CHAPTER 7

The Nursing Process and Standards of Care in Psychiatric Mental Health Nursing

Quality and Safety Education for Nurses (QSEN) Competencies
- Patient-centered care
- Teamwork and collaboration
- Employ Evidence-based practice
- Apply Quality Improvement
- Safety
- Utilize Informatics

http://qsen.org/

Standards of Care
- Standard 1: Assessment
  - Age considerations
  - Assessment of children
  - Assessment of adolescents
  - Assessment of older adults
  - Language barriers

Case Study
- A patient who just arrived on your unit says, “I don’t know why you need to do an assessment, I am just here to get my medicines adjusted.”
- What is the purpose of a psychiatric mental health nursing assessment?
- How would you respond to this patient?

Purposes of Psychiatric Assessment
- Establish rapport
- Obtain understanding of problem
- Assess psychological functioning
- Identify goals
- Perform mental status examination
- Identify behaviors/beliefs/areas to be modified to effect positive change
- Formulate a plan of care

Psychiatric Mental Health Nursing Assessment
- Gathering data
  - Review of systems
  - Laboratory data
  - Mental status examination (MSE or MSA)
  - Psychosocial assessment
  - Spiritual/religious assessment
  - Cultural and social assessment
  - Validating the assessment
  - Using rating scales - Table 7-1 gives examples
Mental Status Examination (MSE/MSA)
Box 7-4
• Appearance
• Behavior & Motor Activity
• Attitude
• Affect
• Mood
• Speech

MSE (continued)
• Thought Process
  • How a person thinks
    • flow, rate, logic, coherence
    • How one thought is connecting (tight association) or not connecting to the next (loose association, flight of ideas)
  • Thought Content
    • What the person is thinking

MSE (continued)
• Cognition (the ability to think)
  • Orientation
  • Memory
  • Concentration
  • Attention Span
  • Ability to Abstract
  • Judgment
  • Insight
    • anosognosia

Psychosocial Assessment
• Previous hospitalizations
• Education background
• Occupational background
• Living arrangements
• Family issues
• Support system
• Sexuality
• Hobbies/leisure activities
• Substance use/abuse

Cultural Assessment
• Cultural background
• Language
• Spiritual/Religious orientation
• Attitude toward mental illness in patient’s culture (stigma?)
• Health beliefs and practices
  • What caused this problem?
  • How is this treated in patient’s culture?
• Special dietary needs or considerations
• Any cultural beliefs that can help provide patient with better care
• Point of identity
• Worldview
• Time orientation

National Behavioral Health Safety Goals
• Identifies patient correctly
• Uses medicines safely
• Prevent infection
• Identify patient safety risk
  • suicide/homicide
The Joint Commission Core Measures Inpatient Mental Health

- Admission Screening for Violence Risk, Substance Use, Psychological Trauma History and Patient Strengths completed
- The total number of hours that all patients admitted to a hospital-based inpatient psychiatric setting were held in seclusion.
- Hours of physical restraint use
- Patients discharged on multiple antipsychotic medications
- Patients discharged from a hospital-based inpatient psychiatric setting with a continuing care plan created
- Post discharge continuing care plan transmitted to next level of care provider upon discharge.

Evidence-Based Practice

- Agency for Healthcare Research and Quality [http://www.ahrq.gov/]
- Centre for Evidence-Based Mental Health (CEBMH): [www.cebmh.com]
- The Cochrane Collaboration: [www.Cochrane.org]

Standard 2: Diagnosis

- Three components
  - Problem (unmet need)
  - Etiology (probable cause)
  - Supporting data (signs and symptoms)

Standard 3: Outcomes Identification

- Outcome criteria – Outcomes that reflect the maximal level of patient health that can realistically be achieved through nursing interventions

Standard 4: Planning

- Principles to consider when planning care
  - Safe
  - Compatible and appropriate
  - Realistic and individualized
  - Evidence-based

Standard 5: Implementation

- Basic interventions
  - Coordination of care
  - Health teaching and health promotion
  - Milieu therapy
  - Pharmacological, biological, and integrative therapies
Standard 5: Implementation (Cont.)

- Advanced practice interventions
- Prescriptive authority and treatment
- Psychotherapy
- Consultation

Standard 6: Evaluation

- Systematic
- Ongoing
- Criteria-based

Question 1
In which part of the nursing care plan would the nurse expect to find this statement: Offer snacks and finger foods frequently.
A. Assessment
B. Diagnosis
C. Planning and outcomes identification
D. Intervention
E. Evaluation

Audience Response Questions
A nurse assesses a newly admitted client diagnosed with Alzheimer’s disease and a urinary tract infection. The nurse asks the client’s sibling for information about the home environment, ADLs, and medications. What type of information source is the sibling?
A. Primary
B. Secondary
C. Private
D. Informed

Audience Response Questions
Which term is broader?
A. Spirituality
B. Religion
C. Not sure

Audience Response Questions
A nurse taught a client about important precautions associated with a new prescription. Afterward, the client accurately summarized major self-management strategies associated with this drug. Which step of the nursing process applies to the client’s summarization?
A. Assessment
B. Analysis
C. Planning/outcomes identification
D. Intervention
E. Evaluation