Case Scenarios Case I A female nurse approaches a depressed female client on a psychiatric unit. The nurse introduce herself and asks if it is all right if sits with the client. The nurse asks, " How are you doing today?" The client leans away, maintains a rigid posture, avoids eye contact, and nods her head yes. The nurse leans back to give the client her space and crosses her arms over her chest to create a less threatening posture After several minutes of silence, the nurse explains to the client that she has an hour that she can spend with her today. Following another long period of silence, the nurse says, " I guess you're not in the mood to talk today, so I'll see you tomorrow." 1.What actions by the nurse demonstrate respect for the client? 2.What actions by the nurse, if any, did not represent therapeutic communication skills and could decrease the client's confidence and trust in the nurse? 3.How would you interpret the client's body language and silence during the first session? 4.How could the nurse's interaction with the client have been improved? Case II You are admitting a client to the inpatient unit. The client is in a manic state exhibiting flight of ideas, loose association, poor appetite, irritability, and rapid mood swings between elation and crying spells. The client has been unable to sleep for the past three nights and stays awake pacing the floor 1.Identify at least five questions you will ask during your initial interview. 2.List three main priorities of care for the client. 3.What are the medication (s) that will probably be prescribed for the client? 4.If disturbed sleep pattern related to sensory alterations as evidenced by verbal complaints of difficulty sleeping is one of your nursing diagnoses, identify one short-term outcome and three nursing interventions for the nursing care plan.

Case III Mrs. .NN admitted to Acute mental health department from ER, she is came accompanied with her brother ,she was isolated ,with preoccupied thought ,she talking to herself and her words and phrase became not clear ,she was refusing to eat any food prepared with any person , she is married and left her husband because she thought he made some magic to her ,she had attempted to stab her husband with knife because she was hear voice asked her to kill him. The doctor was prescribed Rispredol for her. 1-What type of hallucination the client was complained? 2-Which type of delusion she had? 3-what type of other medication you think physician prescribe for this client? 4-Mention 2nursing diagnosis that appropriate with case of client? 5-Plane the care of this client? Case IV An 82-year-old male client with a history of major depression was brought to the Emergency Department by his son. The client recently lost his wife of 53 years, moved into an assisted living facility, and had to give up the family pet in order to move. The client had ingested an unknown quantity of sleeping medication and was found unresponsive by his son and daughter-in-law. After stabilizing in the Emergency Department, the client is referred to the mental health unit for hospitalization 1.What are some risk factors of this client to suicide? 2.List the top three nursing diagnoses. 3.List at least five nursing interventions for suicidal clients. 4.Identify at least two prognostic expectations for this client. 5.What are precautions the nurse should take to ensure the client is safe?