

**Lincoln Memorial University
Caylor School of Nursing
Nursing 126**

Lesson Plan: Unit IV – NURSING PRACTICE FOR PSYCHIATRIC DISORDERS, PART II

Dates and Times: See Syllabus

Objectives: Upon completion of this unit, the student will demonstrate in the clinical/classroom setting, in individual and group learning opportunities, and on written material an understanding of the following:

1. Define the key terms found in each assigned chapter.
2. Explain what is meant by “psychosomatic illness.”
3. Describe somatoform disorders and identify their three central features.
4. Discuss the etiologic theories related to somatoform disorders.
5. Discuss the characteristics and dynamics of specific somatoform disorders.
6. Distinguish somatoform disorders from factitious disorders and malingering.
7. Apply the nursing process to the care of clients with somatoform disorders.
8. Provide education to clients, families, and the community to increase knowledge and understanding of somatoform disorders.
9. Explain the trends in substance abuse and discuss the need for related prevention programs.
10. Discuss the characteristics, risk factors, and family dynamics prevalent with substance abuse.
11. Describe the principles of a 12-step treatment approach for substance abuse.
12. Apply the nursing process to the care of clients with substance abuse issues.
13. Provide education to clients, families, and community members to increase knowledge and understanding of substance use and abuse.
14. Compare and contrast the symptoms of anorexia nervosa and bulimia nervosa.
15. Discuss various etiologic theories of eating disorders.
16. Identify effective treatment for clients with eating disorders.
17. Apply the nursing process to the care of clients with eating disorders.
18. Provide teaching to clients, families, and community members to increase knowledge and understanding of eating disorders.
19. Discuss the characteristics, risk factors, and family dynamics of psychiatric disorders of childhood and adolescence.
20. Apply the nursing process to the care of children and adolescents with psychiatric disorders and their families.
21. Provide education to clients, families, teachers, caregivers, and community members for young clients with psychiatric disorders.
22. Discuss the nurse’s role as an advocate for children and adolescents.
23. Describe the characteristics of and risk factors for cognitive disorders.

24. Distinguish between delirium and dementia in terms of symptoms, course, treatment, and prognosis.
25. Apply the nursing process to the care of clients with cognitive disorders.
26. Discuss the onset and progression of Alzheimer's Disease.
27. Describe how Alzheimer's Disease is diagnosed.
28. Identify treatments for all stages of Alzheimer's Disease.
29. Identify methods for meeting the needs of people who provide care to clients with dementia.
30. Provide education to clients, families, caregivers, and community members to increase knowledge and understanding of cognitive disorders.

REQUIRED READINGS:

Videbeck, S.L. (2008). *Psychiatric-Mental Health Nursing* (4th ed.). Philadelphia: Lippincott Williams & Wilkins. Chapters 17 - 21.

TOPICAL OUTLINE:

- I. Somatoform Disorders
 - A. Overview/ Onset and Clinical Course of Somatoform Disorders
 - B. Related Disorders
 - C. Etiology
 - D. Treatment
 - E. Application of the Nursing Process

- II. Substance Abuse
 - A. Types of Substance Abuse
 1. Alcohol
 2. Sedatives, hypnotics, and anxiolytics
 3. Stimulants
 4. Cannabis
 5. Opioids
 6. Hallucinogens
 7. Inhalants
 - B. Onset and Clinical Course
 - C. Etiology
 - D. Treatment/Prognosis
 - E. Application of the Nursing Process
 - F. Elder Considerations
 - G. Health Professionals

- III. Eating Disorders
 - A. Overview of Eating Disorders
 - 1. Anorexia Nervosa
 - 2. Bulimia Nervosa
 - 3. Related Disorders
 - B. Etiology
 - C. Treatment
 - 1. Anorexia Nervosa
 - 2. Bulimia Nervosa
 - D. Application of the Nursing Process

- IV. Child and Adolescent Disorders
 - A. Overview
 - 1. Mental Retardation
 - 2. Learning Disorders
 - 3. Motor Skills Disorders
 - 4. Communication Disorders
 - 5. Pervasive Developmental Disorders
 - a. Autism
 - B. Attention Deficit and Disruptive Behavior Disorders
 - a. Onset and Clinical Course
 - b. Etiology
 - c. Treatment
 - d. Application of the Nursing Process
 - 2. Conduct Disorder
 - C. Feeding and Eating Disorders of Infancy and Early Childhood
 - D. Elimination Disorders
 - E. Other Disorders of Childhood or Adolescence

- V. Cognitive Disorders
 - A. Delirium
 - 1. Onset and clinical course
 - 2. Etiology
 - 3. Treatment and Prognosis
 - 4. Application of the Nursing Process
 - B. Dementia
 - 1. Onset and Clinical course
 - 2. Etiology
 - a. Alzheimer's Disease
 - b. Vascular Dementia
 - c. Pick's Disease
 - d. Creutzfeldt-Jakob Disease
 - e. HIV
 - f. Parkinson's Disease
 - g. Huntington's Disease
 - h. Head Trauma

3. Treatment and Prognosis
4. Application of the Nursing Process
5. Role of the Caregiver
6. Related Disorders

NURS 126
Unit IV – Medication List

Chapter 19 – Somatoform Disorders

Fluoxetine (Prozac) Sertraline (Zoloft) Paroxetine (Paxil)

Chapter 17 – Substance Abuse

Alcohol (ETOH) – Benzodiazepines: Lorazepam (Ativan), Chlordiazepoxide (Librium),
Diazepam (Valium)

Sedatives, Hypnotics, and Anxiolytics – With barbiturates, tapering off may include
(Barbiturates, nonbarb hypnotics, and benzodiazepines) Valium, 10 mg four times a day and decreased
over several days.

Stimulants (Amphetamines, Cocaine) - Stimulant withdrawal not treated with meds.

Cannabis (Marijuana) – Only treated symptomatically, such as in cases of delirium or
cannabis-induced psychotic disorder.

Opioids (morphine, meperidine, codeine, hydromorphone, oxycodone, methadone,
oxymorphone, hydrocodone, and propoxyphene, as well as heroin and mormethadone) –
Treatment is by nalaxone (Narcan) – opioid antagonist. It is given every few hours until
the level is nontoxic.

Hallucinogens (mescaline, PCB, LSD, Ecstasy) – Treatment is supportive – Medications
are used to control seizures and blood pressure. Cooling devices and mechanical
ventilation may be necessary.

Inhalants (gasoline, glue, paint thinner, spray paint, correction fluid, spray can
propellants, and others) – Treatment consists of supporting respiratory and cardiac
functioning until substance is removed from body. No antidotes available.

Overall Pharmacologic Treatment in Substance Abuse:

Two main purposes:

1. Permit safe withdrawal from alcohol, sedative/hypnotics, and benzodiazepines.
2. Prevent relapse.

For alcohol abuse, vitamin B1 (thiamine) is prescribed to prevent or treat Wernicke-
Korsakoff syndrome. B12 and folic acid are often prescribed for nutritional deficiencies.

Drugs Used for Substance Abuse Treatment

Lorazepam (Ativan) – Alcohol withdrawal

Chlordiazepoxide (Librium) – Alcohol withdrawal

Disulfiram (Antabuse) – Maintain abstinence from alcohol

Methadone (Dolophine) – Maintain abstinence from heroin

Levomethadyl (ORLAAM) – Maintain abstinence from opiates

Naltrexone (ReVia, Trexan) – Blocks effects of opiates, reduces cravings

Clonidine (Catepres) – Suppresses opiate withdrawal symptoms

Thiamine (vitamin B1) – Prevent or treat Wernicke – Korsakoff syndrome in alcoholism

Folic acid (folate) – Treat nutritional deficiencies

Cyanocobalamin (vitamin B12) – Treat nutritional deficiencies

Chapter 18 – Eating Disorders

Anorexia Nervosa – Few drugs have shown clinical success:

- amitriptyline (Elavil) and cyproheptadine (Periactin) in high doses can promote weight gain in inpatients with Anorexia Nervosa.
- Olanzapine (Zyprexa) used because of both its antipsychotic effect on bizarre body image distortions and associated weight gain.
- Fluoxetine (Prozac) somewhat effective in preventing relapse in those who have partially or completely regained their weight (must be monitored).

Bulimia Nervosa – Antidepressants have proven effective in reducing binge eating, improving mood and reducing preoccupation with shape and weight (short term):

- Desipramine (Norpramin)
- Imipramine (Tofranil)
- Amitriptyline (Elavil)
- Nortriptyline (Pamelor)
- Phenelzine (Nardil)
- Fluoxetine (Prozac)

Chapter 20 – Child and Adolescent Disorders

Attention Deficit Hyperactivity Disorder:

- methylphenidate (Ritalin)
- amphetamine compound (Adderall)

(I want you guys to know that the book says these two meds are the most commonly used meds for kids, but when you read about this in the current literature, most say that Strattera is the most commonly used medication. On our tests, we will go with the book, but I wanted you to know the real-world application as well.) Our book says that Ritalin is effective in 70 – 80% of children and reduces hyperactivity, impulsivity, mood lability, and helps the child to pay attention more appropriately.

- Dextroamphetamine (Dexedrine) and Pemoline (Cylert) are other stimulants used to treat ADHD.
- Ritalin is also prescribed as Daytrana, a daily transdermal patch. Cylert can cause liver damage, so it is a drug of last resort.
- Biggest problem with these meds is accidental overdose or weight loss. Kids may need a drug holiday.
- Atomoxetine (Strattera) nonstimulant antidepressant – weight loss and possible liver damage can occur, so kids need occasional LFTs.

Chapter 21 – Cognitive Disorders

Delirium

- Sedation may be indicated with an antipsychotic medication such as Haloperidol (Haldol)
- Sedatives and benzodiazepines are avoided because they tend to worsen the delirium
- If the delirium is precipitated by alcohol withdrawal, it is usually treated with benzodiazepines
- Other supportive medical treatment may be needed, such as nutritious foods and fluids, antibiotics, maybe TPN. Physical restraints may be used only when necessary, because they may increase the client's agitation.

Dementia

Many treatments based on trying to increase levels of neurotransmitters:

- Tacrine (Cognex) – Monitor LFTs, flu-like symptoms
- Donepezil (Aricept) – Monitor for nausea, diarrhea, and insomnia, test for GI bleeding
- Rivastigmine (Exelon) – Monitor for nausea, vomiting, abdominal pain and loss of appetite
- Galantamine (Reminyl) – Monitor for nausea, vomiting, loss of appetite, dizziness, and syncope

These meds have only shown modest therapeutic effects and temporarily slow the progress of dementia. They make no change in the overall course of the disease.

Some clients with dementia are treated symptomatically, with doses one half to two thirds lower than usually prescribed:

- Antidepressants for significant depression
- Antipsychotics: Haloperidol (Haldol), Olanzapine (Zyprexa), Risperidone (Risperdol) and Quetiapine (Seroquel) used to manage delusions, hallucinations, or paranoia.
- Lithium carbonate (Lithium), Carbamazepine (Tegretol), and Valproic Acid (Depakote) stabilize lability and diminish aggressive outbursts.