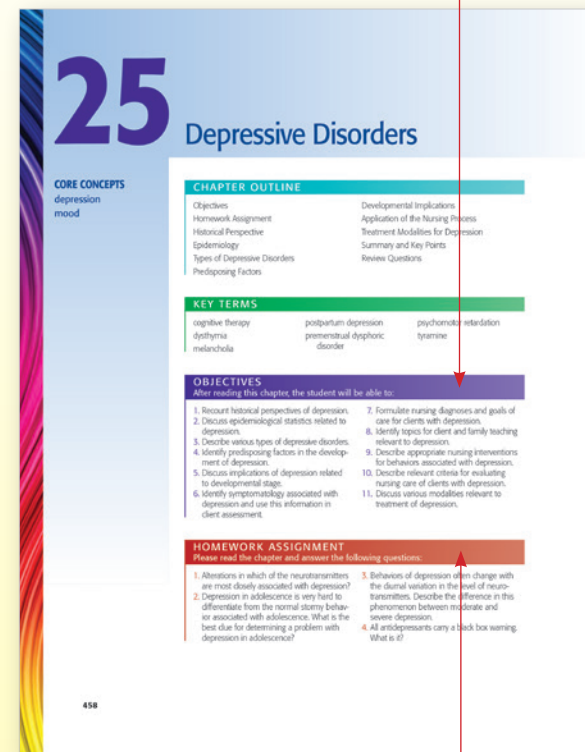
Chapter Outline, Key Terms, & Core Concepts

Take a look at the **Chapter Outline** and **Key Terms** sections at the beginning of every chapter to see what you will be learning and what **Core Concepts** to focus on.



Objectives

Read the **Objectives** now to see exactly what you'll be learning in each chapter. Then, after you read the chapter, revisit the section and assess your progress. Can you correctly define and explain all of the key points?



Homework Assignment

Take a few moments to review the **Homework Assignment** before you begin the chapter. When you've finished reading the chapter, complete the assignment to reinforce what you've learned.

Quality and Safety Education for Nurses (QSEN) Activities

Stay up to date—attain the knowledge, skills, and attitudes you need to fulfill the initiative's most current quality and safety competencies.

NEW! Communication Exercises Boxes

Practice your communication skills with **clinical scenarios** to prepare for the real world of nursing practice.

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

OUTCOME CRITERIA	NURSING INTERVENTIONS	RATIONALE
Short-Term Goal • Client will discuss content of hallucinations with nurse or therapist within 1 week.	1. Observe client for signs of hallucinations (listening pose, laughing or talking to self, stopping in midsentence). Ask, "Are you hearing the voices again?"	1. Early intervention may prevent aggressive response to command hallucinations.
Long-Term Goal • Client will be able to define and test reality, reducing or eliminating the occurrence of hallucinations.	2. Avoid touching the client without warning him or her that you are about to do so. 3. Do not reinforce the hallucination. Use "the voices" instead of words like "they" that imply validation. Let client know attitude of acceptance will encourage the client to share the content of the hallucination with you. "What do you hear the voices saying to you?"	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.
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	4. It is important for the nurse to be honest, and the client must accept the perception as unreal before hallucinations can be eliminated.	

Therapeutic Communication Icon

Find helpful interventions and guidance on how to speak to your patients—just look for this icon in the Care Plan sections.

Interactive Clinical Scenarios Online at DavisPlus*

Work through the nursing process with client summaries, multiple-choice questions with rationales, drag-and-drop activities, and more!

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 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.

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 statement by Hal?
2. The nurse notices that Hal is sitting off to himself in a corner of the dayroom. He appears to be talking to himself and tilts his head to the side as if listening to something.
How would the nurse intervene with Hal in this situation?
3. Hal says to the nurse, "We must choose to take a ride. All alone we slip and slide. Now it's time to



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Summary and Key Points

- Of all mental illness, schizophrenia undoubtedly results in the greatest amount of personal, emotional, and social costs. It presents an enormous threat to life and happiness, yet it remains an enigma to the medical community.
- For many years there was little agreement as to a definition of the concept of schizophrenia. The *DSM-5* (APA, 2013) identifies specific criteria for diagnosis of the disorder.
- The initial symptoms of schizophrenia most often occur in early adulthood. Development of the disorder can be viewed in four phases: (1) the premorbid phase, (2) the prodromal phase, (3) the active phase, and (4) the residual phase.

STEP 3. Build your confidence

NCLEX-Style Test Bank Online at

Practice makes perfect! Quiz yourself and assess your progress with a wealth of questions, including alternate-item-format questions.

SAMPLE CLIENT TEACHING GUIDES

BENZODIAZEPINES

Patient Medication Instruction Sheet

Patient Name _____ Drug Prescribed _____

Directions for Use _____

Examples and Uses of this Medicine:
Benzodiazepines are used to treat moderate to severe anxiety; alprazolam [Xanax], chlordiazepoxide [Librium], clonazepam [Klonopin], clorazepate [Tranxene], diazepam [Valium], lorazepam [Ativan], and oxazolepam. Some are used to treat insomnia (sleeplessness): flurazepam [Dalmane], temazepam [Restoril], estazolam, quazepam [Doral], and triazolam [Halcion]. Some are used for muscle spasms and to treat seizure disorders.

Before Using this Medicine, Be Sure to tell your Doctor if you:

- Are allergic to any medicine
- Are pregnant, plan to be, or are breastfeeding
- Have glaucoma
- Are taking any other medications

Side Effects of this Medicine:

REPORT THE FOLLOWING SIDE EFFECTS TO YOUR DOCTOR IMMEDIATELY:

- Mental confusion or depression
- Hallucinations (seeing, hearing, or feeling things not there)
- Skin rash or itching
- Sore throat and fever
- Unusual excitement, nervousness, irritability, or trouble sleeping

SIDE EFFECTS THAT MAY OCCUR BUT NOT REQUIRE A DOCTOR'S ATTENTION UNLESS THEY PERSIST LONGER THAN A FEW DAYS:

Summary and Key Points

Too busy to take notes? Refer to the **Summary and Key Points** section at the end of every chapter for a recap of the most important concepts.



Client Teaching Guide Online at

Review the crucial information your patients need to know, including possible side effects and what to do before, during, and after taking medication.

STEP 4. Expand your knowledge

Lists of Movies

Take a visual approach—watch the movies listed in every chapter to better understand the conditions and behaviors you may not encounter in clinical.

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)

alprazolam (al-pray-zoe-lam)
Apo-Alpraz, Novo-Alprazol, Niravam, Nu-Alpraz, Xanax, Xanax XR

Classification
Therapeutic: anti-anxiety agents
Pharmacologic: benzodiazepines
Schedule IV
Pregnancy Category D

Indications
Treatment of Generalized Anxiety Disorder (GAD), Panic Disorder, Management of anxiety associated with depression. **Unlabeled Use:** Management of symptoms of premenstrual syndrome (PMS), Insomnia, irritable bowel syndrome (IBS) and other somatic symptoms associated with anxiety. Used as an adjunct with acute mania, acute psychosis.

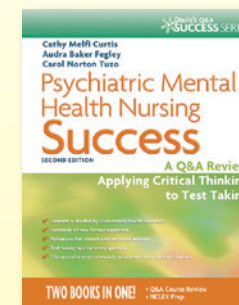
Action
Acts at many levels in the CNS to produce anxiolytic effect. May produce CNS depression. Effects may be mediated by GABA, an inhibitory neurotransmitter. **Therapeutic Effects:** Relief of anxiety.

Pharmacokinetics
Absorption: Well absorbed (90%) from the GI tract; absorption is slower with extended-release tablets.
Distribution: Widely distributed, crosses blood-brain barrier. Probably crosses the placenta and enters breast milk. Accumulation is minimal.

Psychotropic Drug Monographs Online at

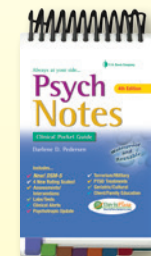
Attach these handy, printable monographs to your care plans or take them into clinical rotations. Patient safety information, classifications, indications, actions, and nursing implications are easy to find on each psychotropic drug monograph from the trusted Davis's Drug Guide for Nurses® database.

More resources for SUCCESS!



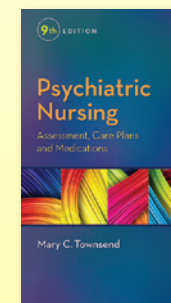
Curtis, Fegley, & Tuzo
Psychiatric Mental Health Nursing Success
A Q&A Review Applying Critical Thinking to Test Taking

Course Review & NCLEX Prep!
Multiple-choice and alternate-item-format questions assure your mastery of psychiatric mental health nursing knowledge while honing your critical-thinking and test-taking skills. Perfect for classroom exams and the NCLEX, too.



Pedersen
Psych Notes
Clinical Pocket Guide

Includes DSM-5 Content!
Quickly find crucial, yet succinct information on all aspects of psychiatric mental health nursing—from basic behavioral theories to psychiatric and crisis interventions.



Townsend
Psychiatric Nursing
Assessment, Care Plans and Medications

Practical diagnoses + patient safety.
The first half provides the diagnostic information you need to create a care plan; the second half covers the safe prescription and administration of psychotropic medications.

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