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 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 critical thinking skills** to 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.

1. **Demonstrate a personal responsibility** to respect a patient’s right to participate in decisions affecting their health by promoting patient-centered care and ensuring confidentiality.

1. **Employ therapeutic communication skills** to act as a patient safety advocate by establishing compassionate, caring and therapeutic relationships in a physically and psychologically safe environment.

1. Accepts and makes assignments and delegates tasks to other members of the healthcare team **using empirical and quantitative skills** that take into consideration patient safety, organizational policies, and scope of practice and demonstrated abilities.

1. Demonstrate professional **and social 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.

1. Serve as an advocate for continuity of care **through teamwork** 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. 08.2019

Revised: May 2021 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 Essential Competencies (2021) ADN QSEN Q = Quality Improvement

DEC-M= Member of the Profession QSEN S = Safety

DEC-P= Provider of Patient-Centered Care QSEN I = Informatics

DEC-S= Patient Safety Advocate

DEC-T=Member of the Health Care Team

SOP = BNE Standards of Practice (2019)

# 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. Ensure a service of excellence when explaining the roles of the Associate Degree Nurse in caring for vulnerable populations, including 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 self-care, 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 and a just culture by utilizing therapeutic communication skills with civility 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. | Promote a culture of physical and psychological safety factors necessary to support the health and dignity of the patient during patient-centered tasks 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 that consist of patient-centered tasks along the mental health-mental illness continuum which includes social determinants of health. |
|  | (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 tasks.  (PSLO 1,5/DEC-P-C DEC-T-E/SOP 1-H/QSEN P,Q,I) REV. 12/2021 |

**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 3.0*. Retrieved December 1, 2021from [http://atitesting.com.](http://atitesting.com/)

ATI Content Mastery Series (2019). *RN Mental Health Nursing, ed. 11.0*. Assessment Technologies Institute, LLC.

ATI Content Mastery Series (2019). *RN Pharmacology for Nursing, ed. 8.0*. Assessment Technologies Institute, LLC.

Boyd, M.A., and Luebbert, R. (2020), *Essentials* of Psychiatric Nursing (2nd edition).

Nursing Drug Reference/Guide (most recent edition).

In event learning is transitioned to online: Computer with webcam and audio and reliable internet access.

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**

* You will need access to a computer and Wi-Fi for the entire length of your course. If you need to purchase a laptop computer, you may do so through the Texarkana College Bookstore. Special student pricing is available and financial aid may be used for the purchase. A list of internet Wi-Fi service providers can be found on the TC Website at this link: <https://www.texarkanacollege.edu/coronavirus/> Several service providers are offering discounts for students to help off-set costs during the COVID 19 pandemic.

**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.

Students use a webcam to record themselves during an exam.

* 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 minute 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 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.

* 1. 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 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.

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 keep it with you at all times.

##### **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 1-800-273-8255

**ONLINE LEARNING POLICIES AND GUIDELINES**

Alternate Operations during Campus Closure

In the event of an emergency or announced campus closure due to a natural disaster or pandemic, it may be necessary for Texarkana College to move to altered operations. During this time, Texarkana College may opt to continue delivery of instruction through methods that include but are not limited to: online learning management system (Jenzabar or Moodle), online conferencing through TEAMS, email messaging, and/or an alternate schedule. It is the responsibility of the student to monitor Texarkana College's website (www.texarkanacollege.edu) for instructions about continuing courses remotely, instructor email notifications on the method of delivery and course-specific communication, and Texarkana College email notifications for important general information.

COVID-19 Online/Virtual Environment Instructional Commitment

The ongoing Covid-19 situation will require that some course materials and instruction are provided through an online and/or virtual format. Even if all or a portion of a class was originally scheduled to meet face to face, social distancing guidelines associated with Covid-19 will limit the number of students who are able to attend face to face classes in person simultaneously. Further, circumstances associated with Covid-19 could cause the college to be forced to shift completely to an online and/or virtual delivery at any time during the semester. While we are committed to providing students the option of face-to-face instruction, if possible, students should be prepared to continue their classes in an online and/or virtual environment if necessary. Texarkana College is committed to maintaining engaging, high quality instruction regardless of the delivery format.

Online Teaching Environment Guideline/Polices

These guidelines and policies will be implemented if the course is moved to the online teaching environment.

Lecture Class Meetings:

Online lecture class meetings will take place virtually through Microsoft Teams. Online classes will be held at the same time as face-to-face classes. ALL enrolled students are expected to be present for class to meet attendance requirements.

Attendance Policy:

1. All students must be logged into the Teams classroom 5 minutes before the start of class. Attendance will be taken at the beginning of the class, and students must be visible on a webcam to be considered present. Students should mute their audio upon entrance into the online classroom.

2. After the lecture, attendance will again be taken. If a student is not present at the end of the class meeting, they will be considered absent. Please notify the instructor via the chat feature if a student must leave the classroom early. Leaving the class before the instructor is finished with the days' course work will result in a tardy or absence per Health Science policy.

3. Three tardies equal one absence. The course absenteeism policy will be strictly followed throughout the semester.

4. Please notify the instructor in advance if you cannot attend an online class and or are experiencing technical difficulties logging into Teams.

**Office Hours:**

1. Virtual Office Hours will be posted in the course by faculty.

2. Students are expected to contact faculty via email to arrange for individual meetings regarding course work or concerns. The faculty will communicate with students in a timely manner per business hours.

**General Guidelines:**

1. Students are responsible for reviewing recorded lectures. Virtual Class time will be utilized to discuss any questions and assignments for the unit.

2. Be mindful that when using the webcam, everyone can see everyone else. Proper attire will be expected. Refer to the Health Science Policy regarding dress code in the Handbook.

3. Cell phones should be on silent and no texting or web surfing during class.

4. Students are responsible for their learning environment when at home. Students are advised to minimize distractions to enhance learning and attentiveness in class.

5. Classroom behavior expectations apply to the online environment. Students are required to maintain professionalism while in the virtual classroom. Incivility and poor professional behaviors will not be tolerated. If a student displays inappropriate conduct in the virtual classroom, they will be subject to review by the Professional Conduct Committee per Health Science policy.

6. If students have connection problems, please reach out to the teaching faculty. Students need reliable internet for virtual learning.

7. Assignments must be completed on time. Any late homework assignments will not be accepted and will receive a zero.

8. Faculty will be available to answer questions throughout the week during Team Meetings as well as via email during our virtual office hours.

**Testing Guidelines:**

1. All exams will be taken at the regularly scheduled class time through Respondus® Lockdown Browser. Students are required to have a laptop with a camera or a webcam, microphone, and speakers or headphones.

2. On the day of the exam, please login at least 15 minutes before the exam is scheduled to begin.

3. Before the exam, each student will need to do:

a. Provide a complete 360-degree environmental scan of your testing area and the desk area around the computer. This must be a slow and complete scan so the faculty can completely review your surroundings.

b. During the exam, you will be recorded.

c. All face to face and virtual exams are timed.

d. Online examination questions are forward only. Additional test security is required in the online environment and will assist students in preparing for NCLEX testing.

4. Any concerning testing behaviors will be discussed with the student. Testing habits and patterns include:

a. Taking their eyes off the computer screen repeatedly, for example, reading the screen then looking to the right.

b. Moving out of the camera view.

c. Having more than one person in the room.

5. Absolutely no cell phones, smartwatches, or resources such as textbooks or notes can be used.

6. Students who are unsuccessful on the exam will need to schedule a virtual meeting with their clinical instructor to review the exam. Due to test security, specific questions will not be discussed to preserve the integrity of the exam. The instructor will review missed topics with the student.

7. Exam remediation is required for all failed exams.

**Student Acknowledgement of Alternate Operations during Campus Closure: Online/Virtual Environment Instructional Commitment and Online Teaching Environment Guidelines and Policies**

By signing below, I acknowledge that I have received a copy of and have read the Online/Virtual Environment Instructional Commitment and Online Teaching Environment Guidelines and Policies. I am aware of the policies, and I understand that it is my responsibility to monitor Texarkana College's website (www.texarkanacollege.edu) for instructions about continuing courses remotely. In addition, it is my responsibility to monitor instructor email notifications on the method of delivery and course-specific communication and Texarkana College email notifications for important general information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student printed name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

**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:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **STEP 1: Practice Assessment with Required Remediation** | | | | | | **Points Earned** |
| **A. Complete Practice Assessment:**   * Student will earn a total of **2 points** upon completion of Practice Assessment(s) by the course assigned deadline. * Student who does not complete the Practice Assessment by the course assigned deadline will receive **0 points** and will still be expected to take the proctored exam on time. | | | | | | **\_\_\_\_\_\_ points**  (2 points possible) |
|  | | | | | |  |
| **B. Complete *Remediation:***   * Student will earn a total of **2 points** upon completion of remediation by the course assigned deadline. * For each topic missed, complete an active learning template and/or identify three critical points to remember. * Student who does not complete 3 critical points for each topic missed will not receive credit for remediation completion and will receive **0 points for the assignment.** | | | | | | **\_\_\_\_\_\_ points**  (2 points possible) |
|  | | | | | |  |
| **STEP 2: Standardized Proctored Assessment/Comprehensive Predictor Assessment** | | | | | |  | |
| 1. **Complete Standardized Proctored Assessment/Comprehensive Predictor Assessment**  * Use Table below to calculate points earned and remediation requirements * Student will earn **1 to 4 points** based upon the score of their Proctored Assessment | | | | | | **\_\_\_\_\_\_ points**  (4 points possible) | |
| ***Comprehensive Predictor* Predictability Score:** | **95% or above** | | **90% to 94.99%** | **85% to 89.99%** | **84.99% or below** |
| *Standardized Assessment* **Proficiency:** | **Level 3** | | **Level 2** | **Level 1** | **Below Level 1** |
| **Points Earned:** | **4 points** | | **3 points** | **2 points** | 1. **point** |
|  | | | | | | | |
| 1. **Complete *Required Remediation* Plan After Proctored/Comprehensive Assessment**  * Follow proficiency column that corresponds to your earned level in STEP 2:A. * Student will earn **2 points** upon completion of their remediation. * Student who does not complete remediation by the assigned course deadline will receive **0 points**. * Student who does not complete 3 critical points for each topic missed will not receive credit for remediation completion and will receive **0 points for the assignment.** | | | | | | **\_\_\_\_\_\_ points**  (2 points possible) | |
| **Your Level:** | **Level 3** | **Level 2** | | **Level 1** | **Below Level 1** |
|  | 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 |
| **Points Earned:** | **2 points** | | **2 points** | **2 points** | **2 points** |
|  |  | |  |  |  |  | |
| **Points possible (2 + 2 + 4 + 2 = 10)** | | | | | |  | |

# 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 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 8: Therapeutic Communication  Chapter 9: The Nurse–Patient Relationship  Chapter 10: Nursing Assessment and Safety |
| Unit 2 | Prevention of  Mental Disorders      Care & Recovery for Persons with Psychiatric Disorders | Chapter 11: Psychopharmacology  Chapter 14: Management of 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 and Panic 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 10: Psychopharmacology  Chapter 23: Schizophrenia and Related Thought 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 & 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 8: Therapeutic Communication  Chapter 9: The Nurse-Patient Relationship  Chapter 10: Psychiatric-Mental Health Nursing Process |
| **LEARNING ACTIVITIES** |
| * Neurotransmitter Flash Cards: *Dopamine, Serotonin, Acetylcholine, GABA, Glutamate, Norepinephrine/Epinephrine* * ATI Nurse’s Touch: Professional Communication Module: Factors that Affect Communication with Individuals and Groups |
| **EVALUATIONS** |
| * Six Neurotransmitter Flashcards * SBAR on Frank Jones * Score **STRONG** or 100% on graded ATI modules (can utilize as many attempts as necessary to achieve STRONG or 100%) * 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 types & age-specific characteristics of depressive disorders. 8. Discuss use of psychotropic medications and common side effects. 9. Apply a systematic problem-solving process to clients with depression. 10. Discuss bipolar disorders with emphasis on evidence-based nursing interventions for patients who exhibit mood lability. |
| **THEORETICAL CONTENT** |
| *Essentials of Psychiatric Nursing*, Boyd & Luebbert  Chapter 11: Psychopharmacology  Chapter 14: Management of 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 and Panic Disorders  Chapter 20: Obsessive-compulsive and Related Disorders  Chapter 21: Depression  Chapter 22: Bipolar Disorders |
| **LEARNING ACTIVITIES** |
| * Real Life RN Mental Health 2.0 *Bipolar D/O module* |
| **EVALUATIONS** |
| * Score **STRONG or 100%** on graded ATI modules * 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 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. 24   Syllabus sheet: Motor Side effects of antipsychotic medications, p. 25, 26   * Syllabus supplement: Personality Disorders, p. 27 * Real Life RN Mental Health 2.0 *Alcohol Use D/O* module * Syllabus supplement: *Alcohol Withdrawal Assessment Scoring Guidelines (CIWA-Ar)*, p. 28 * Syllabus supplement: Mini-Mental Sate Examination (MMSE), p. 29 * Syllabus supplement: MONTREAL COGNITIVE ASSESSMENT (MOCA), p. 30 * 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. 22) |
| **EVALUATIONS** |
| * Score **STRONG** on graded ATI modules * ATI: Practice Assessment with Remediation and Proctored Assessment with Remediation * Support Group report (typed) * Unit 3 Exam |

**LEARNING ACTIVITIES**

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

1. Winston Churchill called this illness the “Black Dog”.

1. The Dixie Chicks recorded “Goodbye Earl”. What is it about?

1. What do Ernest Hemingway, Cleopatra, Van Gogh, and Curt Cobain have in common?

1. Which character from “*Winnie-the-Pooh”* by A. A. Milne could be described as having an anxiety disorder?

1. 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:

1. If you are taking Prozac or other antidepressants, you should not take this herbal supplement?

1. What circumstances do Fiona Apple, Angelina Jolie and Princess Diana share?

1. What is the primary cause of death in persons with mental illness?

1. What is the average length of stay in a psychiatric hospital for an adult?
2. What psychiatric diagnosis do Jim Carey, Ben Stiller, Brittany Spears, and Catherine Zeta-Jones have in common?

**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 173, 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 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 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 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) |
| Akathesia | | Inability to sit or stand still, along w/ intense feeling of anxiety. Restlessness, agitation, “crawling out of my skin”    Usually begins within first 4-5 weeks of tx . 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 parkinsonianism |
|  | **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)    Can involve arms & legs w/ rapid, purposeless, irregular movements, tremors or foot tapping. 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 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 emotion, 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 persons 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)**

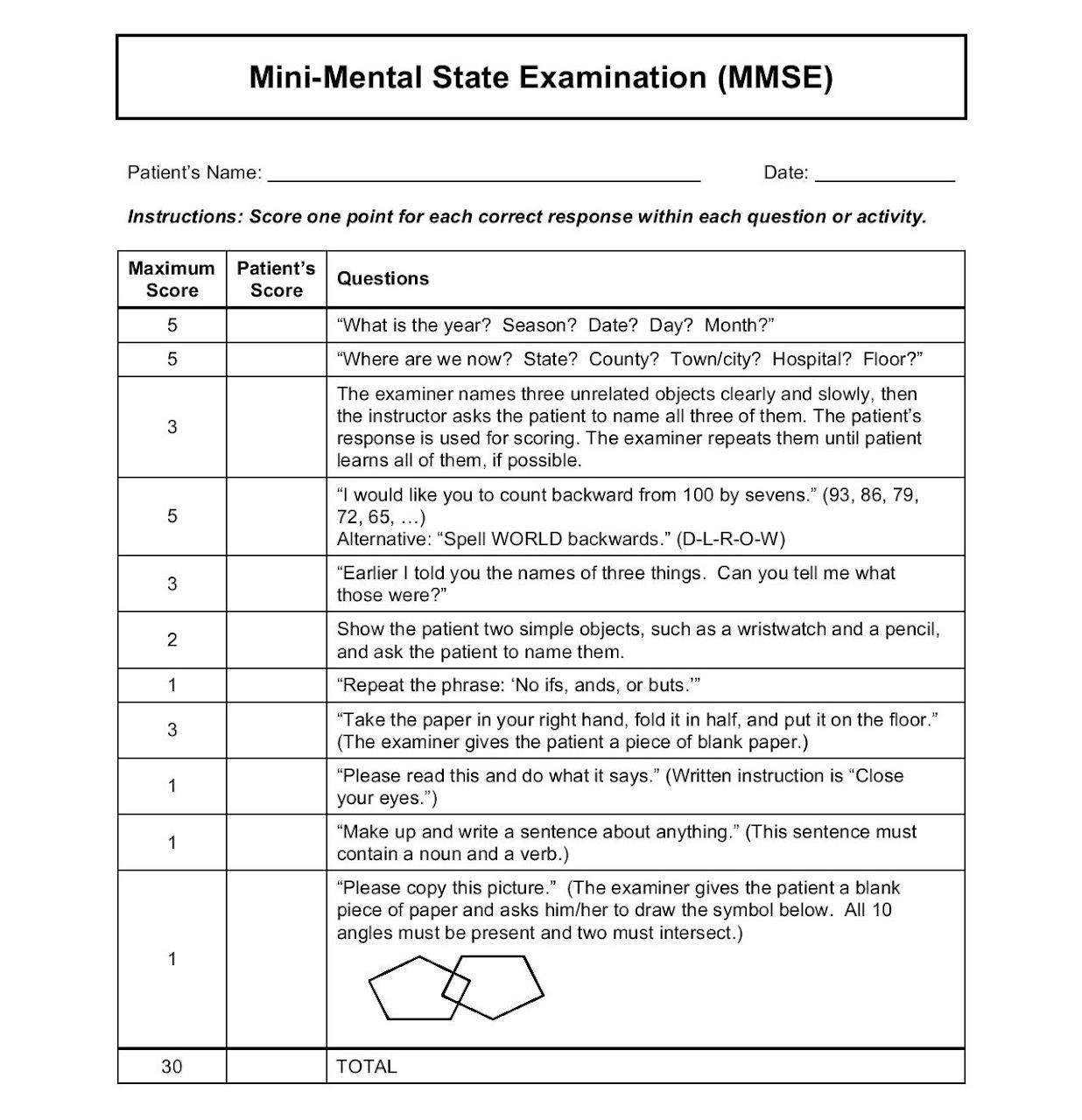
|  |  |  |
| --- | --- | --- |
| **Nausea/Vomiting** - Rate on scale 0 - 7 |  | **Tremors -** have patient extend arms & spread fingers. Rate on scale 0 - 7. |
| 0 - None |  | 0 - No tremor |
| 1 - Mild nausea with no vomiting  2  3 |  | 1 - Not visible, but can be felt fingertip to fingertip  2  3 |
| 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.

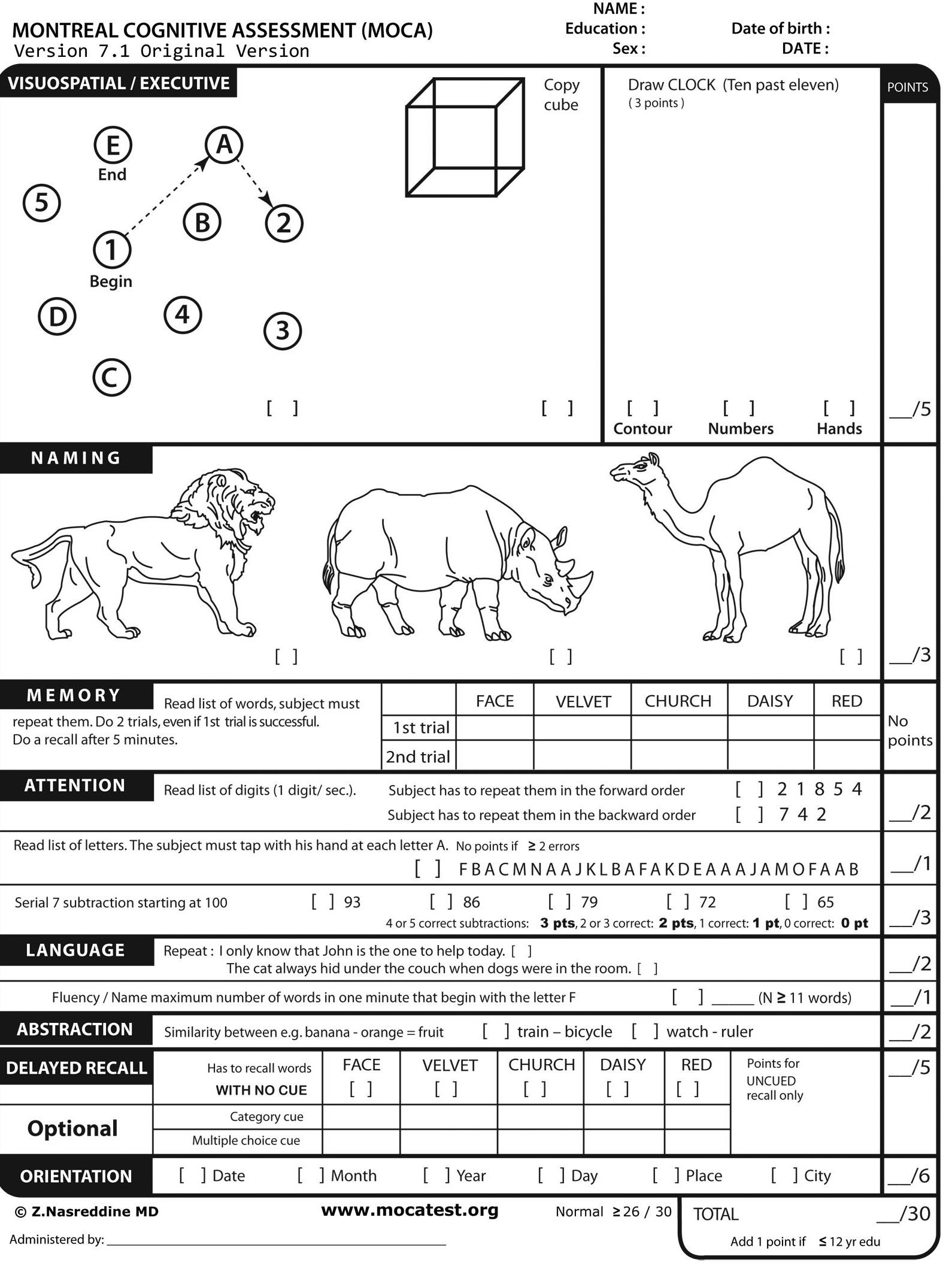
**CIWA>35 or High Risk consider transfer to ICU** and administer lorazepam (Ativan) 2-4mg IV q 15 minutes until stable, then use that dose of Ativan that achieved stability IV q 2-4 h as standing dose.



"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*

*Hartford Institute for Geriatric Nursing*



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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 apply 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 in to your instructor.