Psychiatric Nursing Essentials
Role of the Nurse in Mental Health Settings

• Competent Care Provider
  - Comprehensive Assessment
  - Treatment provision
  - Health care promotion
  - Education and empowerment
  - Care coordination

Therapeutic Agent of Change
  - Work practices grounded in knowledge of use of the Nursing Process and therapeutic principles of care
  - Care Advocacy

• Holistic Integration of care
  - Body and Mind are one
Therapeutic Goals

• Promote health and recovery
• Prevent relapse or exacerbation
• Promote continued healthy growth and development
• Educate and empower
Elements of Therapy

• Therapeutic Relationship
• Therapeutic Process
• Therapeutic Use of Self
• Therapeutic Communication
• Therapeutic Environment
Therapeutic Relationships

• Planned
  - Specific and goal oriented
• Time Limited
• Role Specific
  - Boundaries Based
  - Unequal relationship
  - Not a social relationship
  - Not quid pro quo
• Client Centered
Therapeutic Process

• Episodic
  - Opening, working, closing
• Engagement driven
• Client centered
• Treatment Specific
Therapeutic Use of Self

• Nurse acts as an agent of change
  - Helping others help themselves
• Nurses practice effective self management
  - Self Awareness
  - Presentation
  - Self Care
Therapeutic Communication

- Mindful Use of Therapeutic communication Techniques
  - Word Choice/Content
  - Tone
  - Volume
  - Paralanguage
Therapeutic Environment

• Milieu Therapy

• Culture of care
  - Formal
    Standards of care, Policies and Procedures
    Best practice protocols
    Administrative Practices
  - Informal
    Attitudes, perceptions, actual practices
Psychiatric Nursing Process

• Holistic
• Addresses physical and mental health needs
• Basis for delivery of comprehensive health care necessary for best outcomes for treatment of primary care issues and managing comorbidities
  - e.g. Depression and chronic pain
    - Bipolar Disorder and Substance Abuse
• Care decisions and practices are plan driven and based on utilization of the Nursing Process, standards of care and evidence based practice utilizing sound therapeutic principles
• Process phases:
  - Assessment, Diagnosis (nursing), planning, Implementation, Evaluation
• Psychiatric nurses have to have a thorough grounding in human physiology, normal growth and development across the lifespan, pathophysiology, pharmacology basics, nursing and care delivery theory, PLUS
• Abnormal or pathopsychology, psychopharmacology, DSM nosology and preferably a grounding in wellness promotion and transcultural nursing
Comprehensive Health Assessment

- Current functional Assessment
- Historical functional assessment
- Developmental history
- Family History
  - Psychiatric issues, diagnoses
  - Physical Health issues, diagnoses

- Health assessment
  - Current status and historical comorbidity
Comprehensive Assessment

Date of Service: / / : Medical Record Number: 

Patient Name: Date of Birth: 

Provider: Sources of information: Patient M F GM GF Guardian Chart preview 

Reliability of Historian: Unreliable Poor Fair Good Reliable

Identifying Data: Age, gender, relational status, occupation, ethnicity, primary language, religious affiliation 

Chief Complaint/Presenting problem: 

History of presenting illness (HPI): Onset: Why Now?: 

Triggers/Stressors (Scale 1-10): /10 Mood (Scale 1-10): /10 

Depressive sx: ↓concentration/indecisiveness fatigue despair/hopelessness anhedonia 

↓ Libido ↓ frustration tolerance Guilt amotivation irritability Aches/pains 

Mania: Expansive mood Reduced sleep drive Grandiosity Pressured speech hypersexuality 

Risk taking/Elevated goal directed behaviors 

Anxiety Symptoms: Panic Flooding/shut down Racing thoughts Rumination Avoidance Physical 

Sleep Patterns: Insomnia initial ___/min____/ Wk Interruptions ____/night/____/Nights Wk 

Av hours: Early wakening_____/min_____/Wk Daytime tired sleepy Naps ____/min ___/WK 

Phobias: Dissociation: Fugue lost time derealization depersonalization 

Deepest Fears: Obsessions: Compulsive behaviors: Hoarding Picking Rituals 

Eating pattern: WNL Erratic Skipping meals no/low/increased appetite binging/purging craving 

Eating Disorder: Restriction binging/purging laxative use excessive exercise 

Trauma: Memories Nightmares Hypervigilance High startle Cognitive dulling Emotional distancing 

Psychosis: A/V/T/G/S Hallucinations (describe): 

Delusional content: Reference persecution insertion/broadcasting /control other (describe): 

Inattention hyperactivity impulsivity can’t focus off task intrusive interruptive lack of follow through “on the go” Loosing things finishing others sentences avoiding mentally taxing/boring tasks 

Suicidal Ideation: Current: Passive Active: Intent Plan Access history Last time: 

Plan (describe): Means available? N/Y 

SA : N Y: 

Homicidal Ideation: Current Passive Active: Intent Plan Access history Last time: 

Plan (describe): Means available? N/Y 


Cutting/scratching/burning/abrating/pinching/carving/constricting/hitting/bitng Last time: 

Plan (describe): Means available? N/Y
Comprehensive Assessment

- **Psychiatric History:** Previous treatment? (Describe): N/Y
  - Inpatient/OP (Describe, times/dates):
  - Previous providers: Therapist/Psychiatrist/GP
  - Past medications: 
    - Medications: Current
    - Past Diagnoses: Family History:
    - Substance abuse history: N/Y Treatment: N/Y
      - Drug Name                Onset Frequency Amount Last use Complications Quitting
        - ETOH
        - THC
        - Heroin/opiates
        - Meth
        - Cocaine
        - Spice/ Ecstasy/Ketamine
        - Hallucinogenics
        - Inhalants
        - Barbiturates
        - Other’s medications
        - Nicotine
        - Caffeine
  - Medical History: Primary Provider:
    - Allergies: NKDA NKFA Seasonal Cat/Dog metal latex detergents/deodorant/ bee sting/spider bite
    - Anaphylaxis Oral allergy syndrome adverse reaction
    - Surgeries:
    - Chronic health issues/Diagnoses:
      - Last Exam; Medical: Dental: Vision: Ob/Gyn:
      - Immunizations: Current S/T/W PPD Hep A/B Gardasil Influenza Shingles Pneumococcal
      - Birth control: N/A Depo Implanon BCP IUD Nuva ring Mirena condom Essure
      - Accidents: MVA: FX: LOC/Concussion : 
      - Review of Systems (ROS): 
        - Vitals: Hght Wght B/P P R T G W BMI
        - General- Autoimmune Infections Hepatitis HIV Cancer Obesity Vitamin Deficiency Weight loss/gain
        - Neuro- sz tic tremor ataxia parathesia akathesia loss of strength/motor/sensory vertigo/dizziness
        - HEENT- HA migraines Colorblind Myopia/presbyopia/astigmatism Hearing loss tinnitus ear-tubes epistaxis broken nose deviated septum gastric reflux dysphagia missing/broken teeth bruxism TMJ
        - CV-murmur MI palpitation TIA arrhythmia stroke Ischemia Raynaud’s Blood clots varicose veins CAD
        - Pulm- SOB asthma emphysema COPD productive cough night-sweats malaise OSA RSV TB Inhaler
        - GI- N/V/D/C/J IBS Crohn’s Disease Gluten / Lactose Intolerance Hemorrhoids Rectal Bleeding Cirrhosis of liver Gout Kidney stones Gall stones
        - Endo/Hem- Hyperlipidemia HTN hypotension Diabetes I II Anemia hypoglycemia Thyroid
        - Derm- Eczema psoriasis acne dermatitis scabies lice impetigo MRSA warts:
        - M/S- myalgia arthritis : Chronic pain Carpal tunnel Degenerative disc scoliosis/kyphosis Osteoporosis
        - G/U- menarche G: P: Msc Ab STD: N/Y Sexually active: N/ Y First sexual experience Dysmenorrhea Amenorrhea Cysts Endometriosis Erectile dysfunction LMP: / /
Comprehensive Assessment

- **Developmental History:** Gestational diabetes/HTN placenta previa nuchal cord meconium
- **Birth:** FT / Premature/late Vaginal C section Induced Apgar Jaundiced NICU
- **Breast fed/Bottle fed Eating problems Croup/colic Fever Sleep problems Injury**
- **Crawl____@ month Walk____ @month Talk _____@month Potty trained ____@ month**
- **Abuse/Trauma** Physical/emotional/sexual/neglect (describe):
- **Behavioral Issues:** Temper tantrums thumb sucking head banging biting self-rocking flapping arms Night terrors/ enuresis/ encopresis /cruelty to animals/ fire setting /Sexualized behaviors/masturbation/ nail biting /runaway/aggression/stealing/lying Property destruction/anorexia/binging/purging/smoking alcohol use/delinquency/truant/school failure
- **Personality as a child:** restless, overactive, hyperactive, withdrawn, timid, shy, passive, engaging, outgoing, intrusive, athletic
- **Play style** solo parallel bully victim best friend Y/N Pets N/Y: _________________________
- **General Statement about childhood:**
- **School History:** 504 plan Tutor supplemental education
- **IEP SED Speech Thx OT PT OCC THX Grades:** Activities: Music Art Athletics Drama
- **Pre K Elementary Middle High College Major Degree Grad Degree**
- **Social History:**
- **Date of Birth/place:** Siblings/birth order:
- **Occupational status:** U/E Disabled SSI SSDI CAMA Work history:
- **Religion or Spirituality:** N/Y- attends services N/Y **Social Support/Friends:** N/Y-
- **Current living situation:** Homeless ARC Apt: _____BR House: _____BR Trailer: _____ BR yard
- **Alone Spouse/S/O Children pet sibling blended family multi-generational**
- **Abuse History:** Sexual physical emotional Neglect:
- **Legal history:**
- **Misdemeanor Felony Incarceration: SIS**
- **Parole Probation Community Service DUI DMV V/P**
- **State custody** Diminished capacity
- **Mental Status Exam:**
Treatment Provision

• Medication Management
  - Ensuring informed consent
    Psychoeducation or consulting with provider
  - Administering medication
    “5 rights”: Right patient, right medication, right dose, right route, right time
  - Monitoring for compliance, side effects
  - Managing complications
  - Evaluating efficacy

• Mental Health Provision
  - Mental status and functional assessment
  - Individual Psychoeducation
  - Group psychoeducation

• Primary Health care provision
• Safety Assurance
• Documentation and reporting
• Outcome evaluation
Psychiatric Medications
The Art and Science

• Medication therapy is often a primary psychiatric nursing function
• Standards of practice for safe administration of medications are a core element
• Knowledge of medications is essential and takes often years to truly develop expertise in expected effects, potential side effects, pharmacokinetic and pharmacodynamics
• This should be imbedded in the context of care with assessment of the many elements besides the actual medications that can effect care outcomes such as
  - patient’s knowledge, cognitive state and understanding
  - patient (and often caregiver/families) beliefs and attitudes regarding medication therapy
  - barriers and promoters that will influence medication therapy outcomes

Access to medication
Environmental conditions
Resources assessment; money food ect
Psychiatric Medications

- Antidepressants
- Anxiolytics (Antianxiety)
- Mood stabilizers
- Psychostimulants
- Antipsychotics
Psychiatric Medications

• Expected Effects versus Side effects
  - General caveat: older generation medications are more potent and have more side effects
  - We trade safety for efficacy on many occasions
Antidepressants

• Three “generations”

• MAO inhibitors

• Tricyclics

• SSRI and later SNRI SNDI
Anxiolytics

• Antidepressants
• Benzodiazapines
• Non Benzodiazapines
Mood Stabilizers

• Anticonvulsants

• Antipsychotics
Antipsychotics