

# *Texarkana College*

## **RNSG 2213 MENTAL HEALTH NURSING SYLLABUS**

**Prepared by  
Health Sciences Division Faculty  
Associate Degree Nursing Program**

**Texarkana College  
Texarkana, Texas**

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## **COURSE SYLLABUS OUTLINE**

COURSE NAME: Mental Health Nursing

COURSE NUMBER: RNSG 2213

CREDIT HRS. 2 LECTURE: 2

LAB: 0 TOTAL CLOCK HOURS: 32

**Course Title:** Mental Health Nursing

**Course Level:** Intermediate

**Course Description:** Principles and concepts of mental health, psychopathology, and treatment modalities related to the nursing care of patients and their families.

**End-of-Course Outcomes:** Explain the roles of the professional nurse in caring for patients and families experiencing mental health problems; use therapeutic communication; utilizes critical thinking skills and a systematic problem-solving process for providing care to patients and families experiencing mental health problems; provides care for patients in structured health care settings; and integrates the roles of the associate degree nurse in the provision of care for patients and families.

**Key Concepts:** Nursing 2213 is an intermediate course designed for second year nursing students. Emphasis is on principles and concepts of mental health, psychopathology and treatment modalities related to the nursing care of patients and their families. RNSG 2213 provides content relating to communication, pharmacology, nutrition, cultural diversity and standards of nursing practice.

**Prerequisites:** BIOL 2401, 2402, 2420, and 1322; PSYC 2301 and 2314; BCIS 1305; ENGL 1301; RNSG 1201, 1513, 1360, 1412, 1431, 1260, 1261; for Basic Students, RNSG 1201, 1327, 1251, and 1160 for Transition Students; and AHA/BLS-HCP.

**Corequisites:** RNSG 1447 and RNSG 2460 MUSI 1306 or DRAM 1310 or ARTS 1301.  
Co-requisite courses must be completed successfully by the end of the semester. Failure to do so prohibits progression in the program.

## **INSTITUTIONAL EFFECTIVENESS**

The purpose of the Associate Degree Nursing Program at Texarkana College is to provide a curriculum that produces a graduate nurse who functions in these roles: member of the profession, provider of patient-centered care, patient safety advocate, and member of the health care team. Attainment of the program objectives by the graduate nurse demonstrates effectiveness.

### **TEXARKANA COLLEGE ASSOCIATE DEGREE NURSING PROGRAM PROGRAM STUDENT LEARNING OUTCOMES (PSLO)**

The following program objectives are the outcomes, which shape the curriculum and are the criteria for measurement of its success. This reflects the Differentiated Essential Competencies of graduates of Texas nursing programs as a member of the profession, provider of patient-centered care, patient safety advocate and member of the healthcare team. The graduate will:

1. Provide patient-centered nursing care using evidence based outcomes and the nursing process to accommodate society/cultural differences and communicate the same to other members of the healthcare team.
2. Respect the rights of patients to participate in decisions affecting their health by promoting patient-centered care and ensuring confidentiality.
3. Acts as a patient safety advocate by establishing compassionate, caring and therapeutic relationships in a physically and psychologically safe environment.
4. Accepts and makes assignments and delegates tasks to other members of the healthcare team that take into consideration patient safety, organizational policies, and scope of practice and demonstrated abilities.
5. Demonstrate professional responsibility as an associate degree nurse by assuming responsibility and accountability for quality of nursing care, maintaining continued competence, adhering to ethical and legal standards and promoting a positive image of professional nursing.
6. Serve as an advocate for continuity of care and promote quality and access to healthcare for the patient and family.

\*Competent is defined as the ability to do; proficient is defined as the ability to do well; and mastery is defined as the ability to do brilliantly at every occasion.

Rev. 10.2014

Revised: November 2013

PSLO = Program Student Learning Outcomes

\*\* = Critical Thinking/Communication Skills

DEC =Texas BON Differentiated Essential Competencies (2010) ADN

DEC-M= Member of the Profession

DEC-P= Provider of Patient-Centered Care

DEC-S= Patient Safety Advocate

DEC-T=Member of the Health Care Team

SOP = BNE Standards of Practice (2010)

QSEN P = Patient-centered Care

QSEN T = Teamwork and Collaboration

QSEN E = Evidence-based Practice

QSEN Q = Quality Improvement

QSEN S = Safety

QSEN I = Informatics

## **RNSG 2213 MENTAL HEALTH NURSING COURSE STUDENT LEARNING OUTCOMES**

(Competencies to be measured)

Upon completion of this course, the student will be able to:

- \*\*1. Explain the roles of the Associate Degree Nurse in caring for patients and families experiencing mental health problems.  
(PSLO 3-5/DEC-M-A DEC-P-A,B,D DEC-S-A DEC-T-A/SOP 1-A,G,I,K,N,R-U SOP 3-B/QSEN P,T)
  
- \*\*2. Utilize critical reasoning skills in a systematic problem-solving process integrating best current evidence to facilitate health promotion, maintenance, and restoration for the cultural, religious, ethnic, and socially diverse patient and family.  
(PSLO 1,2,6/DEC-P-A,B,D /SOP 1-D,F,L,M,Q,S,3-A/QSEN P,E,Q,I)
  
- \*\*3. Create and maintain effective interpersonal relationships utilizing therapeutic communication skills with the patient, family and other team members in the mental health setting.  
(PSLO 3,5/DEC-M-B DEC-T-A/SOP 1-D,J,N,P/QSEN T,I)
  
- \*\*4. Identify physical and psychological safety factors necessary to promote the health and dignity of the patient during patient-centered care in structured mental health care settings.  
(PSLO 5/DEC-M-A,B DEC-P-B,D DEC-S-A,B,F/SOP 1-B,C,E,O/QSEN P,T,S)
  
- \*\*5. Explore ethical and legal implications of patient-centered care along the mental health-mental illness continuum.  
(PSLO3,5/DEC-M-A DEC-P-E DEC-S-A DEC-T-D/SOP 1,3/QSEN P,T,S)
  
- \*\*6. Demonstrate ability to use electronic data and technology to support decision making in patient-centered care.  
(PSLO 1,5/DEC-P-C DEC-T-E/SOP 1-H/QSEN P,Q,I)

## METHODS OF INSTRUCTION

### TEACHING METHODS

1. Lecture/Discussion
2. Web-enhanced classroom: written, computer, and internet assignments
3. Audiovisual aids
4. Interactive Cooperative Learning Activities
5. Reports and projects
6. Critical thinking assignments
7. Case Studies
8. Simulated skills practice

### REQUIRED TEXTBOOKS / SUPPLIES

Assessment Technologies Institute, LLC. Online Program (2016). *ATI-Plan 2.0*. Retrieved June 15, 2016 from <http://atitesting.com>.

ATI Content Mastery Series (2013). *RN Mental Health Nursing, ed. 9.0*. Assessment Technologies Institute, LLC.

ATI Content Mastery Series (2013). *RN Pharmacology for Nursing, ed. 6.0*. Assessment Technologies Institute, LLC.

Boyd, M.A. (2017), *Essentials of Psychiatric Nursing* (current edition).

Nursing Drug Reference/Guide (most recent edition).

Taber's Medical Dictionary (most recent edition).

### SUGGESTED REFERENCES

Texas Board of Nursing and Nurse Practice Act [www.bne.state.tx.us](http://www.bne.state.tx.us)

### TEACHING FACILITIES

Inpatient Hospitals  
Tertiary-level Facilities  
Select Community Agencies

## COURSE REQUIREMENTS

1. Attendance Policy:

No more than 2 (two) lecture classes may be missed. Students more than 15 minutes late or who leave more than 15 minutes early will be considered ABSENT. Students who are up to 15 minutes late/or who leave up to 15 minutes early will be considered TARDY. Three (3) tardies equals one class absence.

2. Technology Requirements:

This course requires computer access. Computers are available in the Health Science Division Computer Lab in Room 252 and Room 230 for students who do not have access to a computer/internet from home. Printers are available for student use in the Health Science Division Student Lounge and TC library.

3. Each student will complete designated homework assignments by the given due date and time. The assignments shall be submitted to the student's instructor. Late assignments will not be accepted and will receive a zero. Written reports/papers will conform to standard college guidelines. Review Texarkana College policy on plagiarism and collusion to avoid disciplinary action.

4. Testing Policy

- a. Students are expected to be present for all examinations. Should it be necessary to be absent from a unit exam, an instructor must be notified. The student is expected to make-up the exam by or on the first class day of return after arranging with the instructor a time for the exam. If the student does not complete the make-up exam by or on the first day of class return, a grade of zero (0) will be given. Make-up Exam Policy will be followed.

Make-up exams will be comprised of 25 items. These items may include items of differing formats such as fill-in-the blanks or essay type questions.

- b. Multiple-choice examinations, in which unit objectives are tested, are given at the end of each unit. Alternative format questions may be used. At least 75% of all questions in RNSG 2213 will be at the application or higher thinking level. The examination will be timed. The time allotted throughout the Associate Degree Nursing program is 1 minute per question.
- c. On the day of examination, each student is expected to bring a blue ScoreIT answer sheet, #2 led pencil, and a non-smearing eraser. ScoreIT sheets can be purchased in the Texarkana College Bookstore. It is imperative that blue ScoreIT sheets are free of wrinkles, tears, or folds as this prevents grading by the machine

and delays return of grades to class. At the time of the exam, you may only bring scoring sheet, pencil, eraser and keys into the classroom.

All other items are to be secured elsewhere. Examinations will include material from required readings, class lectures, discussions, and information given in films or other media in any setting in which the students have been directed to be responsible.

Please refer to the *Texarkana College Health Sciences Division Student Handbook* for further details on testing policies.

<https://www.texarkanacollege.edu/wp-content/uploads/2014/04/health-sciences-student-handbook.pdf>

Associate Degree Nursing student at Texarkana College are entering a profession with a stated code of ethics. Disclosure of the contents of a confidential nature such as tests, constitutes a breach of ethics. Student who do so are subject to disciplinary action.

- d. The test review is available immediately following the administration of the exam. For testing security, students are not to make any notes or copy any information from this review. Students may not review the final exam.
  - e. Faculty will run an item analysis for a review prior to finalizing the exam scores. Questions on the item analysis with a point bi-serial correlation coefficient of less than 0.20 and difficulty indexes of 90-100% or 50% and less will be evaluated for validity and possible nullification.
  - f. Test grades are made available as soon as possible, although the instructors cannot guarantee that the exam grades will be posted on the same day as the exam is given.
  - g. The unit exams may be reviewed for up to one week following the examination. Arrangements for test review should be made with your instructor. A comprehensive final examination consisting of 100 items is given at the end of the course.
  - h. If a student scores less than a 75 on an exam, a remediation assignment may be required. This assignment will be due prior to taking the next exam.
5. Students may be required to attend local professional seminars at a student rate of \$25. Whenever possible, the dates of the seminar are announced well in advance. Students are expected to remain for the entire seminar.
  6. It is an expectation that students treat faculty, staff and fellow students with respect on campus and in the clinical setting. Incivility will not be tolerated in the Health Sciences Programs.



7. Progression in a Concurrent Course: (RNSG 2213, RNSG 2460, and RNSG 1447)

Students must register and enroll for all nursing courses. A student who is unsuccessful in either RNSG 2213, RNSG 2360 or RNSG 1441 may not progress.

8. Drop Procedures:

Texarkana College Drop policy: If a nursing course is dropped, on or before the “Drop Date”, the concurrent and tandem nursing course(s) must also be dropped unless they have already been successfully completed. Failure on the student’s part to drop the concurrent and/or tandem course(s) will result in a failing grade being recorded as the grade for that course. This may adversely affect the student’s GPA. For example, if a student enrolled in RNSG 2213 and RNSG 2460 fails to meet course requirements for performance and/or attendance or withdraws, he/she must withdraw from the concurrent and/or tandem courses – RNSG 1447. The decision to withdraw from either course must be made prior to taking the final exam and before the drop date. If the student fails clinical (RNSG 2460) after the drop date either by attendance or grade he/she will not be allowed to take the final exam in either theory course. If the student fails theory (RNSG 2213 or RNSG 1447), but has successfully passed clinical, he/she will receive the passing clinical score on his/her transcript but must retake both the theory and the clinical course concurrently if the student is accepted for reentry.

9. Texarkana College complies with all provisions of the Americans with Disabilities Act and makes reasonable accommodations upon request. Please contact the Director of Advisement at 903.823.3283 or go by the Recruitment, Advisement, and Retention Department located in the Administration building for personal assistance.

If you have an accommodation letter from their office indicating that you have a disability which requires academic accommodations, please present it so we can discuss the accommodations that you might need for this class. It is best to request changes at the beginning if not before the start of class so there is ample time to make the accommodations. It is the policy of Texarkana College not to discriminate based on sex, disability, race, color, age, or national origin in its educational programs.

## ATI POLICY

Throughout the course the student will be responsible to completing ATI assessments and modules as assigned by your instructor.

### What is ATI?

- Assessment Technologies Institute® (ATI) offers an assessment driven review program designed to enhance student NCLEX-RN success.
- The comprehensive program offers multiple assessment and remediation activities. These include assessment indicator for academic success, critical thinking, and learning styles, online tutorials, online practice testing, and proctored testing over the major content areas in nursing. These ATI tools, in combination with the nursing program content, assist students to prepare more efficiently, as well as increase confidence and familiarity with nursing content. □ Data from student testing and remediation can be used for program's quality improvement and outcome evaluation.
- ATI information and orientation resources can be accessed from your student home page. **It is highly recommended that you spend time navigating through these orientation materials.**

**Modular Study:** ATI provides online review modules that include written and video materials in all content areas. Students are encouraged to use these modules to supplement course work and instructors may assign these during the course and/or as part of active learning/remediation following assessments.

**Tutorials:** ATI offers unique Tutorials that teach nursing students how to think like a nurse; how to take a nursing assessment and how to make sound clinical decisions. **Nurse Logic** is an excellent way to learn the basics of how nurses think and make decisions. **Learning System** offers practice tests in specific nursing content areas that allow students to apply the valuable learning tools from Nurse Logic. Features are embedded in the Tutorials that help students gain an understanding of the content, such as a Hint Button, a Talking Glossary, and a Critical Thinking Guide.

**Assessments:** Standardized Assessments will help the student to identify what they know as well as areas requiring active learning/remediation. There are practice assessments available to the student and standardized proctored assessments that may be scheduled during courses.

**Homework:** Each student will complete designated homework assignments by the given due date and time. The assignments shall be submitted to the student's instructor. Late assignments will not be accepted and will receive a zero.

**Active Learning/Remediation:** Active Learning/Remediation is a process of reviewing content in an area that was not learned or not fully understood as demonstrated on an assessment. It is intended to help the student review important information to be successful in courses and on the NCLEX. The student's individual performance profile will contain a listing of the topics to review. The student can remediate, using the Focused Review which contains links to ATI books, media clips and active learning templates.

The instructor has online access to detailed information about the timing and duration of time spent in the assessment, focused reviews and tutorials. Students will provide documentation that required ATI work was completed using the “My Transcript” feature under “My Results” of the ATI Student Home Page or by submitting written Remediation Templates as required.

## ATI Content Mastery Policy

ATI Content Mastery consists of Practice and Proctored Assessments that are **10%** of the total course grade. The Grading Rubric for the Comprehensive Predictor ATI Assessment is as follows:

<b>STEP 1: Practice Assessment with Required Remediation</b>					<b>Points Earned</b>
<b>A. Complete Practice Assessment:</b>					
<ul style="list-style-type: none"> <li>Student will earn a total of <b>2 points</b> upon completion of Practice Assessment(s) by the course assigned deadline.</li> <li>Student who does not complete the Practice Assessment by the course assigned deadline will receive <b>0 points</b> and will still be expected to take the proctored exam on time.</li> </ul>					_____ <b>points</b> (2 points possible)
<b>B. Complete Remediation:</b>					
<ul style="list-style-type: none"> <li>Student will earn a total of <b>2 points</b> upon completion of remediation by the course assigned deadline.</li> <li>For each topic missed, complete an active learning template and/or identify three critical points to remember.</li> <li>Student who does not complete 3 critical points for each topic missed will not receive credit for remediation completion and will receive <b>0 points for the assignment.</b></li> </ul>					_____ <b>points</b> (2 points possible)

<b>STEP 2: Standardized Proctored Assessment/Comprehensive Predictor Assessment</b>					
<b>A. Complete Standardized Proctored Assessment/Comprehensive Predictor Assessment</b>					
<ul style="list-style-type: none"> <li>Use Table below to calculate points earned and remediation requirements</li> <li>Student will earn <b>1 to 4 points</b> based upon the score of their Proctored Assessment</li> </ul>					
<b>Your Passing Predictability Score:</b>	<b>95% or above</b>	<b>90% or above</b>	<b>85% or above</b>	<b>84% or below</b>	
<b>Proficiency:</b>	<b>Level 3</b>	<b>Level 2</b>	<b>Level 1</b>	<b>Below Level 1</b>	
<b>Points Earned:</b>	<b>4 points</b>	<b>3 points</b>	<b>2 points</b>	<b>1 point</b>	_____ <b>points</b> (4 points possible)
<b>B. Complete Required Remediation Plan After Proctored/Comprehensive Assessment</b>					
<ul style="list-style-type: none"> <li>Follow proficiency column that corresponds to your earned level in STEP 2:A.</li> <li>Student will earn <b>2 points</b> upon completion of their remediation.</li> <li>Student who does not complete remediation by the assigned course deadline will receive <b>0 points.</b></li> <li>Student who does not complete 3 critical points for each topic missed will not receive credit for remediation completion and will receive <b>0 points for the assignment.</b></li> </ul>					
<b>Your Level:</b>	<b>Level 3</b>	<b>Level 2</b>	<b>Level 1</b>	<b>Below Level 1</b>	
	For each topic missed, complete an active learning template and/or identify three critical points to remember	For each topic missed, complete an active learning template and/or identify three critical points to remember	For each topic missed, complete an active learning template and/or identify three critical points to remember	For each topic missed, complete an active learning template and/or identify three critical points to remember	
<b>Points Earned:</b>	<b>2 points</b>	<b>2 points</b>	<b>2 points</b>	<b>2 points</b>	_____ <b>points</b> (2 points possible)
<b>Points possible = (2 + 2 + 4 + 2 = 10)</b>					
					<b>TOTAL POINTS</b>

## METHODS OF EVALUATION

This course has concurrent requisites, which must also be successfully completed.

### Mental Health Nursing Grades:

**60% Exams**

**20% Final Exam**

**10% Participation (Homework/quizzes)**

**10% ATI Content Mastery Series**

<b>Health Science Division</b> <b>Grade Ranges:</b> 100-90 = A 89.9-81 = B 80.9-75 = C 74.9-65 = D Below 65 = F	<b>A passing exam average (unit exams and final) of 75.0 or greater is required to successfully complete the course. Once this is accomplished, the other grade categories will be averaged into the overall course grade. The overall course grade must also be a 75.0 or greater to pass the course and progress in the program.</b>
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**Exam scores are recorded as the score earned and will not be rounded. Example, 74.99 will be recorded as a 74.99 and will be a “D”. There will be no rounding of exam averages, course averages, or other coursework in the Health Sciences ADN program.**

## MAJOR COURSE TOPICS

Unit 1	Essentials of Mental Health Care  Psychiatric-Mental Health Nursing Frameworks  Knowledge & Skills of Psychiatric-Mental Health Nursing	Chapter 1: Mental Health and Mental Disorders: Fighting Stigma and Promoting Recovery Chapter 2: Cultural and Spiritual Issues Related to Mental Health Care  Chapter 3: Patient Rights and Legal Issues Chapter 4: Ethics, Standards, and Nursing Frameworks Chapter 6: Biologic Foundations of Psychiatric Nursing  Chapter 7: Therapeutic Communication Chapter 8: The Nurse–Patient Relationship
Unit 2	Prevention of Mental Disorders  Care of Special Populations	Chapter 10: Psychopharmacology (pg. 125-137) Chapter 13: Management of Anger, Aggression, and Violence Chapter 14: Crisis, Grief, and Disaster Management  Chapter 10: Psychopharmacology (pg. 150-154) Chapter 15: Suicide Prevention Chapter 16: Anxiety and Panic Disorders  Chapter 10: Psychopharmacology (pg. 146-150) Chapter 18: Obsessive-Compulsive and Related Disorders Chapter 19: Depression  Chapter 10: Psychopharmacology (pg. 143-146) Chapter 20: Bipolar Disorders

Unit 3	Care and Recovery for Persons with Mental Health Disorders	<p>Chapter 10: Psychopharmacology (pg. 138-143)</p> <p>Chapter 21: Schizophrenia and Related Thought Disorders</p> <p>Chapter 25: Addiction and Substance-Related Disorders</p> <p>Chapter 29: Mental Health Disorders of Older Adults</p> <p>Chapter 22: Personality and Impulse-Control Disorders</p> <p>Chapter 23: Somatic Symptom and Dissociative Disorders</p> <p>Chapter 24: Eating Disorders</p> <p>Chapter 30: Mental Health Care for Survivors of Violence</p>
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## Unit 1 Essentials of Mental Health Care

<b>OBJECTIVES</b>
<p><b>Upon completion of this unit, the student will be able to:</b></p> <ol style="list-style-type: none"><li>1. Differentiate the concept of mental health and mental illness.</li><li>2. Describe the beliefs about mental health and illness in different cultures, social groups, and religions.</li><li>3. Relate relevant legal and ethical issues to mental health nursing practice.</li><li>4. Discuss the implications of selected neurobiological concepts based on current research.</li><li>5. Develop a process for selecting effective communication techniques for the mental health patient.</li><li>6. Review the dynamics of the nurse/client relationship.</li><li>7. Apply a systematic problem- solving process in the delivery of culturally competent Mental Health nursing care.</li><li>8. Examine the nurses' role as provider and coordinator of care based on current research.</li><li>9. Identify the most common priorities of care in mental health nursing.</li><li>10. Identify types of therapy groups utilized in mental healthcare: psychoeducation, supportive therapy, psychotherapy, and self- help.</li></ol>
<b>THEORETICAL CONTENT</b>
<p><i>Essentials of Psychiatric Nursing, Boyd</i> Chapter 1: Mental Health and Mental Disorders Chapter 2: Cultural &amp; Spiritual Issues Related to Mental Health Nursing Chapter 3: Patient Rights and Legal Issues Chapter 4: Ethics, Standards, and Nursing Frameworks Chapter 6: Biologic Foundations of Psychiatric Nursing Chapter 7: Therapeutic Communication Chapter 8: The Nurse-Patient Relationship</p>
<b>LEARNING ACTIVITIES</b>
<ul style="list-style-type: none"><li>• Neurotransmitter Flash Cards: <i>Dopamine, Serotonin, Acetylcholine, GABA, Glutamate, Norepinephrine/Epinephrine</i></li><li>• ATI Nurse's Touch: Professional Communication Module: Factors that Affect Communication with Individuals and Groups</li><li>• ATI Pharmacology Made Easy 3.0 Module: The Neurological System (Part 2) <i>Introduction</i></li><li>• Active and Collaborative Learning: Mental Status Exam (see Syllabus, p. 20)</li><li>• Attend a Support Group-submit a <b>typed written report</b> of support group session. Describe various types of therapy groups used mental healthcare. (see guidelines in Syllabus, p. 19)</li></ul>
<b>EVALUATIONS</b>
<p>Six Neurotransmitter Flashcards Score <b>STRONG</b> on graded ATI modules Support Group Report Unit 1 Exam</p>

## Unit 2 Prevention of Mental Disorders and Care of Special Populations

<b>OBJECTIVES</b>
<p><b>Upon completion of this unit, the student will be able to:</b></p> <ol style="list-style-type: none"> <li>1. Relate various multi-disciplinary interventions used with anger, aggression and violence.</li> <li>2. Examine risks, nursing diagnosis, treatment and nursing priorities in the safe care of a suicidal client.</li> <li>3. Compare and apply a systematic problem-solving process to clients with anxiety and panic disorders.</li> <li>4. Apply a systematic problem-solving process with recovery-oriented interventions for persons with trauma-stressor related disorders.</li> <li>5. Describe clinical symptoms and nursing care for clients with obsessions and compulsions.</li> <li>6. Discuss types &amp; age-specific characteristics of depressive disorders.</li> <li>7. Discuss use of psychotropic medications and common side effects.</li> <li>8. Apply a systematic problem-solving process to clients with depression.</li> <li>9. Discuss bipolar disorders with emphasis on evidence-based nursing interventions for patients who exhibit mood lability.</li> </ol>
<b>THEORETICAL CONTENT</b>
<p><i>Essentials of Psychiatric Nursing, Boyd</i>            Chapter 10: Psychopharmacology            Chapter 13: Management of Anger, Aggression, and Violence            Chapter 14: Crisis, Grief, and Disaster Management            Chapter 15: Suicide Prevention: Screening, Assessment and Intervention            Chapter 16: Anxiety and Panic Disorders            Chapter 18: Obsessive-compulsive and Related Disorders            Chapter 19: Depression            Chapter 20: Bipolar Disorders</p>
<b>LEARNING ACTIVITIES</b>
<ul style="list-style-type: none"> <li>• ATI Active Learning Template: <b>ANXIETY</b></li> <li>• ATI Pharmacology Made Easy 3.0 Module: The Neurological System (Part 2) <i>Drug Therapy for Anxiety Disorders, Depression, and Bipolar disorders.</i></li> <li>• Real Life RN Mental Health 2.0 <i>Mood D/O</i> module</li> </ul>
<b>EVALUATIONS</b>
<p>ANXIETY pathophysiology page            Score STRONG on graded ATI modules            Unit 2 Exam</p>



### Unit 3 Care and Recovery for Persons with Mental Health Disorders

#### OBJECTIVES

Upon completion of this unit, the student will be able to:

1. Summarize biological and psychosocial causative factors of schizophrenia based on current research.
2. Describe cognitive perceptual, affective, behavioral, and social changes seen with schizophrenia.
3. Apply a systematic problem-solving process to clients with schizophrenia and other psychotic disorders.
4. Apply a systematic problem-solving process to clients with personality and impulse-control disorders.
5. Identify evidence-based nursing assessment and outcomes for persons with somatization and cognitive disorders.
6. Differentiate among the eating disorders of bulimia, anorexia, and obesity.
7. Apply the nursing process in the care of clients with eating disorders.
8. Describe predisposing factors implicated in the etiology of substance use disorders based on current research while comparing the effects of alcohol and selected drugs on the client.
9. Apply a systematic problem-solving process to clients with abuse/dependency disorder utilizing multidisciplinary interventions based on Best Practice.
10. Discuss issues of substance abuse and dependence within the profession of nursing.
11. Differentiate between dementia and delirium in the assessment / care of clients.
12. Apply a systematic problem-solving process to clients with cognitive disorders.
13. Apply a systematic problem-solving process to the care of victims of interpersonal violence with emphasis on safety.

#### THEORETICAL CONTENT

*Essentials of Psychiatric Nursing*, Boyd

Chapter 10: Psychopharmacology

Chapter 21: Schizophrenic Disorders

Chapter 22: Personality and Impulse Control Disorders

Chapter 23: Somatic Symptoms and Dissociate Disorders

Chapter 24: Eating Disorders

Chapter 25: Addiction and Substance-Related Disorders

Chapter 29: Mental Health Disorders of Older Adults

Chapter 30: Mental Health Care for Survivors of Violence

#### LEARNING ACTIVITIES

- ATI Pharmacology Made Easy 3.0 Module: The Neurological System (Part 2)  
*Drug Therapy for Schizophrenia*.
- Syllabus worksheet: Schizophrenia, p. 21  
Syllabus sheet: Motor Side effects of antipsychotic medications, p. 22, 23
- Syllabus supplement: Personality Disorders with worksheet, p. 24-26
- Real Life RN Mental Health 2.0 *Alcohol Use D/O* module
- Syllabus supplement: *Alcohol Withdrawal Assessment Scoring Guidelines (CIWA-Ar)*, p. 27
- Syllabus supplement: Mini-Mental State Examination (MMSE), p. 28
- Syllabus supplement: MONTREAL COGNITIVE ASSESSMENT (MOCA), p. 29
- Guest speaker: Domestic Violence Prevention, Inc.

#### EVALUATIONS

Score STRONG on graded ATI modules

ATI: Practice Assessment with Remediation and Proctored Assessment with Remediation

Unit 3 Exam

## LEARNING ACTIVITIES

### FYI: HOW MUCH DO YOU KNOW ABOUT MENTAL HEALTH?

1. Winston Churchill called this illness the “Black Dog”.
2. The Dixie Chicks recorded “Goodbye Earl”. What is it about?
3. What do Ernest Hemingway, Cleopatra, Van Gogh, and Curt Cobain have in common?
4. Which character from “*Winnie-the-Pooh*” by A. A. Milne could be described as having an anxiety disorder?
5. In *Silver Linings Playbook*’s, Pat Solitano Jr. (Bradley Cooper) is released from a mental health facility into the care of his mother Delores and father Pat Sr. (Robert De Niro) after eight months of treatment for this disorder:
6. If you are taking Prozac or other antidepressants, you should not take this herbal supplement?
7. What circumstances do Fiona Apple, Angelina Jolie and Princess Diana share?
8. What is the primary cause of death in persons with mental illness?
9. What is the average length of stay in a psychiatric hospital for an adult?
10. What psychiatric diagnosis do Jim Carey, Ben Stiller, Brittany Spears, and Catherine Zeta-Jones have in common?

## UNIT 4 - SUPPORT GROUP REPORT

**\*Report must be typed and turned in with all aspects completed and answered for credit.**

Student Name: \_\_\_\_\_ Date and Time: \_\_\_\_\_

Name of self-help group: \_\_\_\_\_

Name of accompanying student(s): \_\_\_\_\_

Contact person: \_\_\_\_\_

Number of group participants: \_\_\_\_\_

1. *Prepare prior to attendance:* Read Chapter 11: Group Interventions (Boyd, page 162-174) and Chapter 25: Addiction and Substance-Related Disorders “Twelve Step Programs” (Boyd, page 473).
2. *Research:* What is the purpose of the group you plan to attend?
3. *Reflect:* Provide specific examples from the meeting of at least two of **Yalom’s Therapeutic Factors** utilized (Boyd, page 171, Table 11.3).  
\*Protect client’s confidentiality by using “client” instead of a name. (See Boyd, page 21, Privacy and Confidentiality and HIPAA and Protection of Health Information).
4. Did any of the attendees demonstrate a group problem such as monopolizing, lateness, silence, persistent joking? How did the group leader handle this situation? Is there anything you might do differently if you were the leader?
5. What was your impression of this self- improvement meeting? Include at least one positive and one negative aspect.
6. Did you feel comfortable coming here? Why or why not?
7. Would you refer a client or their family member to this group? Explain:
8. Define psychoeducation, supportive therapy, psychotherapy, and self-help.

**Signature of Support Group Leader:** \_\_\_\_\_

Grade: \_\_\_\_\_

**MENTAL STATUS EXAM**

**GENERAL DESCRIPTION:**

Appearance (age, general health, cleanliness, dress, posture, eye contact, etc.):

Behavior (motor activity, mannerisms, etc.):

Speech (rate, volume, stuttering, slurring, accents, etc.):

**EMOTIONAL STATE**

Mood (How are you feeling today?):

Suicide/Homicide risk? \_\_\_ No \_\_\_ Yes – assess plan, available means, support systems

Affect (observed emotional tone): \_\_\_ appropriate \_\_\_ inappropriate \_\_\_ flat \_\_\_ labile

**SENSORIUM/COGNITION**

Level of consciousness: \_\_\_ alert \_\_\_ distractible \_\_\_ clouded \_\_\_ other (specify):

Orientation: \_\_\_ time \_\_\_ place \_\_\_ person \_\_\_ situation

Memory: \_\_\_ immediate \_\_\_ recent \_\_\_ remote \_\_\_ blackouts \_\_\_ confabulation

Intelligence (level of education, occupation, fund of general knowledge):

Judgment (soundness of problem solving & decisions): \_\_\_ realistic \_\_\_ unrealistic

Insight (understanding of condition & tx expectations): \_\_\_ good \_\_\_ fair \_\_\_ poor

**THINKING**

Thought content (what person is thinking) \_\_\_ clear \_\_\_ delusions \_\_\_ obsessions \_\_\_ phobias  
\_\_\_ recurring patterns \_\_\_ other (describe):

Thought Processes (reflected in speech): \_\_\_ organized \_\_\_ logical \_\_\_ flight of ideas  
\_\_\_ loose associations \_\_\_ circumstantial \_\_\_ tangential  
\_\_\_ other (specify):

**PERCEPTUAL DISTURBANCES**

\_\_\_ none \_\_\_ hallucinations \_\_\_ illusions. Describe:

**Focused Assessment:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Chapter 21: Schizophrenia Worksheet

<p><b>Prior to class the student will review the following information:</b></p>	
<p>What are the neurobiological causes (etiologies) of Schizophrenia?</p>	
<p>Describe co-morbidity issues in the client with Schizophrenia.</p>	
<p>What are the positive &amp; negative symptoms of Schizophrenia?</p>	
<p>What are the negative symptoms of Schizophrenia?</p>	
<p>Describe the psychopharmacological treatment of schizophrenia.</p>	
<p>List the common side effects for each classification of medications.</p>	
<p>Discuss the nursing interventions to improve medication compliance.</p>	
<p>Describe multidisciplinary and Complimentary Therapies used with Schizophrenia.</p>	
<p>Discuss ways the nurse can intervene when a client experiences hallucinations and delusions.</p>	
<p>Discuss nursing interventions used to promote effective communication and foster socialization.</p>	
<p>List an example of the relapse triggers for this disorder:          Psychological stressors          Personal stressors          Interpersonal stressors          Community stressors</p>	

## MOTOR SIDE EFFECTS OF ANTIPSYCHOTIC MEDICATIONS

<b>Extrapyramidal Symptoms (EPS)</b>	<b>Assessment</b> (sx result from dopamine blockade in “motor strip” of brain)	<b>Treatment</b>
Dystonia	<p>Invol musc movements (spasms) of face, arms, legs, neck. Laryngospasm is spasmodic closure of larynx.</p> <p>Abrupt onset within 5 days of therapy or when dose signif. increased Lasts minutes to hours.</p> <p>Occurs most often in afternoon &amp; evening and w/ men &amp; people &lt; 25 yrs</p> <p>Assoc. w/ high potency neuroleptics i.e. haloperidol</p>	<p>Treat as emergency</p> <p>Contact physician</p> <p>IM diphenhydramine (Benadryl) or benztropine (Cogentin)</p>
Oculogyric crisis	<p>Uncontrolled rolling back of eyes which are held in fixed position, often sideways. May appear as part of dystonia syndrome w/ abrupt onset.</p> <p>Can be mistaken for seizure.</p>	<p>See above instructions. Stay with client. Offer reassurance &amp; support to decrease fear.</p>
Parkinsonian reactions (pseudoparkinsonism)	<p>Tremor, shuffling gait, drooling, mask – like facial expression, finger or hand tremors, rigidity (cogwheel phenomenon)</p> <p>sx may appear as early as 1- 5 days after initiation of antipsychotic meds or within first 30 days of tx. Continues throughout use of medication. Occurs most often in women, elderly &amp; dehydrated clients</p>	<p>IM diphenhydramine (Benadryl) or benztropine (Cogentin)</p>
Akinesia	<p>Muscle weakness or partial loss of muscle movement. Sx may appear as early as 1- 5 days after initiation of antipsychotic meds as above</p>	<p>diphenhydramine (Benadryl) or benztropine (Cogentin)</p>
Akathesia	<p>Inability to sit or stand still, along w/ intense feeling of anxiety. Restlessness, agitation, “crawling our of my skin”</p> <p>Usually begins within first 4-5 weeks of tx . Persists as long as med is taken. Very distressing &amp; often reason for nonadherence.</p>	<p>Propranolol (Inderal), diphenhydramine (Benadryl) or benztropine (Cogentin)</p> <p>Decrease dose or change to another med</p> <p>Less responsive to treatment than dystonia or parkinsonianism</p>

	<b>Assessment</b>	<b>Treatment</b>
Tardive dyskinesia (TD)	<p><b>Early signs:</b> wormlike tongue movement &amp; increased blinking</p> <p><b>Later signs:</b> Tongue protrusion, unusual mouth movements, sucking, smacking lips, chewing jaw movements ( rabbit syndrome)</p> <p>Can involve arms &amp; legs w/ rapid, purposeless, irregular movements, tremors or foot tapping. Can include dramatic movements of neck, shoulders, and pelvis.</p> <p>A form of EPS. Occurs in 20 – 40% of clients who take typical or first generation antipsychotics for &gt; 2 years i.e. fluphenazine (Prolixin), chlorpromazine (Thorazine), thioridazine (Mellaril), haloperidol (Haldol).</p> <p>Women &amp; elderly at higher risk Movements subside during sleep.</p>	
Neuroleptic Malignant Syndrome (NMS)	<p>Severe parkinsonian muscle rigidity (lead pipe), temp up to 107 degrees, increased heart rate, increased respirations, fluctuations in B/P, diaphorsis and rapid deterioration of mental status to stupor &amp; coma.</p>	
Rare occurrence but potentially fatal. Not EPS	<p>Onset within hours or years. More common in first 2 weeks of med administration or w/ increased dose.</p> <p>Progression is rapid over 24-72 hrs.</p>	

## Chapter 22 Personality Disorder Worksheet

Cluster A	<p><b>Paranoid Personality Disorder:</b> Marked distrust of others, including the belief (without reason), that others are exploiting, harming, or trying to deceive him or her (DSM-IV-TR); lack of trust; belief of others' betrayal; belief in hidden meanings; hypersensitive-quick to react angrily or to counter attack; unforgiving and grudge holding.</p> <p><b>Schizoid Personality Disorder:</b> Indifferent, primarily characterized by a very limited range of emotion, both in expression of and experiencing; passive; indifferent to social relationships; Most are seclusive and choose solitary activities.</p> <p><b>Schizotypal Personality Disorder:</b> Bizarre fantasy-peculiarities of thinking, odd beliefs, and eccentricities of appearance, behavior, interpersonal style, and thought (e.g., belief in psychic phenomena and having magical powers); peculiar language; lack of close friends.</p>
Cluster B	<p><b>Antisocial Personality Disorder:</b> Egocentric; deceitful, repeated lying; lack of regard for the moral or legal standards in the local culture, marked inability to get along with others or abide by societal rules; Aggressive, impulsive, and abusive. Lacks remorse. Sometimes called psychopaths or sociopaths. Known as conduct disorder for persons under age 18.</p> <p><b>Borderline Personality Disorder:</b> Lack of one's own identity; Unpredictable-rapid changes in mood; Intense unstable interpersonal relationships; Impulsive (sex, substance abuse, reckless driving, binge eating), Instability of affect and self-image; Manipulative.</p> <p><b>Histrionic Personality Disorder:</b> Attention seeker-exaggerated and inappropriate display of emotional reactions; High need for approval; When they don't get their own way, they believe they are being treated unfairly and may even have a temper tantrum; flamboyant-approaching theatricality, in everyday behavior. Sudden and rapidly shifting emotion expressions; interaction with others is often characterized by inappropriate sexually seductive or provocative behavior.</p> <p><b>Narcissistic Personality Disorder:</b> Behavior or a fantasy of grandiosity, a lack of empathy, a need to be admired by others, an inability to see the viewpoints of others, and hypersensitive to the opinions of others.</p>
Cluster C	<p><b>Avoidant Personality Disorder:</b> Marked social inhibition-reluctant to take personal risks; feelings of inadequacy, and extremely sensitive to criticism.</p> <p><b>Dependent Personality Disorder:</b> Extreme need of other people, to a point where the person is unable to make any decisions or take an independent stand on his or her own. Fear of separation and submissive behavior. Marked lack of decisiveness and self-confidence.</p> <p><b>Obsessive-Compulsive Personality Disorder:</b> Characterized by perfectionism and inflexibility; preoccupation with uncontrollable patterns of thought and action.</p>



## Chapter 22 Worksheet

1. Personality refers to stable patterns of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and motivation.
2. A personality becomes disordered when the patterns are \_\_\_\_\_, inflexible, and \_\_\_\_\_.
3. There is no single cause of personality disorders. Most likely, they arise from an interaction between \_\_\_\_\_ factors and the \_\_\_\_\_.
4. In most cases, personality problems are ego-\_\_\_\_\_. These clients are incapable of considering that their problems \_\_\_\_\_.
5. There are \_\_\_\_ personality disorders grouped into \_\_\_\_ Clusters.
6. High correlation between \_\_\_\_\_ and antisocial personality disorder.
7. Recurrent \_\_\_\_\_ behavior is characteristic of borderline personality disorder.
8. Identify the Characteristics of Personality Disorders by Clusters

### CLUSTER \_\_\_\_\_

- Social anxiety, loners, prefers solitary activities.
- Argumentative, bursts of quick anger, suspicious & unable to trust.
- Poverty of thoughts, lack insight

### CLUSTER \_\_\_\_\_

- Frightened, reserved, submissive
- Some avoid other people because they feel like an outcast, others avoid being left alone
- Rigid routines
- Anxious, fearful, shamed, and depressed
- Low self-esteem, seek unconditional love, avoids conflict CLUSTER \_\_\_\_\_
- Dramatic, lacks empathy, externalizes blame
- Intense, unable to soothe self, seeks immediate gratification
- Labile: depression, anxiety and guilt
- Stormy and chaotic relationships

Chapter 22 (cont.):

MULTIDISCIPLINARY INTERVENTIONS:

9. PSYCHOTHERAPY

- Assist clients toward a \_\_\_\_\_ and an enriched \_\_\_\_\_.
- Priorities of care for clients with personality disorders include \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

10. PSYCHOPHARMACOLOGY

- No drugs to control or cure specific d/o.
- Mainly symptomatic control.
  - a. Mood stabilizers for violent episodes such as catapress otherwise known as \_\_\_\_\_.
  - b. Antidepressants: \_\_\_\_\_
  - c. Anxiolytics: Ativan is classified as a \_\_\_\_\_.

11. NURSING INTERVENTIONS

CLUSTER A

- Gentle, interested, \_\_\_\_\_ manner.
- Respectful of the client's need for \_\_\_\_\_, privacy, and \_\_\_\_\_ from interpersonal interactions.
- Staff need to be clear and \_\_\_\_\_.

CLUSTER B

- Requires patience and \_\_\_\_\_ from nursing staff.
- Set \_\_\_\_\_ and be \_\_\_\_\_.
- Keep open \_\_\_\_\_ of \_\_\_\_\_ between staff.

CLUSTER C

- Point out \_\_\_\_\_ behaviors and \_\_\_\_\_.
- \_\_\_\_\_ helps these clients manage their dependency and anger.

## Chapter 25: Alcohol Withdrawal Assessment Scoring Guidelines (CIWA - Ar)

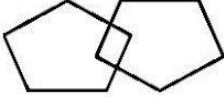
<p><b><u>Nausea/Vomiting</u></b> - Rate on scale 0 - 7</p> <p>0 - None</p> <p>1 - Mild nausea with no vomiting</p> <p>2</p> <p>3</p> <p>4 - Intermittent nausea</p> <p>5</p> <p>6</p> <p>7 - Constant nausea and frequent dry heaves and vomiting</p>	<p><b><u>Tremors</u></b> - have patient extend arms &amp; spread fingers. Rate on scale 0 - 7.</p> <p>0 - No tremor</p> <p>1 - Not visible, but can be felt fingertip to fingertip</p> <p>2</p> <p>3</p> <p>4 - Moderate, with patient's arms extended</p> <p>5</p> <p>6</p> <p>7 - severe, even w/ arms not extended</p>
<p><b><u>Anxiety</u></b> - Rate on scale 0 - 7</p> <p>0 - no anxiety, patient at ease</p> <p>1 - mildly anxious</p> <p>2</p> <p>3</p> <p>4 - moderately anxious or guarded, so anxiety is inferred</p> <p>5</p> <p>6</p> <p>7 - equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions.</p>	<p><b><u>Agitation</u></b> - Rate on scale 0 - 7</p> <p>0 - normal activity</p> <p>1 - somewhat normal activity</p> <p>2</p> <p>3</p> <p>4 - moderately fidgety and restless</p> <p>5</p> <p>6</p> <p>7 - paces back and forth, or constantly thrashes about</p>
<p><b><u>Paroxysmal Sweats</u></b> - Rate on Scale 0 - 7. 0 - no sweats</p> <p>1- barely perceptible sweating, palms moist</p> <p>2</p> <p>3</p> <p>4 - beads of sweat obvious on forehead</p> <p>5</p> <p>6</p> <p>7 - drenching sweats</p>	<p><b><u>Orientation and clouding of sensorium</u></b> - Ask, "What day is this? Where are you? Who am I?" Rate scale <u>0 - 4</u></p> <p>0 - Oriented</p> <p>1 - cannot do serial additions or is uncertain about date</p> <p>2 - disoriented to date by no more than 2 calendar days</p> <p>3 - disoriented to date by more than 2 calendar days</p> <p>4 - Disoriented to place and / or person</p>
<p><b><u>Tactile disturbances</u></b> - Ask, "Have you experienced any itching, pins &amp; needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?"</p> <p>0 - none</p> <p>1 - very mild itching, pins &amp; needles, burning, or numbness</p> <p>2 - mild itching, pins &amp; needles, burning, or numbness</p> <p>3 - moderate itching, pins &amp; needles, burning, or numbness</p> <p>4 - moderate hallucinations</p> <p>5 - severe hallucinations</p> <p>6 - extremely severe hallucinations</p> <p>7 - continuous hallucinations</p>	<p><b><u>Auditory Disturbances</u></b> - Ask, "Are you more aware of sounds around you? Are they harsh? Do they startle you? Do you hear anything that disturbs you or that you know isn't there?"</p> <p>0 - not present</p> <p>1 - Very mild harshness or ability to startle</p> <p>2 - mild harshness or ability to startle</p> <p>3 - moderate harshness or ability to startle</p> <p>4 - moderate hallucinations</p> <p>5 - severe hallucinations</p> <p>6 - extremely severe hallucinations</p> <p>7 - continuous hallucinations</p>
<p><b><u>Visual disturbances</u></b> - Ask, "Does the light appear to be too bright? Is its color different than normal? Does it hurt your eyes? Are you seeing anything that disturbs you or that you know isn't there?"</p> <p>0 - not present</p> <p>1 - very mild sensitivity</p> <p>2 - mild sensitivity</p> <p>3 - moderate sensitivity</p> <p>4 - moderate hallucinations</p> <p>5 - severe hallucinations</p> <p>6 - extremely severe hallucinations</p> <p>7 - continuous hallucinations</p>	<p><b><u>Headache</u></b> - Ask, "Does your head feel different than usual? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness.</p> <p>0 - not present</p> <p>1 - very mild</p> <p>2 - mild</p> <p>3 - moderate</p> <p>4 - moderately severe</p> <p>5 - severe</p> <p>6 - very severe</p> <p>7 - extremely severe</p>

Procedure: Assess and rate each of the 10 criteria of the CIWA scale. Each criterion is rated on a scale from 0 to 7, except for "Orientation and clouding of sensorium" which is rated on scale 0 to 4. Add up the scores for all ten criteria. This is the total CIWA-Ar score for the patient at that time. Prophylactic medication should be started for any patient with a total CIWA-Ar score of 8 or greater (ie. start on withdrawal medication). If started on scheduled medication, additional PRN medication should be given for a total CIWA-Ar score of 15 or greater.

## Mini-Mental State Examination (MMSE)

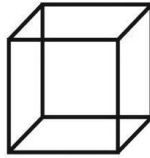
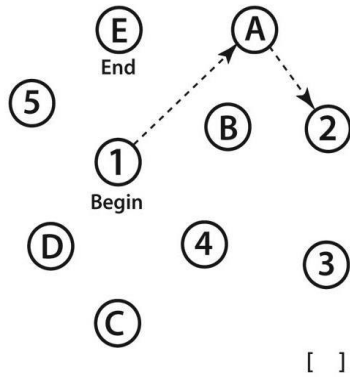
Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions: Score one point for each correct response within each question or activity.**

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day? Month?"
5		"Where are we now? State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then the instructor asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible.
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Alternative: "Spell WORLD backwards." (D-L-R-O-W)
3		"Earlier I told you the names of three things. Can you tell me what those were?"
2		Show the patient two simple objects, such as a wristwatch and a pencil, and ask the patient to name them.
1		"Repeat the phrase: 'No ifs, ands, or buts.'"
3		"Take the paper in your right hand, fold it in half, and put it on the floor." (The examiner gives the patient a piece of blank paper.)
1		"Please read this and do what it says." (Written instruction is "Close your eyes.")
1		"Make up and write a sentence about anything." (This sentence must contain a noun and a verb.)
1		"Please copy this picture." (The examiner gives the patient a blank piece of paper and asks him/her to draw the symbol below. All 10 angles must be present and two must intersect.)  
30		TOTAL

"MINI-MENTAL STATE." A PRACTICAL METHOD FOR GRADING THE COGNITIVE STATE OF PATIENTS FOR THE CLINICIAN. *Journal of Psychiatric Research*, 12(3): 189-198, 1975. Used by permission. series provided by The Hartford Institute for Geriatric Nursing

**VISUOSPATIAL / EXECUTIVE**



Copy cube

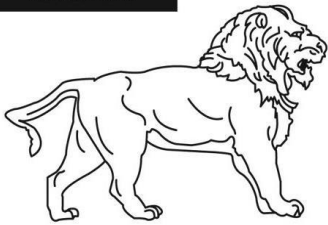
Draw CLOCK (Ten past eleven) (3 points)

POINTS

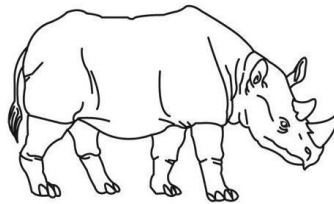
[ ] [ ] [ ]  
Contour Numbers Hands

\_\_\_/5

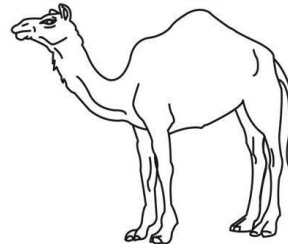
**NAMING**



[ ]



[ ]



[ ]

\_\_\_/3

**MEMORY**

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

**ATTENTION**

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order [ ] 2 1 8 5 4  
Subject has to repeat them in the backward order [ ] 7 4 2

\_\_\_/2

Read list of letters. The subject must tap with his hand at each letter A. No points if  $\geq 2$  errors

[ ] FBACMNAAJKLBAFAKDEAAAJAMOF AAB

\_\_\_/1

Serial 7 subtraction starting at 100

[ ] 93 [ ] 86 [ ] 79 [ ] 72 [ ] 65  
4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

\_\_\_/3

**LANGUAGE**

Repeat : I only know that John is the one to help today. [ ]

The cat always hid under the couch when dogs were in the room. [ ]

\_\_\_/2

Fluency / Name maximum number of words in one minute that begin with the letter F [ ] \_\_\_\_ (N  $\geq$  11 words)

\_\_\_/1

**ABSTRACTION**

Similarity between e.g. banana - orange = fruit [ ] train - bicycle [ ] watch - ruler

\_\_\_/2

**DELAYED RECALL**

Has to recall words WITH NO CUE

FACE	VELVET	CHURCH	DAISY	RED
[ ]	[ ]	[ ]	[ ]	[ ]

Points for UNCUED recall only

\_\_\_/5

**Optional**

Category cue

Multiple choice cue

**ORIENTATION**

[ ] Date [ ] Month [ ] Year [ ] Day [ ] Place [ ] City

\_\_\_/6