**RNSG 2213**

**MENTAL HEALTH**

**NURSING SYLLABUS**

**Prepared by**

**Health Sciences Division Faculty**

**Associate Degree Nursing Program**

**Texarkana College**

**Texarkana, Texas**

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**Revised 05/2025**

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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 2301/2101, 2302/2102, 2320/2120, PSYC 2301 and 2314;

ENGL 1301; and AHA/BLS-HCP.

Basic Students: RNSG 1413, 1360, 1412, 1431, and 1460.

Corequisites: RNSG 1441 and 2360.

Transition Students: Corequisites 1327, 1251, and 1160.

**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)

**And General Education Core Competencies**

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. Utilize clinical judgement skills in the application of the nursing process when providing and managing safe, quality patient-centered care.

2. Coordinate, collaborate and communicate with the interdisciplinary healthcare team to plan, deliver and evaluate care for diverse patients, families, and community populations.

3. Adhere to standards of practice within legal, ethical, and regulatory frameworks of the professional nurse.

4. Apply knowledge of delegation, management, and leadership skills.

5. Demonstrate skill in using patient care technologies and information systems that support safe nursing practice.

6. Promote safety and quality improvement as an advocate and manager of nursing care utilizing evidence-based practice.

\*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. 11.2023

**Revised: May 2025 QSEN P = Patient-centered Care**

**PSLO = Program Student Learning Outcomes QSEN T = Teamwork and Collaboration**

**\*\* = Critical Thinking/Communication Skills QSEN E = Evidence-based Practice**

**DEC =Texas BON Differentiated QSEN Q = Quality Improvement**

**Essential Competencies (2021) ADN QSEN S = Safety**

**DEC-M= Member of Profession QSEN I = Informatics**

**DEC-P= Provider of Patient-Centered Care**

**DEC-S= Patient Safety Advocate**

**DEC-T=Member of the Health Care Team**

**SOP= Texas Board of Nursing (BON) Standards of Practice (2024)**

# 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. Describe the role of the associate degree nurse in providing safe, ethical, and culturally responsive care to individuals and families experiencing mental health challenges across the continuum of care.

PSLO 1, 2, 3, 4, 6/ DEC-M-A DEC-P-A,B,D DEC-S-A DEC-T-A/SOP 1-A,G,I,K,N,R-U SOP3-A,B; /QSEN P,S, T)

|  |  |
| --- | --- |
|  |  |
| \*\*2. | Apply critical thinking and clinical reasoning to implement evidence-based interventions that promote mental health, support self-care, and restore function in diverse populations. PSLO 1, 2, 3, 4, 6/ DEC T-A; SOP 1-D, 3, F, L, M, Q, S, 3-A; QSEN P, E, Q, I |
|  |  |
| \*\*3. | Demonstrate therapeutic communication skills that foster trust, civility, and emotional safety when engaging patients, families, and members of the healthcare team. |
|  | (PSLO 2, 3 DEC-M-B DEC-T-A/SOP 1-D,J,N,P/QSEN T,I) |
| \*\*4. | Promote a culture of safety and dignity within environmental, psychological, physiological the patient during patient-centered tasks in structured mental health care settings. |
|  | (PSLO 1, 3, 4, 6 /DEC-M-A,B DEC-P-B,D DEC-S-A,B,F/SOP 1-B,C,E,O/QSEN P,T,S) |
| \*\*5. | Analyze ethical, legal, and professional considerations in the delivery of mental health care, incorporating concepts of social justice and social determinants of health. |
|  | (PSLO, 6 DEC-M-A DEC-P-E DEC-S-A DEC-T-D/SOP 1,3/QSEN P,T,S) |
| \*\*6. | Demonstrate the ability to use electronic data and technology to support decision making in patient-centered tasks. PSLO2, 3, 5, 6; DEC-P-C DEC-T-E/SOP 1-H/QSEN P,Q,I  Revised 05/2025 |
|  |  |

**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 (2024). *ATI-Plan 4.0*. Retrieved December 3, 2024 from [http://atitesting.com.](http://atitesting.com/)

ATI Content Mastery Series (2023). *RN Mental Health Nursing.* Assessment Technologies Institute, LLC.

ATI Content Mastery Series (2023). *RN Pharmacology for Nursing*. Assessment Technologies Institute, LLC.

Boyd, M.A., and Luebbert, R. (2023), *Essentials* of Psychiatric Nursing (3rd edition).

SUGGESTED REFERENCES

Texas Board of Nursing and Nurse Practice Act www.bne.state.tx.us

TEACHING FACILITIES

Classroom and TC on-line

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.

1. Technology Requirements:

**COMPUTER & WIFI ACCESS**

Students are required to have a computer with Internet access for classes. The computer must be an actual computer – smart phones, iPads, Androids, Chromebooks, etc., are not acceptable substitutes because they lack software compatibility necessary to complete all assignments and tests. Financial costs for the necessary equipment and internet access are the responsibility of the student.

Students needing to purchase a computer may do so through the Texarkana College Bookstore. Systems purchased through the bookstore meet or exceed all requirements, are competitively priced, and may be purchased using financial aid funds. If the system is purchased through another source, it is the student’s responsibility to ensure the system meets all requirements.

Computer systems requirements:

* Webcam, microphone, speakers or headphones.
* Windows 10 or a recent version of Mac OS (minimum Sierra). Windows 10 S mode is not supported.
* Hardware capable of running Microsoft Teams (free download) and supports multi-media playback.
* Support for Chrome or Microsoft Edge – Note: Firefox, Safari, or other browsers may not work on all TC applications.
* Able to run Microsoft Office, which will be provided free to TC students.
* Adobe Reader or another PDF viewer
* Antivirus software such as Windows Defender or another 3rd party anti-virus solution
* The Respondus Lockdown browser is used for taking tests; therefore, the system must be capable of running this software. Most newer systems that meet other specifications should work.

Students should regularly back up content to prevent loss of coursework due to hardware failure. Backup copies of documents and other coursework may be placed on OneDrive cloud storage. OneDrive is included free of charge for all TC students.

A list of student resources can be found on the TC website at: <https://www.texarkanacollege.edu/current-students/>

**ASSISTANCE WITH TECHNOLOGY**

If you are having trouble accessing your course, your myTC account, or need to reset your password, contact the Help Desk:

* Online:  <https://www.texarkanacollege.edu/helpdesk/>  Once you get to the page, you will need to submit a ticket with details about your question. Or by phone: 903-823-3030
* The Help Desk is open Monday-Fridays to assist you from 8:00 AM – 8:00 PM (Mon-Thurs) and 8:00 AM – 4:00 PM (Fri).

1. 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.

1. Testing Policy

Testing will be completed online through MOODLE and monitoring via Respondus.

* 1. If a student is absent on the day of a unit exam, a make-up exam will be given. The student has 5 business days (not counting weekends) to complete the exam. The student is responsible for contacting the course instructor(s) to schedule a test time. Make-up exams may be administered in the TC Testing Center in the Academic Commons. It is the student’s responsibility to know the Testing Center policies and hours of operation. The exam will consist of 25 questions and students will be given 30 minutes to take the exam. Failure to take the make-up the exam in the allotted 5 days will result in a grade of zero.
  2. 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 1.5 minutes per question.

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 students 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. Students who do so are subject to disciplinary action.

* 1. The 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.
  2. 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.

1. 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.
2. 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.

1. 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.

1. 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 accommodation, please present it so we can discuss the accommodation 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 accommodation. It is the policy of Texarkana College not to discriminate based on sex, disability, race, color, age, or national origin in its educational programs.

10. PANTRY / BASIC NEEDS

Any student who has difficulty affording groceries or accessing enough food to eat every day, or who lacks a safe and stable place to live and believes this may affect their performance in this course or ability to remain in school, is urged to contact Tonja Blase, Director of Student Retention, at 903.823.3349 for support.  Furthermore, please notify the professor if you are comfortable in doing so. This will enable them to provide any resources that they may possess.

11. SECURITY

Please keep your vehicle locked whenever you are away from it. Make sure you don’t leave any valuables in plain sight (purse, phone, laptop). We want you to be safe. You must acquire a TC parking permit and display it in your vehicle. You must also have a TC student ID badge and always keep it with you.

##### **Campus police EMERGENCY line: (903) 823-3330**

12. COUSELING SERVICES

Luretha Loudermill is a Licensed Professional Counselor, who provides counseling services in the areas of education, career, and personal issues. Students can refer themselves, or they can be referred by faculty or staff members. If you are struggling with any aspects of your life, know that Mrs. Loudermill, LPC is a free resource to help you.

Luretha Loudermill, Licensed Professional Counselor, Health Science Building, Office 135, (903) 823-3143 [tc.counselor@texarkanacollege.edu](mailto:tc.counselor@texarkanacollege.edu)

More information and additional mental health and counseling resources can be found on the TC website at <https://www.texarkanacollege.edu/campus-life/counseling-services/>

NATIONAL SUICIDE PREVENTION LIFELINE: **988**

**ATI POLICY**

Throughout the course the student will be responsible for 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 assessments 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 the 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 students 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 students review important information to be successful in courses and on the NCLEX. The student’s individual performance profile will contain a list of 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 for Standardized Exams**

ATI Content Mastery consists of practice and proctored assessments with remediation that total 10% of the course grade.  The grading rubric for the ATI Assessment portion of the course is as follows:

|  |  |
| --- | --- |
| **STEP 1: Practice Assessment with Required Remediation** with | Points Earned |
| 1. Complete Practice Assessment  * A student will earn a total of 2 points upon completion of the Practice Assessment(s) by the assigned deadline. * A student who does not complete the Practice Assessment(s) by the assigned deadline will receive 0 points. | \_\_\_\_\_ points  (2 pts possible) |
|  |  |
| 1. Complete Remediation    * Students will earn a total of **2 points** upon completion of remediation by the assigned deadline.    * For each topic missed, students must identify **3 critical points to remember** about the topics.    * Students who do not identify **3 critical points to remember** for each topic missed will not receive credit for completing remediation and will receive **0 points** for the assignment. | \_\_\_\_\_ points  (2 pts possible) |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STEP 2: Proctored Assessments** | | | | | **Points Earned** | |
| 1. Complete Proctored Assessment at Assigned Time  * Use the table below to calculate points earned and identify remediation requirements. * Students will earn 1 to 4 points based upon the score they earn on the Proctored Assessment. | | | | |  | |
| Proficiency: | Level 3 | Level 2 | Level 1 | Below Level 1 | \_\_\_\_\_ points  (4 pts possible) |
| Points Earned: | 4 points | 3 points | 2 points | 1 point |
|  | | | | |  | |
| 1. Complete Remediation    * Students will earn a total of **2 points** upon completion of remediation by the assigned deadline regardless of which level they scored on the Proctored Assessment.    * For each topic missed, students must identify **3 critical points to remember** about the topics.    * Students who do not identify **3 critical points to remember** for each topic missed will not receive credit for completing remediation and will receive **0 points** for the assignment. | | | | | \_\_\_\_\_ points  (2 pts possible) | |
| **Points Possible = 2 + 2 + 4 + 2 = 10** | | | | | **Total Points** | |

**ATI Content Mastery Policy for Comprehensive Predictor Assessment**

ATI Content Mastery consists of practice and proctored assessments with remediation that total 10% of course grade.  The grading rubric for the ATI Assessment portion of the course is as follows:

|  |  |
| --- | --- |
| STEP 1: PRACTICE Comprehensive Predictor Assessment with Required Remediation | Points Earned |
| 1. Complete Practice Assessment  * A student will earn a total of **1 point** upon completion of the Practice Comprehensive Predictor Assessment by the assigned deadline. * A student who does not complete the Practice Comprehensive Predictor Assessment by the assigned deadline will receive **0 points**. | \_\_\_\_\_ point  (1 pt possible) |
|  |  |
| 1. Complete Required Remediation Plan    1. Students will earn a total of **2 points** upon completion of remediation by the assigned deadline.    2. For each topic missed, students must identify **3 critical points to remember** about the topics.    3. Students who do not identify **3 critical points to remember** for each topic missed will not receive credit for completing remediation and will receive **0 points** for the assignment. | \_\_\_\_\_ points  (2 pts possible) |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| STEP 2: PROCTORED Comprehensive Predictor Assessment | | | | | | Points Earned | |
| 1. Complete Proctored Assessment at Assigned Time  * Use the table below to calculate points earned and identify remediation requirements. * Students will earn 1 to 5 points based upon the score they earn on the Proctored Comprehensive Predictor Assessment | | | | | |  | |
| Predictability Score: | 95% – 100% | 92% - 94% | 88% - 91% | 85% - 87% | Below 85% | \_\_\_\_\_ points  (5 pts possible) |
| Points Earned: | 5 points | 4 points | 3 points | 2 points | 1 point |
|  | | | | | |  | |
| 1. Complete Required Remediation Plan    1. Students will earn a total of **2 points** upon completion of remediation by the assigned deadline regardless of which level they scored on the Proctored Assessment.    2. For each topic missed, students must identify **3 critical points to remember** about the topics.    3. Students who do not identify **3 critical points to remember** for each topic missed will not receive credit for completing remediation and will receive **0 points** for the assignment. | | | | | | \_\_\_\_\_ points  (2 pts possible) | |
| **Points Possible = 1 + 2 + 5 + 2 = 10** | | | | | | **Total Points** | |

# 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/Reports)**

**10% ATI Content Mastery Series**

|  |  |
| --- | --- |
| **Health Science Division Grade Ranges:**    100-90 = A  89.9-81 = B  80.9-75 = C  74.9-65 = D  Below 65 = F | Students must have a passing exam average (unit exams and final) of 75 or greater in order to successfully complete the course.  Exam Average is calculated as:   * 75% = Unit Exams * 25% = Final   Once the passing exam average has been attained, the overall course grade computation is:   * 80% = Exam Average * 10% = ATI Practice & Proctored Assessments with remediation * 10% = Homework   Exam Scores are recorded as the score earned and will **not**be rounded.  Example:  74.99 will be recorded as 74.99 and will be a “D.”   **There will be NO rounding of exam averages, course averages, or other course work 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 Communities and Spiritual Considerations 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 8: Therapeutic Communication  Chapter 9: The Nurse–Patient Relationship  Chapter 10: The Psychiatric-Mental Health Nursing Process |
| Unit 2 | Prevention of  Mental Disorders      Care & Recovery for Persons with Psychiatric Disorders | Chapter 11: Psychopharmacology  Chapter 13: Stress and Mental Health  Chapter 14: Anger, Aggression, and Violence  Chapter 15: Crisis, Grief, and Disaster Management  Chapter 16: Suicide Prevention  Chapter 17: Mental Health Care for Survivors of Violence  Chapter 18: Anxiety Disorders  Chapter 19: Trauma and Stressor Related Disorders  Chapter 20: Obsessive-Compulsive and Related Disorders  Chapter 21: Depression  Chapter 22: Bipolar Disorders |
| Unit 3 | Care &  Recovery for  Persons with  Mental Health  Disorders (cont.)    Care of Special Populations | Chapter 11: Psychopharmacology  Chapter 23: Schizophrenia and Related Disorders  Chapter 24: Personality and Impulse-Control Disorders  Chapter 25: Addiction and Substance-Related Disorders  Chapter 26: Eating Disorders  Chapter 27: Somatic Symptom and Dissociative Disorders  Chapter 31: Mental Health Disorders of Older Adults |

**Unit 1 Essentials of Mental Health Care**

|  |
| --- |
| **OBJECTIVES** |
| **Upon completion of this unit, the student will be able to:**   1. Differentiate the concept of mental health and mental illness. 2. Describe the beliefs about mental health and illness in different cultures, social groups, and religions. 3. Relate relevant legal and ethical issues to mental health nursing practice. 4. Discuss the implications of selected neurobiological concepts based on current research. 5. Develop a process for selecting effective communication techniques for the mental health patient. 6. Review the dynamics of the nurse/client relationship. 7. Apply a systematic problem- solving process in the delivery of culturally competent Mental Health nursing care. 8. Examine the nurses’ role as provider and coordinator of care based on current research. 9. Identify the most common priorities of care in mental health nursing. 10. Identify types of therapy groups utilized in mental healthcare: psychoeducation, supportive therapy, psychotherapy, and self- help. |
| **THEORETICAL CONTENT** |
| *Essentials of Psychiatric Nursing*, Boyd & Luebbert  Chapter 1: Mental Health and Mental Disorders  Chapter 2: Cultural communities & Spiritual Considerations 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 8: Therapeutic Communication  Chapter 9: The Nurse-Patient Relationship  Chapter 10: The Psychiatric-Mental Health Nursing Process |
| **LEARNING ACTIVITIES** |
| * Neurotransmitter Flash Cards: *Dopamine, Serotonin, Acetylcholine, GABA, Glutamate, Norepinephrine/Epinephrine* |
| **EVALUATIONS/GRADED ASSIGNMENTS** |
| * Six Neurotransmitter Flashcards * Unit 1 Exam |

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

|  |
| --- |
| **OBJECTIVES** |
| **Upon completion of this unit, the student will be able to:**   1. Relate various multi-disciplinary interventions used with anger, aggression, and violence. 2. Examine risks, nursing diagnosis, treatment, and nursing priorities in the safe care of a suicidal client. 3. Compare and apply a systematic problem-solving process to clients with anxiety and panic disorders. 4. Apply a systematic problem-solving process with recovery-oriented interventions for persons with trauma-stressor related disorders. 5. Apply a systematic problem-solving process to the care of victims of interpersonal violence with emphasis on safety. 6. Describe clinical symptoms and nursing care for clients with obsessions and compulsions. 7. Discuss and apply a systematic problem-solving process to clients with depression. 8. Discuss bipolar disorders with emphasis on evidence-based nursing interventions for patients who exhibit mood lability. 9. Discuss the use of psychotropic medications and common side effects. |
| **THEORETICAL CONTENT** |
| *Essentials of Psychiatric Nursing*, Boyd & Luebbert  Chapter 11: Psychopharmacology  Chapter 14: Anger, Aggression, and Violence  Chapter 15: Crisis, Grief, and Disaster Management  Chapter 16: Suicide Prevention  Chapter 17: Mental Health Care for Survivors of Violence  Chapter 18: Anxiety Disorders  Chapter 20: Obsessive-compulsive and Related Disorders  Chapter 21: Depression  Chapter 22: Bipolar Disorders |
| **LEARNING ACTIVITIES** |
| * ATI Real Life RN Mental Health 4.0 *Anxiety* *D/O module* * ATI Real Life RN Mental Health 4.0 *Bipolar D/O module* * Domestic Violence speaker |
| **EVALUATIONS/GRADED ASSIGNMENTSD** |
| * ATI Real Life RN Mental Health 4.0 *Anxiety* *D/O module (*Must score **STRONG or 100%** for credit) * ATI Real Life RN Mental Health 4.0 *Bipolar D/O module (*Must score **STRONG or 100%** for credit) * Unit 2 Exam |

**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 and describe cognitive perceptual, affective, behavioral, and social changes seen with schizophrenia. 2. Apply a systematic problem-solving process to clients with schizophrenia and other psychotic disorders. 3. Apply a systematic problem-solving process to clients with personality and impulse-control disorders. 4. Identify evidence-based nursing assessment and outcomes for persons with somatization and cognitive disorders. 5. Differentiate among the eating disorders of bulimia, anorexia, and obesity by applying the nursing process in the care of these clients. 6. 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 applying a systematic problem-solving process to clients with abuse/dependency disorder utilizing multidisciplinary interventions based on Best Practice. 7. Discuss issues of substance abuse and dependence within the profession of nursing. 8. Differentiate between dementia and delirium in the assessment / care of clients applying a systematic problem-solving process to clients with cognitive disorders. |
| **THEORETICAL CONTENT** |
| *Essentials of Psychiatric Nursing*, Boyd & Luebbert  Chapter 11: Psychopharmacology  Chapter 23: Schizophrenia and Related Disorders  Chapter 24: Personality and Impulse Control Disorders  Chapter 25: Addiction and Substance-Related Disorders  Chapter 26: Eating Disorders  Chapter 27: Somatic Symptoms and Related Disorders  Chapter 31: Mental Health Disorders of Older Adults |
| **LEARNING ACTIVITIES** |
| * Syllabus worksheet: Schizophrenia, p. 22   Syllabus sheet: Motor Side effects of antipsychotic medications, p. 23-24.   * Syllabus supplement: Personality Disorders, p. 25. * ATI Real Life RN Mental Health 4.0 *Schizophrenia D/O* module * ATI Real Life RN Mental Health 4.0 *Alcohol Use D/O* module * Syllabus supplement: *Alcohol Withdrawal Assessment Scoring Guidelines (CIWA-Ar)*, p. 26 * Attend a Support Group-submit a **typed written report** of support group session. Describe various types of therapy groups used in mental healthcare. (see guidelines in Syllabus, p. 20) |
| **EVALUATIONS/GRADED ASSIGNMENTS** |
| * **Real Life RN** Mental Health 4.0 **Schizophrenia** must score **STRONG** for credit. * **Real Life RN** Mental Health 4.0 **Alcohol Use Disorder** must score **STRONG** for credit. * ATI: **Practice Assessment** with Remediation and **Proctored Assessment** with Remediation * **Support Group report (typed)** *worth* ***two*** *homework grades.* * Unit 3 Exam |

**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 12: Group Interventions (Boyd & Luebbert, page 164-176) and Chapter 25: Addiction and Substance-Related Disorders “Peer Support Self-Help Group” (Boyd & Luebbert, page 450).
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 & Luebbert, page 183, Table 12.3). \*Protect client’s confidentiality by using “client” instead of a name. (See Boyd & Luebbert, page 22, 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: \_\_\_\_\_\_\_\_

*or*

***Attach Screenshot of Online Group attendance***

**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:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Chapter 23: Schizophrenia Worksheet**

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

# MOTOR SIDE EFFECTS OF ANTIPSYCHOTIC MEDICATIONS

|  |  |  |  |
| --- | --- | --- | --- |
| **Extrapyramidal Symptoms (EPS)** | | **Assessment**  (Symptoms as a result from dopamine blockade in “motor strip” of brain) | **Treatment** |
| Dystonia | | Involuntary muscle movements (spasms) of face, arms, legs, neck. Laryngospasm is spasmodic closure of larynx.    Abrupt onset within 5 days of therapy or when dose significant increased Lasts minutes to hours.  Occurs most often in afternoon & evening and w/ men & people < 25 years  Assoc. w/ high potency neuroleptics i.e., haloperidol | Treat as an emergency    Contact physician    IM diphenhydramine  (Benadryl) or benztropine (Cogentin) |
| Oculogyric crisis | | Uncontrolled rolling back of eyes which are held in fixed position, often sideways. May appear as part of dystonia syndrome w/ abrupt onset.  Can be mistaken for seizure. | See the above instructions. Stay with client. Offer reassurance & support to decrease fear. |
| Parkinsonian reactions  (pseudoparkinsonism) | | Tremor, shuffling gait, drooling, mask – like facial expression, finger or hand tremors, rigidity (cogwheel phenomenon)    Symptoms may appear as early as 1- 5 days after initiation of antipsychotic meds or within the first 30 days of treatment. Continues throughout use of medication. Occurs most often in women, elderly & dehydrated clients | IM diphenhydramine  (Benadryl) or benztropine (Cogentin) |
| Akinesia | | Muscle weakness or partial loss of muscle movement. Symptoms may appear as early as 1-5 days after initiation of antipsychotic meds as above | diphenhydramine (Benadryl) or benztropine (Cogentin) |
| Akathisia | | Inability to sit or stand still, along w/ intense feeling of anxiety. Restlessness, agitation, “crawling out of my skin”    Usually begins within the first 4-5 weeks of treatment. Persists as long as med is taken. Very distressing & often reason for nonadherence. | Propranolol (Inderal), diphenhydramine (Benadryl) or  benztropine (Cogentin)  Decrease dose or change to another med Less responsive to treatment than dystonia or parkinsonism |
|  | **Assessment** | | **Treatment** |
| Tardive dyskinesia (TD)  Neuroleptic  Malignant  Syndrome (NMS)    Rare occurrence but potentially fatal.  Not EPS | **Early signs**: wormlike tongue movement & increased blinking  **Later signs**: Tongue protrusion, unusual mouth movements, sucking, smacking lips, chewing jaw movements (rabbit syndrome)    It can involve arms & legs w/ rapid, purposeless, irregular movements, tremors or foot tapping. It can include dramatic movements of neck, shoulders, and pelvis.    A form of EPS. Occurs in 20 – 40% of clients  who take typical or first-generation antipsychotics for > 2 years i.e. fluphenazine (Prolixin), chlorpromazine (Thorazine), thioridazine (Mellaril), haloperidol (Haldol.    Women & elderly at higher risk Movements subside during sleep.    Severe parkinsonian muscle rigidity  (Lead pipe), temp up to 107 degrees, increased heart rate, increased respirations, fluctuations in B/P, diaphoresis, and rapid deterioration of mental status to stupor & coma.    Onset within hours or years. More common in the first 2 weeks of med administration or w/ increased dose.  Progression is rapid over 24-72 hrs. | |  |

**Chapter 24 Personality Disorder Worksheet**

|  |  |
| --- | --- |
| Cluster A | **Paranoid Personality Disorder: 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 counterattack; unforgiving and grudge holding.  **Schizoid Personality Disorder:** Indifferent, primarily characterized by a very limited range of emotions, both in expression of and experiencing; passive; indifferent to social relationships; Most are seclusive and choose solitary activities.  **Schizotypal Personality Disorder:** 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. |
| Cluster B | **Antisocial Personality Disorder: 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 people under age 18.  **Borderline Personality Disorder:** 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.  **Histrionic Personality Disorder: 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. **Narcissistic Personality Disorder: 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. |
| Cluster C | **Avoidant Personality Disorder: Marked** social inhibition-reluctant to take personal risks; feelings of inadequacy, and extremely sensitive to criticism.  **Dependent Personality Disorder: 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.  **Obsessive-Compulsive Personality Disorder: Characterized** by perfectionism and inflexibility; preoccupation with uncontrollable patterns of thought and action. |

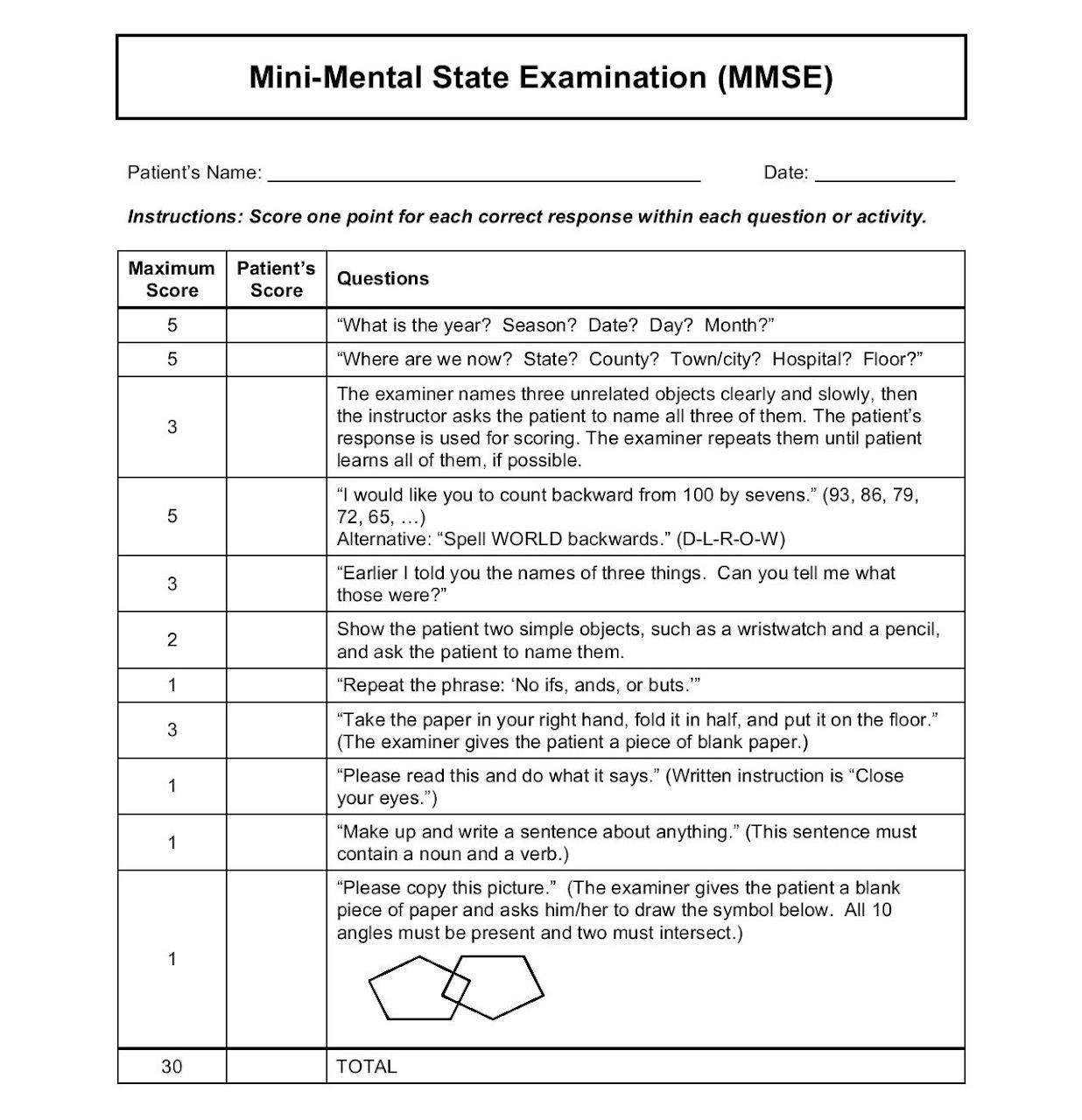
**Chapter 25: Alcohol Withdrawal Assessment Scoring Guidelines (CIWA - Ar)**

|  |  |  |
| --- | --- | --- |
| **Nausea/Vomiting** - Rate on scale 0 - 7 |  | **Tremors -** have patient extend arms & spread fingers. Rate on scale 0 - 7. |
| 0 - None |  | 0 - No tremor |
| 1 - Mild nausea with no vomiting  2  3 |  | 1 - Not visible, but can be felt fingertip to fingertip  2  3 |
| 4 - Intermittent nausea  5  6 |  | 4 - Moderate, with patient’s arms extended  5  6 |
| 7 - Constant nausea and frequent dry heaves and vomiting |  | 7 - severe, even w/ arms not extended |
| **Anxiety** - Rate on scale 0 - 7 | **Agitation** - Rate on scale 0 - 7 |
| 0 - no anxiety, patient at ease |  | 0 - normal activity |
| 1 - mildly anxious  2  3 |  | 1 - somewhat normal activity  2  3 |
| 4 - moderately anxious or guarded, so anxiety is inferred  5  6 |  | 4 - moderately fidgety and restless  5  6 |
| 7 - equivalent to acute panic states seen in severe delirium or acute schizophrenic reactions. |  | 7 - paces back and forth, or constantly thrashes about |
| **Paroxysmal Sweats** - Rate on Scale 0 - 7. 0 - no sweats | **Orientation and clouding of sensorium** - Ask, “What day is this? Where are you? Who am I?” Rate scale 0 - 4 |
| 1- barely perceptible sweating, palms moist |  | 0 - Oriented |
| 2  3 |  | 1 – cannot do serial additions or is uncertain about date |
| 4 - beads of sweat obvious on forehead  5 |  | 2 - disoriented to date by no more than 2 calendar days |
| 6 |  | 3 - disoriented to date by more than 2 calendar days |
| 7 - drenching sweats |  | 4 - Disoriented to place and / or person |
| **Tactile disturbances** - Ask, “Have you experienced any itching, pins & needles sensation, burning or numbness, or a feeling of bugs crawling on or under your skin?” | **Auditory Disturbances** - 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?” |
| 0 - none |  | 0 - not present |
| 1 - very mild itching, pins & needles, burning, or numbness |  | 1 - Very mild harshness or ability to startle |
| 2 - mild itching, pins & needles, burning, or numbness |  | 2 - mild harshness or ability to startle |
| 3 - moderate itching, pins & needles, burning, or numbness |  | 3 - moderate harshness or ability to startle |
| 4 - moderate hallucinations |  | 4 - moderate hallucinations |
| 5 - severe hallucinations |  | 5 - severe hallucinations |
| 6 - extremely severe hallucinations |  | 6 - extremely severe hallucinations |
| 7 - continuous hallucinations |  | 7 - continuous hallucinations |
| **Visual disturbances** - 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?” | **Headache** - 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. |
| 0 - not present |  | 0 - not present |
| 1 - very mild sensitivity |  | 1 - very mild |
| 2 - mild sensitivity |  | 2 - mild |
| 3 - moderate sensitivity |  | 3 - moderate |
| 4 - moderate hallucinations |  | 4 - moderately severe |
| 5 - severe hallucinations |  | 5 - severe |
| 6 - extremely severe hallucinations |  | 6 - very severe |
| 7 - continuous hallucinations |  | 7 - extremely severe |

**Alcohol Withdrawal Protocol:** 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** (i.e. 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 admit and give diazepam 20 mg by mouth every 1-2 hours** until symptoms are controlled, and CIWA-Ar score is less than 5. Monitor the patient regularly during this time for excessive sedation.

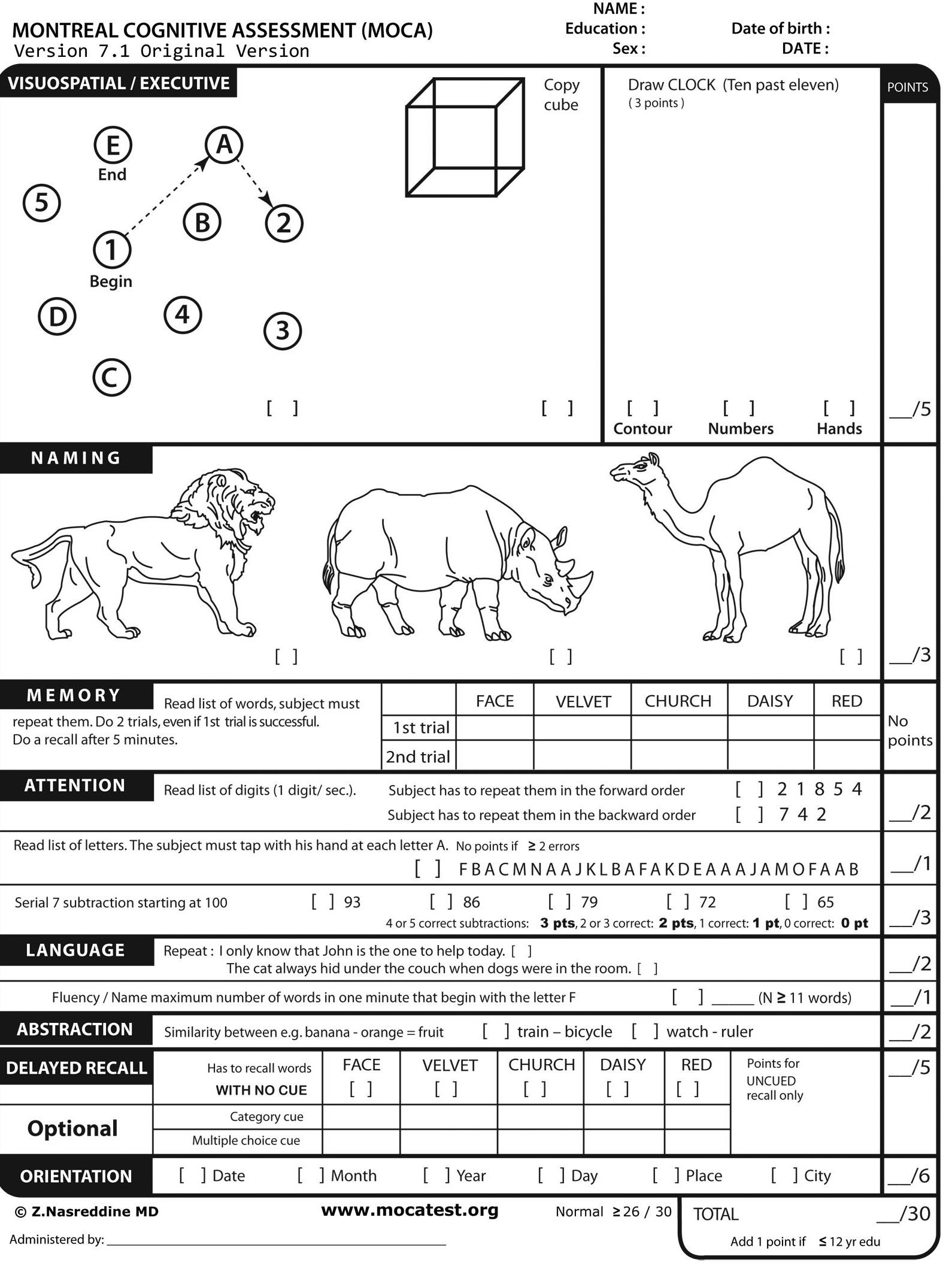
**CIWA>35 or High Risk consider transfer to ICU** and administer lorazepam (Ativan) 2-4mg IV q 15 minutes until stable, then use that dose of Ativan that achieved stability IV q 2-4 h as standing dose.



"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*

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**Texarkana College**

**Associate Degree Nursing Program**

## Student Course Requirement and Program Compliance Agreement

I have read the current course syllabus and understand the course requirements and policies.

I agree to comply with the clinical and classroom policies to meet the requirements for course completion.

I have read the Texarkana College Health Science Division Handbook and understand the policies and procedures stated therein. I agree to comply with all these policies and procedures to meet the requirements for course completion.

I understand and can utilize the procedures for Standard Precautions that have been discussed earlier in the program.

I have read the Texarkana College Student Handbook, and understand the policies described therein. I agree to comply with these policies.

I furthermore agree to comply with the above policies, including *Online Learning Policies and Guidelines*, for as long as I am a student in the Health Science Division’s Associate Degree Nursing Program.

**ATTENTION: Dropping this class may affect your funding in a negative way. You could owe money to the college and/or the federal government. Please check with the Financial Aid Office before making a final decision.**

**Course: RNSG 2213**

**Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature (must be legible)**

**Date**

\*Please print, sign, date and turn it in to your instructor.