

Examples of Important Concepts to Study

As you are already familiar, the basic “formula” for studying is to learn the terminology, learn the theories of etiology including age of onset and comorbidities, learn the common nursing responses (self-assessment), then begin with the nursing process --- from assessment through evaluation --- to study for each disorder or condition what the appropriate findings would be. Remember that interventions include knowledge of medications for each disorder, and patient education.

In addition to the above, I looked through most of the assigned chapters to identify some concepts that we might not have spent time on, as well as listing some concepts that are important in psychiatric nursing to review in your test preparation.

Chapters 4 and 9: PMH Nsg in Acute Care, and Therapeutic Relationships:
Role of the nurse, stages of the N-P relationship, boundaries, transference and countertransference.

Chapter 8: The Nursing Process and Standards of Care
mental status exam – each aspect assessed and examples of each (Box 8-3).
other areas of assessment and formulation of nsg dx, goals and interventions
evaluation notes including need for descriptive data and use of patient quotes

Chapter 10: Communication and the Clinical Interview:
therapeutic (Table 10-2) vs nontherapeutic (Table 10-3) communication techniques;
cultural considerations of communication.

Chapter 12: Anxiety and Anxiety Disorders
levels of anxiety from mild to moderate to severe to panic (Table 12-1) and nursing interventions for mild-moderate (Table 12-12) and severe-panic (Table 12-13) levels of anxiety ; defense mechanisms (recognize examples); secondary vs primary anxiety and common medical causes of anxiety; anxiety disorders such as OCD and PTSD, Phobias and GAD; cognitive behavioral techniques for anxiety

Chapter 13: Depressive Disorders:
risk of suicide, helpful communication techniques for depression, milieu safety, postpartum depression; Table 13-2 on Nursing Diagnoses; Table 13-4 on communication guidelines for severely withdrawn patients; Table 13-5 – guidelines for counseling, and Table 13-6, on Interventions.

Chapter 14: Bipolar Disorder:
risk of suicide, risk of injury to patient in mania, assessment of manic patient; Table 14-1: Potential Nursing Diagnoses; Table 14-2 Interventions for Acute Mania, Lithium side effects and levels – Table 14-3. Importance of decreasing stimulation on the unit.

Chapter 15: Schizophrenia:

Bleuler's "four A's", sx such as hallucinations and delusions how to recognize and therapeutic approaches to developing a trusting nurse-patient relationship; impaired reality testing, antipsychotic related effects such as pseudoparkinsonism, extrapyramidal side effects, tardive dyskinesia, agranulocytosis, patient education re meds and purpose of meds

Chapter 16: Eating Disorders:

Etiology of eating disorders, Signs and symptoms of anorexia nervosa (Table 16-1) and bulimia nervosa (Table 16-3); cognitive distortions of persons with eating disorders (Box 16-4).

Chapter 18: Addictive Disorders:

the medical (physical) co-morbidity of alcohol and other substances of abuse: Tables 18-1, central nervous system depressants – information in Table 18-18-2, and central nervous system stimulants – information in Table 18-4; characteristics of enablers –box 18-3; drug treatment of patients with Alcohol Withdrawal Delirium – Table 18-9; alcohol detox protocol, signs of alcohol withdrawal delirium (DT's), heroin addiction treatment and detox – study Table 18-5 (Opiates) and Table 18-6 (Hallucinogens), emergency care in cases of overdose of substances, patient education for drugs prescribed for alcohol abuse. CAGE assessment, goals of AA and ALANON etc. meetings.

Chapter 24: Suicide:

Misconceptions about suicide, "red flags" for risk, assessment questions including the plan, covert and overt statements re suicidal thoughts, SAD PERSONS scale,

Chapter 26: Child, Older Adult and Int. Partner Abuse:

cycle of violence, comorbidity, characteristics of perpetrators beg. on page 587, vulnerable persons, myths of abuse – Table 26-3; maintaining accurate records (p.595); "safety plan", page 598 and Box 26-6, personalized safety guide. importance of shelters and referrals