

CASE STUDY QUESTIONS

1

Type: Case Study

Subject: Mental Health

Subject area: Nursing

Education Level: Masters Program

Length: 3 pages

Referencing style: APA

Preferred English: US English

Spacing Option: Double

Title: Case Scenario

Instructions: 1. answer the questions associated with the scenario. 2. please use apa format (cover page, etc.). 3. place references at the end. 4. the following is a breakdown of the scoring mechanism: 11 questions x 4 points 44 points apa writing, references, grammar, spelling, punctuation 6 points total possible points 50 points

CASE STUDY # 2 QUESTIONS

Name

Institution

(1) What is the current diagnosis for this patient?

The patient is suffering from schizophrenia. According to DSM-5 a patient is diagnosed with schizophrenia if he or she exhibits two or more of the following criteria over a period of one month with at least one being (1), (2), or (3): (1) delusions, (2) hallucinations, (3) disorganized speech, (4) grossly disorganized or catatonic behavior, and (5) negative symptoms (Nagar, 2020)

The patient under consideration exhibits all the five elements.

(2) What are the differential diagnoses?

There are other mental illnesses that can present similar symptoms. For example, brief psychotic disorder occurs when the patient experiences hallucinations, delusions and disorganized behavior but for a period of less than one month. The patient would be diagnosed with bipolar if he experienced psychotic symptoms exclusively during times of mood disturbance. Post-traumatic stress disorder would be confirmed if the patient experienced traumatic inciting events. Autism would be confirmed if the patient had deficit in social interactions, repetitive behavior and communication deficits. Substance abuse would be confirmed if the patient has a history of drug abuse or has abnormal vital signs like needle marks.

(3) What emergent medications would you order in this situation and why?

According to Ribeiro et al. (2018), the most preferred medication for schizophrenia involves administering Aripiprazole (Abilify Maintena, Aristada) or Fluphenazine. The patient under consideration will be treated with Fluphenazine decanoate. The treatment will be administered through deep intramuscular (IM) injection into the gluteal region. The patient will be given at a dose range of dose range 12.5 mg to 100 mg given and a dose interval of two to five weeks based on how the patient will respond to the treatment.

(4) What are the implications of the patient being on an involuntary hold?

(Once the patient is admitted to the inpatient psychiatric unit):

Involuntary hold may reduce chances of self-harm or patient harming close family members or health care professionals. Involuntary hold may also lead to increased anger as the patient may feel restricted and under threat. Involuntary hold may lead to future psychological challenges as it may cause trauma. Involuntary hold may have negative legal implications as the patient may be denied some privileges including gun ownership and some medical insurance covers (Newlon, Ayres and Barnett, 2020).

(5) What laboratories would be appropriate to order and why?

There are no laboratory tests that can be ordered to diagnose schizophrenia. However, the patient should be ordered for various diagnostic tests including MRI, CT scans and blood tests to determine the causes of the symptoms (Liu et al. 2017). For example, a complete blood count (CBC) test is helpful to monitor general health of the patient.

(6) What factors will determine the patient's length of stay?

There are various factors that determine the patient's length of stay including the patient's age, level of family support, patient condition at discharge, ability to cater for hospital costs, type of treatment, and severity of underlying conditions (Hosseininejad et al. 2017).

The length of stay for the patient under consideration will include how the patient will respond to the administered medication, the level of support from the patients' family and close friends, whether the family will cater for hospital bills when they fall due and severity of the disease.

(7) It is decided to place him on Latuda. Does this medication have any drug interactions with any other medications?

Latuda interacts with other drugs including cobicistat, diltiazem, azole antifungals including ketoconazole, itraconazole and various HIV/hepatitis C virus protease inhibitors (Almalki, 2017). The patient currently uses Avapro, and Triamcinolone Acetonide Cream which do not interact with Latuda

(8) The parents ask you during a meeting with them to explain the patient's diagnosis, and will he ever get better. The patient has signed a consent form for you to talk to the parents. What education would you provide his parents with their questions?

I would inform the parents that there exists no cure for schizophrenia. However, it is treatable and manageable with medication and behavioral therapy, especially if diagnosed early and treated continuously. The patient can however fully recover from schizophrenia where all their psychotic symptoms disappear and they return to their previous level of functioning (Torgalsbøen, Fu and Czajkowski, 2018). The family will be encouraged to assist the patient in recovery by ensuring that they take their medication and attend therapy.

(9) What aftercare planning will the patient need?

According to Kaskie, Graziano and Ferrarelli (2017), sleep is crucial in reducing relapse in schizophrenia cases hence the health care professional will ensure that the patient gets regular and enough sleep after dehospitalization. The health care professional will undertake various aftercare activities for the patient under consideration. The aftercare include encouraging the patient to continue taking the medication, ensure that the medication is taken on time and in the right quantity, educate the patient's family on early detection of disease relapse, caution the patient against drug abuse and other activities which might increase chances of reoccurrence of the disease and ensure that the patient assumes his normal life.

(10) What are two different psychotherapy modalities that may be helpful for this patient once he is home and stabilized? Write one paragraph explaining the basics of each.

Cognitive behavior therapy (CBT) focuses on changing potentially harmful or destructive beliefs of the patient (Constantino, Coyne and Muir, 2020). In the case under consideration, CBT would change the patients thought pattern and the therapist would transform the negative cognitive patterns into positive beliefs. For example, the patient believed that he would hurt his parents and anybody who tried to touch him. The therapist would change the thoughts and make him understand the negative impact of hurting others.

The patient should also be encouraged to join self-help groups. Self-help groups bring together people with similar challenges hence the patient and his family would feel less alone (Worrall et al. 2018). The group members would provide emotional support and advice the patient based on their experiences. The support group would also enable the patient to fight stigma.

(11) Involuntary Movement Disorder is always a risk with anti-psychotic medication; how would you assess for this on an out-patient basis?

The health care professional should use the Abnormal Involuntary Movement Scale (AIMS). The patient will be diagnosed with tardive dyskinesia if he attains a score of 2 or higher on the scale (Caroff et al. 2020). The health care professional will conduct a physical examination to determine whether the patient shows signs of Involuntary Movement Disorder. The physical examination will involve evaluating the patient's physical coordination, whether the patient has trouble walking, episodes of uncontrolled movements, muscle weakness, twitching, or determining whether the patient has experienced muscle spasm. Presence or absence of these signs will determine whether the patient will be diagnosed with Involuntary Movement Disorder.

References

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