Nursing Care of Clients with Complex Health Care Needs
Program Outcomes

• Integrate critical thinking when incorporating knowledge from the sciences and humanities in the delivery of nursing to clients.
• Utilize the nursing process in meeting the healthcare needs of individuals of diverse sociocultural identities across the lifespan.
• Implement the roles of the associate degree nurse in structured settings.
• Demonstrate behaviors that reflect the values of nursing as a caring profession.
NUR 211

- Complex health care needs
  - definition
  - settings
  - integration of human needs

- Nurse-client relationship
  - type of needs, length of time, setting

- Role of the nurse
  - application in the clinical setting
Standards of Nursing Practice and Professional Performance

- Are statements that address the full scope of the nurses’ professional responsibility
- Provide a direction for practice and a framework for evaluating practice
- Developed by the ANA
- Standards are generic; specific ones for Psychiatric Mental Health Nursing also developed.
Standards of Nursing Practice and Performance (ANA)

- Standards of Practice
  - Assessment
  - Diagnosis
  - Outcome Identification
  - Planning
  - Implementation

- Standards of Prof. Performance
  - Quality of practice
  - Education
  - Professional Practice evaluation
  - Collegiality
  - Ethics
  - Collaboration
  - Research
  - Resource utilization
  - Leadership
Standards: Advanced Practice RN

• Prescriptive Authority and Treatment
• Psychotherapy
• These standards are applicable to nurses with advanced degree: a Masters degree as a Clinical Nurse Specialist or Nurse Practitioner or Doctorate
Levels of Practice in Mental Health

• Basic level of psychiatric nurse
  – counseling
  – crisis intervention
  – assisting with self-care activities
  – administer and monitor psychobiological treatments

• Advance Practice RN
  – health teaching
  – psychoeducation
  – health promotion and disease prevention strategies
  – case management

• Advance Practice RN
  – psychotherapy
  – prescription of drugs
  – consultation
Nursing Process in Mental Health: Standard I: Assessment

- **Assessment**
  - identify problem
  - formulate nsg. diag.
  - Assess current level of psych functioning
  - gather data
    - standardized tool
    - client history, mental/emotional status
    - prioritize data collection on assessment
    - integrate physiological

- **Establish trusting rapport**
  - trust issues related to mental illness
  - nurse/client relationship
  - verify data: sources of verifying data
    - team, family, lab values, old medical records
Data

- Client history-
  psychosocial history
  - subjective
  - presenting problem
    - reason for admission
  - personal history
    - past hospitalizations
    - coping skills
    - D & A use
  - family history

- Mental/emotional status
  - objective data
  - appearance
  - behavior, speech
  - mood, affect
  - thought processes
    - serial sevens
    - proverbs
  - thought content
Mini-Mental State Examination

- Mini-Mental State Examination (MMSE)
- Also called the Folstein
- Used to determine cognitive functioning in areas of orientation, memory, attention, and language.

Used to screen for cognitive function in geriatric, psychiatric, neurologic and other medical population.

Commonly used to screen for dementia.
Standard II: Nursing Diagnoses

- Common psychosocial diagnoses
- related to disorders
- e.g. Disturbed thought processes related to alterations in biochemical compounds

- AEB
  - Auditory hallucinations
  - Paranoid belief that the FBI is chasing client

- Physiological diagnoses
  - common medical problems
Standard III: Outcome Identification

- Prioritizing
  - safety issues
  - client is part of the process; develop contact with client/team

- Goal statement
  - specific & measurable
  - indicates client outcomes
  - Include time frames
  - short & specific
  - e.g. Client will participate in group therapy by the end of week one.
  - Nursing Outcomes Classification—grounded in research and clinical practice (NOC)
Standard IV: Planning and Interventions

- Interventions must be relevant to the client/goal
  - Safe, appropriate
  - Individualized
  - Based on theory
  - Therapeutic communication
  - Health teaching
  - Promotion of self care
  - Psychobiological

- Nursing Intervention Classification (NIC)
- Research based standardized listing of interventions to plan care and reflects current practice.
Interventions

• Meet with client 20 minutes each day to build a trusting rapport.
• Help client identify feelings of isolation
• Explore difficulty client experiences in expressing feelings in a group
• Help client identify one concern to bring up in group therapy.
Planning and Interventions

- Therapeutic Milieu
- Psychotherapy (APN)
- multidisciplinary team
  - behavior management is a coordinated effort
  - treatment plan
  - team: doctor, nurse, social worker, psychologist, nursing assistants
  - case manager
Standard V and VI: Implementation/Evaluation

- **Implementation**
  - Manage psychiatric, medical and behavioral crisis
  - Maintain safety of client and milieu
  - Prepare for discharge: admission crisis is resolved and client is stabilized.

- **Evaluation**
  - continue to collect data
  - change plan as needed
  - may change quickly in acute care; less so in long term care
  - crisis intervention, daily problem solving in a community settings
Community Mental Health

- Deinstitutionalization of clients-consumers
- Roles of nurses developed with this process
- Community care requires flexibility, knowledge of resources, enhancing client strengths in same environment as daily life
- Success in community related to:
  - Housing adequacy and stability, income, support system, substance abuse past/present
  - SAMSHA-Transforming Mental Health Care in America –recovery model
Community Mental Health

- **Location**
  - CMHC
  - partial hospital
  - client’s home
  - mobile unit
  - ACT programs

- **Client responsibility**
  - medication
  - attendance
  - symptom monitoring

- **RN responsibility**
  - biopsychosocial needs of clients
  - access resources in the community
  - case management
DSM- IV-TR

• Diagnostic and Statistical Manual of Mental Disorders
• conceptualizes each mental disorder as clinically significant behavioral or psychological syndrome or pattern
Multiaxial Assessment

- 5 “axes” each of which refers to a different domain of information that may help the clinician plan treatment and predict outcome
- Facilitates comprehensive, systematic evaluation
- Useful format for communication of clinical information
- Promotes the “biopsychosocial” model for understanding clients
5 Axis

• Axis I: all disorders or conditions that may be a focus of clinical attention (excluding personality disorders and MR)
• Axis II: Personality disorders and MR
• Axis III: General Medical Condition
• Axis IV: Psychosocial and Environmental problems
• Axis V: Global Assessment of functioning
A 5 Axis assessment

• Axis I: Major Depressive Disorder and Alcohol Abuse
• Axis II: Dependent Personality Disorder
• Axis III: Hypertension
• Axis IV: Occupational problems (threat of job loss), problems with primary support group (impending divorce)
• Axis V: GAF 30
Global Assessment

- 100: superior functioning in a wide range of activities
- 50: serious symptoms (suicidal ideation, severe obsessive rituals, etc.)
- 10: persistent danger of severely hurting self or others
Role of the Nurse/Member within the discipline

- Ethics - study of beliefs about what is considered right and wrong in society
- ANA code of Ethics provides guidelines for nurses dealing with ethical dilemmas
- Common ethical dilemmas:
  - Does a person have the right to strange behaviors?
  - Termination of a therapeutic relationship
  - Confidentiality: both legal and ethical exceptions to the rule
Legal Issues

- Mental Health Laws have been enacted in all states
- Primary purpose is to protect the rights of the mentally ill
Legal Issues

• Content of MH Law
  – Patients bill of rights
  – Right to due process
  – Least restrictive alternative
  – Right to treatment
  – Right to refuse treatment
  – Informed consent

• Commitment procedure
  – Voluntary
  – Involuntary
  – Competence
  – Discharge
    • Unconditional
    • Conditional
    • AMA
Ethical/Legal Issues

• Confidentiality
  – stigma of MI
  – signed agreement
  – exceptions to the rule
    • child abuse -all 50 states and DC have enacted child abuse reporting statutes
    • elder abuse -some states mandatory
    • duty to warn

• Duty to warn
  – Tarasoff vs. Regents of University of Cal
  – to warn police or intended victim of threat of violence
Malpractice and the RN

• Tort law and the nurse
  – civil NOT criminal law
  – covers malpractice issues for RN
    • professional negligence
      – duty
      – breach of duty
      – cause in fact
      – proximate cause
      – damages

• Common liability issues
  – Protection of client
  – Defamation of character
  – Supervisory liability
Legal Issues/Intentional Torts

- **Battery**
  - touching/harmful or offensive
  - non offensive permitted to protect self and others

- **Assault**
  - apprehension of harm

- **False imprisonment**
  - intent to confine a person to a specific area
  - seclusion
  - restraints
    - harmful behavior to self or others
    - danger to facility
    - less restrictive not effective
Client Advocacy

• Inform and support:
  – nurses need to observe, listen and communicate: be sensitive to clients needs
  – Nurses need to develop and implement policies that effect quality of care.
  – Nurses need to address abuse or neglect

• Consumer movement

• Alliance for the Mentally Ill