

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: Date of Birth:
- Patient Name: / /
- 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 ___min/___/night___/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 cant' 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: Means available? N/Y
- Plan (describe):
- SA : N Y:
- Homicidal Ideation: Current Passive Active: Intent Plan Access history Last time: Means available? N/Y
- Plan (describe):
- Self-Harm Ideation: Current Passive Active: Intent Plan Access history
- Cutting/scratching/burning/abrading/pinching/carving/constricting/hitting/biting Last time: Means available? N/Y
- Plan (describe):
- available? N/Y
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Comprehensive Assessment

- **Psychiatric History:** Previous treatment? (Describe): N/Y
- Inpatient/OP (Describe, times/dates):
- Previous providers: Therapist/Psychiatrist/GP
- Past medications: Current
Medications:
- 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/ wandering /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