



جامعة المستقبل  
AL MUSTAQBAL UNIVERSITY

Ministry of Higher Education  
& Scientific Research



# University of Al-Mustaqbal College of Nursing

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## Psychiatric and Mental Health Nursing Practical Guide

2025 – 2026

### Practical of Psychiatric and Mental Health Nursing

**A thorough assessment of a psychiatric patient consists of:**

- (1) Psychiatric history.
- (2) Mental status examination
- (3) Physical examination
- (4) And certain relevant laboratory and psychological tests.

The psychiatric history and mental status examination are usually obtained during the initial interview.

## Psychiatric and Mental Health Nursing

**There are two types of interview:**

1. **Initial interview:** conducted when the client is first conducted in the treatment setting.
2. **Informal interview:** may casually take place at different times during each day during the course of giving nursing care.

**The purposes of interview are:**

1. To establish rapport with the patient.
2. Complete the nursing history within specific period of time.
3. To make nursing diagnosis.

**Phases of interview:** an interview consists of three phases:

1. **Initial phase:** in this phase you should begin to develop a rapport with the client and to engage the client in the meeting.
2. **Middle phase:** in this phase the necessary data are collected.
3. **Termination phase:** interview summarizes what has been accomplished during the meeting.

**The student as interviewer:** the aim of the student interview is to discover the patient pattern of illness, exactly the nature of the symptoms.

**Guide That to help you to approach interview:**

- Introduce yourself.
- Be calm: being polite and respectful you show that you are in control. This can be very comforting to someone who is afraid.
- Be gentle: Approach the person in a gentle manner. Due to their illness, and the related stigma, they may be suspicious.
- Do not laugh: Never laugh at anything strange a person says. This will stop them from trusting you and make them feel stigmatized.

## Psychiatric and Mental Health Nursing

- Do not correct: If the person says things that are strange or unbelievable do not try and correct them.
- Get the whole story: Always try and speak to the family or someone who knows what has been going on.
- Ensure privacy: Always try and speak to the person alone, a person may have things they wish to share with you that they wish to keep private, even from their own family.
- Make time: This is very important. Do not keep looking at your watch.

### Mental Health Status Assessment

1.General Information:			
Pt. No.:			
Name		Place and Date of Birth	
Gender		Marital Status	
Age		Address:	
Race/culture		Religious:	
Occupational/ financial status		Allergies:	
Educational level		Special diet considerations	
<b>2.Chief complaint:</b>	Ask the pt. or relative about the reasons for admission and referral.		
<b>3. Medical diagnosis:</b>	If present		
4. History of present illness:			
• Full history in patient own words.			
• What is the reasons and trigger?			
• How long that the patient suffer?			

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• What are the participated factors?	
<b>5. Family history:</b>	
• Is there any psychiatric illness in the family history?	
• Ask about patient's parents' relationship	
<b>6. Past history:</b>	
• Medical history (physical history) especially CNS diseases.	
• Surgical history.	
• Mental illness history.	
• School history (school records).	
<b>7. General Examination:</b>	
▪ Physical conditions: especially the CNS, allergies, rigidity	
▪ Nervous habits: (e.g. bed-wetting, night terrors, sleep walking, nail biting, breath holding).	
• Social relations (social and friends meeting and activity).	
• Intellectual activities (books, pictures and leisure).	
• Mood: (cheerful, desponded, optimistic, pessimistic, etc).	
• Attitude to self: (sensitive, jealous, selfish, etc.)	
• Habits: (eating, sleep, tobacco, alcohol, drug, etc).	
<b>8. Appearance:</b>	
• Grooming and dress(	
• Hygiene	
• Posture	
• Height and weight	
• Level of eye contact	
• Hair color and texture	
• Evidence of scars, tattoos, or other distinguishing skin marks	
• Evaluation of client's appearance compared	

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with chronological age

### 9. Motor Activity:

- Tremors
- Tics or other stereotypical movements
- Mannerisms and gestures
- Hyperactivity
- Aggressiveness
- Rigidity or agitation
- Gait patterns
- Echopraxia
- Psychomotor retardation
- Freedom of movement (range of motion)

### 10. Speech Patterns:

- Slowness or rapidity of speech
- Pressure of speech
- Intonation
- Volume
- Stuttering or other speech impairments
- Aphasia

### 11. General Attitude:

Cooperative/uncooperative  
 Friendly/hostile/defensive  
 Uninterested/apathetic  
 Attentive/interested  
 Guarded/suspicious

### 12. Emotions: (Mood)

- |               |             |
|---------------|-------------|
| 1. Sad        | 6. Elated   |
| 2. Depressed  | 7. Euphoric |
| 3. Despairing | 8. Fearful  |
| 4. Irritable  | 9. Guilty   |
| 5. Anxious    | 10. Labile  |

### 13. Affect:

- Congruence with mood
- Constricted or blunted (diminished amount/range and intensity of emotional expression).
- Flat absence of emotional expression.

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- Appropriate or inappropriate (defines congruence of affect with the situation or with the client's behavior.)

### 14. Thought Processes: (Form of Thought)/ stream dis

Flight of ideas		Word salad	
Associative looseness		Perseveration	
Circumstantiality		Echolalia	
Tangentiality		Mutism	
Neologisms		Poverty of speech	
Concrete thinking		Ability to concentrate	
Clang associations		Attention span	

### 15. Content of Thought:

a. Delusions	
• Persecutory	
• Grandiose	
• Reference	
• Control or influence	
• Somatic	
• Nihilistic	
b. Suicidal or homicidal ideas	
c. Obsessions	
d. Paranoia/suspiciousness	
e. Magical thinking	
f. Religiosity	
g. Phobias	
h. Poverty of content (vague, meaningless responses)	

### 16. Perceptual Disturbances:

a. Hallucinations	a. Auditory	
	b. Visual	
	c. Tactile	
	d. Olfactory	
	e. Gustatory	
b. Illusions		
c. Depersonalization (altered perception of the self)		
d. Derealization (altered perception of the environment)		

### 17. Orientation:

- For person: (who are the persons around you?)

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<ul style="list-style-type: none"> <li>• For place and time: (what is the time?, what is today?, what is the place?, where is you are now?).</li> </ul>	
<ul style="list-style-type: none"> <li>• Circumstances</li> </ul>	
<b>18. Attention and concentration:</b>	
<ul style="list-style-type: none"> <li>• Can the pt. count the days of week?</li> </ul>	
<ul style="list-style-type: none"> <li>• How long does the patient take to subtract serial 7 from 100, count mistakes?.</li> </ul>	
<b>19. Memory:</b>	
<ul style="list-style-type: none"> <li>• Immediate retention: of the names, address, telephone numbers, repetition of a series of digits forwards and backwards (ask the pt. to repeat it after 5 minutes).</li> </ul>	
<ul style="list-style-type: none"> <li>• Recent: (ask the pt. about recent events).</li> </ul>	
<ul style="list-style-type: none"> <li>• Remote: (ask the pt. about past events).</li> </ul>	
<ul style="list-style-type: none"> <li>• Confabulation</li> </ul>	
<b>20. Intelligence:</b>	
<ul style="list-style-type: none"> <li>• (by interview or using I.Q. scale, and school records).</li> </ul>	
<b>21. General Knowledge:</b>	
<ul style="list-style-type: none"> <li>• Ask the pt. about general important information, e.g. name of president, names of famous countries, places and persons, etc.).</li> </ul>	
<b>22. Impulse Control: Ability to control impulses related to the following:</b>	
a. Aggression	
b. Hostility	
c. Fear	
d. Guilt	
e. Affection	
f. Sexual feelings	
<b>23. Judgment and Insight:</b>	
<ul style="list-style-type: none"> <li>• Ability to solve problems</li> </ul>	
<ul style="list-style-type: none"> <li>• Ability to make decisions</li> </ul>	
<ul style="list-style-type: none"> <li>• Knowledge about self</li> </ul>	
Awareness of limitations	
Awareness of consequences of actions	
Awareness of illness	
Judgment: (ask the pt. what will he do in special trigger?).	
Insight: (does the patient feel he is ill or not?, does he need	

## Psychiatric and Mental Health Nursing

the treatment or not?).

### 24. Adaptive/maladaptive use of coping strategies

#### *Nursing Process*

Nursing diagnosis (pt. problem)	Nursing planning	Nursing intervention and implementation	Evaluation
<p><b>Example:</b></p> <ul style="list-style-type: none"><li>▪ Risk for injury related to accelerated motor activity</li> <li>▪ Disturbed thought process –grandiosity related to elevated mood</li> <li>▪ Risk for violence related to hostile and angry behaviour</li></ul>			

## Common signs and symptoms in psychiatry

### 1. Abnormalities of behavior and movements

#### This Abnormalities can exam by observation

- **Negativism:** Doing opposite of what is required. An uncooperative attitude.
- **Psychomotor Retardation:** Slowed mental and motor activities.
- **Hyperactivity:** Excessive motor activity.
- **Stupor:** A state in which the person does not move, speak or response to stimuli, but he is conscious.
- **Catatonia:** motor anomalies non-organic disorders (as opposed to disturbances of consciousness and motor activity secondary to organic pathology).
- **Psychomotor Agitation:** Restlessness with psychological tension.
- **Aggression:** A method of showing anger which may be verbal or physical or both. May be directed toward another person, object or self.
- **Bizarre:** differing from usual, meaningless and purposeless behavior, action or thought.
- **Regression:** Reversion to an earlier or primitive mode of behavior. Less matured behavior to deal with, Infantile or child like mode of behavior.
- **Dyskinesia:** Restless movement of group of muscles (face, neck, hands).
- **Dystonia:** Painful severe muscle spasm.
- **Tics:** Sudden repeated involuntary muscle twisting. e.g. repeated blinking, grimacing.
- **Compulsion:** uncontrollable impulse to perform an act repetitively .e.g. Dipsomania (compulsion to drink alcohol), kleptomania (compulsion to steal), Trichotillomania (compulsion to pull one's hair).
- **Echopraxia:** Imitative repetition of movement of somebody.

## Psychiatric and Mental Health Nursing

- **Waxy Flexibility:** Retention of the same posture for a long time in which the person has been placed.
- **Akathisia:** subjective feeling of muscular tension secondary to antipsychotic or other medication, which can cause restlessness, repeated sitting and standing.
- **Stereotype:** repetition of same actions, postures or gestures for a long time a Monotonous way.
- **Mannerism:** habitual involuntary movements.

### 2. Abnormalities of speech pattern

#### This Abnormalities can exam by observation

- **Irrelevant:** Speech which is not to the point. Unrelated.
- **Incoherent:** a mixture of phrases that have no meaning with any logical connection.
- **Pressure of speech:** increased in volume and contents. Difficult to slow down or stop.
- **Echolalia:** imitation of words or phrases made by other.
- **Mutism:** inability to speak.
- **Poverty of speech:** restricted amount of speech.
- **Stuttering:** frequent repetition or prolongation of a sound or syllable leading markedly impaired speech fluency.

### 3. Abnormalities of mood and affect

**VII. Mood (Inquired): A sustained state of inner feeling – Possible questions for patient:**

“How are your spirits?”

\*كيف هي معنوياتك؟

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"How are you feeling?"

\*كيف تشعر؟

"Have you been angry/irritable/edgy lately?"

"How do you feeling today or now?"

\*كيف كان مزاجك خلال الفترة الاسبوع الماضي؟

\*هل كنت غاضب سريع الانفعال في الآونة الاخيرة؟

\* كيف هو مزاجك اليوم او الان؟

### A. Mood

- **Depression:** A feeling of sadness and despair.
- **Anxiety:** a state of feeling of apprehension and tension and anticipation of danger.
- **Euphoria:** An exaggerated feeling of well-being (moderate in degree).
- **Elation:** exaggerated feeling of well-being accompanied with physical over activity and excitement (heightened mood).
- **Ambivalence:** holding two opposing emotions or attitude toward a person, object or situation.
- **Anhedonia:** inability to experience pleasure.

### ▪ Affect

**Affect (Observed): An observed expression of inner feeling.- Possible descriptors:**

- Appropriateness to situation, consistency with mood, congruency with thought content.
- Range: labile, blunted, flat, normal.
- Quality: Sad, angry, hostile, euthymic, dysphoric, elated, euphoric, anxious, animated, irritable.
- **Incongruous:** Emotion expressed inappropriately.

- **Blunt** (constricted): Lack of feeling or emotional response.
- **Flat affect**: absence of facial expression.
- **Indifference**: absence of emotional expression but experience is present.

### 4. Abnormalities of thought

**IX. Thought Processes or Thought Form (Inquired/Observed):** logic, relevance, organization, flow and coherence of thought in response to general questioning during the interview. - Possible descriptors:

□ flight of idea, circumstantial, tangential, loose associations, incoherent, blocking, perseveration, neologisms.

\*هل ينتقل بشكل سريع من فكرة الى اخرى

\*هل يخوض في التفاصيل المملة ثم يصل الى الهدف

\*هل يخوض في التفاصيل المملة ثم لا يصل الى الهدف

\*هل ان الافكار التي يتبادلها مرتبطة مع بعضها البعض

\*هل يتوقف عند منتصف الكلام ثم لا يستطيع العودة اليه

\*هل يكرر المريض باستمرار الكلمات حتى عندما تحاول تغيير الموضوع او السؤال

\*هل يقوم المريض بابتكار كلمات لها معنى خاص له وليس لها معنى عند الاخرين

#### A. Form of thought

- **Flight of ideas**: rapid jumping from one idea to another.
- **Looseness of association**: illogical and haphazard connection between ideas.
- **Tangentially**: an association disturbance in which the speaker goes off the topic around the subject or inability to get the point of the story.
- **Circumstantialities**: the patient give unnecessary details but get the point.
- **Neologism**: making new meaningless words.
- **Concrete thinking**: inability to use abstract thinking.
- **Clang association**: the choice of words is often take the form of rhyming.
- **Word salad**: incoherent mixture of words and phrases.

## Psychiatric and Mental Health Nursing

- **Perseveration:** Repeating the same sequence of thoughts persistently and inappropriately.

### B. Content of Thought

Thought Content (Inquired/Observed) – Possible questions for patient: grandiose delusion, religious, persecutory or paranoid, withdrawal, insertion, broadcasting, obsession, phobia, depersonalization and derealization

“What’s been on your mind lately?”

“Do you find yourself ruminating about things?”

“Are there thoughts or images that you have a really difficult time getting out of your head?”

“Are you worried/scared/frightened about something or other?”

“Do things seem unnatural/unreal to you?”

“What do you think about the reports in papers such as The National Enquirer?”

“Do you think someone or some group intend to harm you in some way?”

[In response to something the patient says] “What do you think they meant by that?”

“Does it ever seem like people are stealing your thoughts, or perhaps inserting thoughts into your head? Does it ever seem like your own thoughts are broadcast out loud?”

ما الذي يدور في ذهنك مؤخرا؟\*

هل كان لديك شعور بان شيئا غريبا يحدث لا يمكنك تفسيره؟\*

هل يعتقد المريض بانه شخص مهم جدا اي احد الرموز التاريخية مثلا\*

\*(هل يعتقد المريض بانه شخصية دينية مثلا) يخيل له بانه الامام المهدي او نبي او يوحى اليه

هل تعتقد بأن التقارير او مواضيع معينة موجود في الجريدة او التي تذاع بالتلفاز موجه اليك

هل هو شخص كثير الشك او يعتقد ان احدا ما يدبر مؤامرة عليه\*

## Psychiatric and Mental Health Nursing

هل يعتقد المريض بان هناك جهات معينة تسحب افكاره او تغذي دماغه بالافكار او تنشر افكاره بالاقمار \*  
الصناعية مثلا

هل لديك افكارا او صوراً غير ساره او وغير مرغوبا بها لاتستطيع مقاومتها\*

هل وجدت نفسك مجبر على القيام باشياء كاغلاق الغاز او مفاتيح الاضاءة و غلق الابواب\*

هل انت قلق,خائف او متخوف من اشياء او من الاخرين\*

هل تبدو البيئـة المألوفة غريبة\*

هل تبدو الاشياء غريبة وغير واقعية اليك\*

□□“Do you ever see (visual), hear (auditory), smell (olfactory), taste (gustatory), and feel (tactile) things that are not really there, such as voices or visions?”

(Hallucinations are false perceptions)

هل يبدو وكأنه يصغي الى احد لم نراه ويسمع اشياء لم نسمعها\*

هل يبدو انه ينظر الى اشياء معينة لانراها نحن\*

□□“Do you sometimes misinterpret real things that are around you, such as muffled noises or shadows?”\*هل يفسر المعلومات الخارجية بطريقة مختلفة\*

(Illusions are misinterpreted perceptions)

- **Delusion:** It is a false, firmly held despite obvious proof against it and which cannot be changed by reasoning.

1- Persecutory/ paranoid delusion: involve the client's belief that "others" planning to harm him or are spying.

2- Grandiose delusion: the client claim to association with a famous people or celebrities.

3- Religious delusion.

4- Somatic delusion: are generally vague and unrealistic belief about client's health & bodily function.

5- Referential delusion: Ideas of Reference: An in correct interpretation of external events as having direct reference to self (TV, newspaper.....etc)

## Psychiatric and Mental Health Nursing

6- Nihilistic delusion: the individual has a false idea that the self, a part of the self is none exist.

- **Obsession:** Recurring of an unwanted thought which the person cannot resist or eliminate.
- **Phobia:** an intense irrational fear. E.g.
  - Agoraphobia: Fear of open places.
  - Claustrophobia: Fear of closed spaces.
- **Hypochondriacal:** A false believes of having one of the physical illnesses.
- **Thought Block:** sudden cessation of flow of thought or speech.
- **Thought withdrawal:** delusion that one's thought are being removed from one's mind by other people or forces.
- **Thought insertion:** delusion that thoughts are being implanted in one's mind by other peoples or forces.
- **Thought broadcasting:** delusion that one's thought can be heard by others, as thought they were being broadcast in the air.
- **Suicidality and Homicidality**
  - A. Suicidality – Possible questions for patient:
    - “Do you ever feel that life isn't worth living?”
    - \*هل تعتقد ان الحياة لاتستحق العيش؟
    - “Have you ever thought of doing away with yourself? If so, how?”
    - \*هل فكرت في التخلص من نفسك؟
  - B. Homicidality – Possible questions for patient:
    - “Do you think about hurting others or getting even with people who have wronged you?”
    - \*هل تفكر في ايذاء الاخرين او حتى الاشخاص الذين اساءوا اليك؟

- “Have you had desires to hurt others? If so, how?”

## **5. Abnormalities of perception**

**This Abnormalities can exam by asking patient**

- **Hallucination:** A false perception in the absence of an actual stimulus. It may be in any of the five senses.
  - **Auditory:** involve hearing sounds, most often voices talking to or about the client.
  - **Visual:** can involve seeing images that do not exist at all such as light or dead person.
  - **Tactile:** refers to sensation such as electricity running through the body.
  - **Olfactory:** involve smells odor where none exist, it may be a specific scent such as urine or feces.
  - **Gustatory:** involve taste in the mouth or sense that food taste like something else.
  - **Cenesthetic:** involve the client's report that he or she feels bodily function that is usually undetectable.
  - **Kinesthetic:** occur when the client is motionless but report the sensation of bodily movement.
- **Illusion:** Misinterpretation of an environmental stimulus.
- **Depersonalization** (altered perception of the self): a subjective sense of being unreal, strange, and unfamiliar to oneself. OR, A false belief of experiencing change in the body image or personality.
- **Derealization** (altered perception of the environment): a false of experiencing change in the surrounding or a feeling of changed reality.

## **6. Abnormalities of consciousness and awareness (Inquired)**

### Asking patient about (name, time, palce)

- **Disorientation:** Unawareness of a person in regard to time, place and person.
- **Confusion:** A clouding of consciousness with impaired capacity to think, perceive, remember and respond appropriately.
- **Drowsiness:** Diminished awareness with inclination to sleep.

### (7) Abnormalities of insight

XII. Insight and Judgment (Inquired/Observed) – Possible questions for patient:

“What brings you here today?”

\* هل يستطيع فهم ماذا نعني بما نقول\*

\* مالذي جلبك هنا اليوم؟\*

\* مالسبب الذي دعاك الى المجئ الى المستشفى؟\*

“What seems to be the problem?”

\* كيف تبدو المشكلة التي لديه\*

\* هل ينكر وجوده بالمستشفى\*

\* هل يعتقد ان لديه مرض عقلي\*

\* هل يعتقد بانه بحاجة الى العلاج\*

\* هل يقبل العلاج\*

“What do you think is causing your problems?”

\* ماهي الاسباب برايك التي سببت لك المشاكل؟\*

\* هل يعترف بحقيقة كونه مريضا ام لا\*

“How do you understand your problems?”

\* كيف يفهم مشاكله\*

“How would you describe your role in this situation?”

\* كيف تصف دورك في موقفا ما؟\*

## Psychiatric and Mental Health Nursing

هل لدى المريض القدرة على تقييم المواقف والاختيار من بين خيارات متعددة\*

“What will you do when \_\_\_\_\_ occurs?”

“How will you manage if \_\_\_\_\_ happens?”

“If you found a stamped, addressed envelope on the street, what would you do with it?”

“If you were in a movie theater and smelled smoke, what would you do?”

- **Impaired of insight:** unawareness of a person in regard to his current mental status, its origin and maladaptive behavior.

### (8) Abnormalities of memory (Inquired)

- **Impaired Memory:** Inability to remember events correctly which may be about immediate, recent or past events.
  - Immediate: recall of perceived material within seconds to minutes.
  - Recent: recall of events over past few days.
  - Recent Past: recall of events over past few months.
  - Remote: recall of events in distant past.
- **Amnesia:** partial or total inability to recall past experiences; may be organic or emotional in origin.
  - Retrograde: amnesia prior to a point in time.
  - Anterograde: amnesia for events occurring after a point in time.

### (9) Abnormalities of sleep (Inquired)

- **Insomnia:** diminished or lack of sleep.
- **Hypersomnia:** excessive prolonged sleep.
- **Parasomnia:** disturbed behavior during sleep.

### XV. Intellectual (Inquired/Observed)

A. Information and Vocabulary - Suggested patient instructions:

“Name the last 3 presidents.” (Fuad Maasum, Jalal Al-Talabani, Ajeel Al-Yawer)

## Psychiatric and Mental Health Nursing

- “Name 3 of the largest cities in the country.” (Al-Basrah, Musel, Baghdad)
- “Name the current president.” (Barham Salih)

### B. Abstraction - Possible questions for patient:

#### 1. Similarities – “How are the following items similar?”

- “an apple and an orange” (round ~concrete, fruit ~abstract)
- “a chair and a table” (made of wood ~concrete, furniture ~abstract)

#### 2. Proverbs – “How would you describe the meaning of the following sayings?”

- “People living in glass houses should not throw stones.”
- “A bird in the hand is worth ten in the tree.”

### XVI. Self –concept:

- Self esteem "how does he estimate himself"? \* كيف يقدر نفسه؟
- Description of self "How does the person see himself"? \* كيف يرى الفرد نفسه
- The degree of dignity he has e. g. "he thinks he is nothing or that he is the most important person in a group"

\* يعتقد بأنه لاشئ او بأنه شخص أكثر اهمية

\* هل يعتقد انه شخص عديم الفائدة او انه شخص مهم جدا

\* ماهي درجة ثقة الفرد بنفسه

## Psychiatric and Mental Health Nursing

### Mental Health Risk Assessment

<b>Name of the client:</b>			
<b>Date of Assessment:</b>		<b>Location of assessment:</b>	
<b>1. Risk of suicide or self-harm</b>	<b>Present</b>	<b>Past</b>	<b>None</b>
Minor self-harm without significant risk to health or life			
Suicide threats or gesture			
Serious planning of suicide			
Attempted suicide			
<b>2. Risk of harm to others: (including children, staff, and the public)</b>	<b>Present</b>	<b>Past</b>	<b>None</b>
Violence towards others- any predatory behavior with potential to abuse or offend			
Aggression without violence eg. Threats, verbal aggression			
Fantasies of violence expressed			
Known to possess dangerous weapon(s) eg. combat knife			
Arson/fire setting			
<b>3. Risk to self-neglect/exploitation/abuse by others:</b>	<b>Present</b>	<b>Past</b>	<b>None</b>
Self-neglect			
Inability to recognize hazards			
Difficulties with activities of daily living			
Vulnerable/ history of exploitation or abuse (financial/ sexual/ physical) `			
<b>4. Sexual risks</b>	<b>Present</b>	<b>Past</b>	<b>None</b>
Rape, indecent or sexual assault committed			
Sexual behaviour towards children			
Non-violent sexual offences eg. inappropriate sexual behaviour			
Fantasies of engaging in any of the above expressed			
<b>5. Substance/ alcohol misuse:</b>	<b>Present</b>	<b>Past</b>	<b>None</b>
Intravenous use			
Multi-drug use, including prescribed medication			
Psychiatric risks are seriously exacerbated by abuse of drugs or alcohol			

## Psychiatric and Mental Health Nursing

### Assigning Nursing Diagnoses (NANDA) to Client Behaviors

Following is a list of client behaviors and the NANDA nursing diagnoses that correspond to the behaviors and that may be used in planning care for the client exhibiting the specific behavioral symptoms:

Behaviors	NANDA Nursing Diagnoses
Aggression; hostility	Risk for injury; Risk for other-directed violence
Anorexia or refusal to eat	Imbalanced nutrition: Less than body Requirements
Anxious behavior	Anxiety (specify level)
Confusion; memory loss	Confusion, acute/chronic; Disturbed
Delusions	Disturbed thought processes
Denial of problems	Ineffective denial
Depressed mood or anger turned inward	Dysfunctional grieving
Detoxification; withdrawal from substances	Risk for injury
Difficulty making important life decision	Decisional conflict (specify)
Difficulty with interpersonal Relationships	Impaired social interaction
Disruption in capability to Perform usual responsibilities	Ineffective role performance
Dissociative behaviors (depersonalization; derealization )	Disturbed sensory perception (kinesthetic)
Expresses feelings of disgust about body or body part	Disturbed body image
Expresses lack of control over personal situation	Powerlessness

## Psychiatric and Mental Health Nursing

Flashbacks, nightmares, obsession with traumatic experience	Post-trauma syndrome
Hallucinations	Disturbed sensory perception (auditory; visual)
Highly critical of self or others	Low self-esteem (chronic; situational)
HIV-positive; altered immunity	Ineffective protection
Inability to meet basic needs	Self-care deficit (feeding; bathing/ hygiene; dressing/grooming; toileting)
Insomnia or hypersomnia	Disturbed sleep pattern
Loose associations or flight of ideas	Impaired verbal communication
Manic hyperactivity	Risk for injury
Manipulative behavior	Ineffective coping
Multiple personalities; gender identity disturbance	Disturbed personal identity
Orgasm, problems with; lack of sexual desire	Sexual dysfunction
Overeating, compulsive	Risk for imbalanced nutrition: More than body requirements
Phobias	Fear
Physical symptoms as coping Behavior	Ineffective coping
Projection of blame; rationalization of failures; denial of personal responsibility	Defensive coping
Ritualistic behaviors	Anxiety (severe); Ineffective coping
Seductive remarks; inappropriate sexual behaviors	Impaired social interaction

## Psychiatric and Mental Health Nursing

Self-mutilative behaviors	Self-mutilation; Risk for self-mutilation
Sexual behaviors (difficulty, limitations, or changes in; reported dissatisfaction)	Ineffective sexuality patterns
Stress from caring for chronically ill person	Caregiver role strain
Stress from locating to new environment	Relocation stress syndrome
Substance use as a coping behavior	Ineffective coping
Substance use (denies use is a problem)	Ineffective denial
Suicidal	Risk for suicide; Risk for self directed violence
Suspiciousness	Disturbed thought processes; Ineffective coping
Vomiting, excessive, self induced	Risk for deficient fluid volume
Withdrawn behavior	Social isolation

## Psychiatric and Mental Health Nursing

Side effect of Psychiatric drug	Nursing intervention
<p>Blurred vision, Dry mouth and lips, Constipation, Nasal congestion, Decreased libido and inhibition of ejaculation, Postural hypotension, Photosensitivity, Dermatitis, Impaired psychomotor functions, Drowsiness, Weight gain, Edema, irregular menstruation and decreased sex drive, Amenorrhea, and sedation and Extra pyramidal side effects or parknisonian - like symptoms.</p> <p>Other :-</p> <ol style="list-style-type: none"><li>1- Pseudo Parkinsonism Symptoms include; tremor, shuffling gait, Drooling, rigidity, and looseness of arm movements.</li><li>2- Akathisia, is a continuous restlessness, fidgeting and pacing beyond the conscious control of the client, clients will say things Such as, “I didn’t realize I was so active, “or I can’t stop, I have To keep going,</li><li>3- Akinesia: Muscular weakness and fatigue like symptoms.</li><li>4- Dystonia; include involuntary muscular movement, of the face, Arms, legs, and neck.</li><li>5- Oculogyric crisis: is a syndrome characterized by sudden onset of uncontrolled rolling back of the eyes.</li><li>6- Tardive dyskinesia: is characterized by bizarre facial and tongue movements, a stiff neck, and difficulty swallowing.</li></ol>	<ul style="list-style-type: none"><li>• Warn pt. To avoid activities that require alertness until CNS effects of the drug are known.</li><li>• Tell pt. to avoid alcohol.</li><li>• Have pt report urine retention or constipation.</li><li>• Tell pt. to use sun block and to wear protective clothing outdoors.</li><li>• Tell pt. to relieve dry mouth with sugarless gum or hard candy.</li></ul>

## Psychiatric and Mental Health Nursing

Dizziness, dry mouth, headaches, urticaria, nervousness, blurred vision, and mental confusion, rashes, fatigue, ataxia, genitourinary complaints, diplopia, palpitations, irritability, slurred speech, depression, and decreased blood pressure.

1-Warn pt. To avoid hazardous activities that require alertness or good psychomotor coordination until CNS effects of drug are known.

2-Tell pt. to avoid alcohol while taking this drug.

3-As a pre-medication before surgery, lorazepam provides substantial preoperative amnesia.

Hypertensive crisis is produced when the medication is taken in combination with tyramine rich foods. Which is signaled by the presence? Of a generalized or occipital headache, diaphoresis, increased restlessness, palpitations, pallor, chills, stiff neck, nausea, vomiting, muscle twitching, and chest pains.

1- Warn pt. to avoid foods high in tyramine or tryptophan and Large amounts of caffeine.

2- Tell pt. to avoid alcohol while taking drug.

3- To prevent dizziness resulting from orthostatic hypotension; tell pt. to get out of bed slowly, sitting up for 1 minute first.

4-Because MAOI may suppress angina pain, warn pt. to moderate activities and to avoid overexertion.

5- Advice pt. to consult his doctor before taking any other prescription or OTC medications.

6-Warn pt. not to stop drug suddenly.

Dry mouth, blurred vision, tachycardia, palpitations, constipation, urinary retention, drowsiness, decreased libido, weight gain, abnormal EEG.

1-Warn pt. to avoid hazardous activities requires alertness and good psychomotor coordination especially during titration. Day time sedation and dizziness may

## Psychiatric and Mental Health Nursing

occur.

2-Tell pt. to avoid alcohol while taking this drug.

3-Warn pt. not to withdraw drug suddenly.

4-To prevent photosensitivity reactions, advice pt. to use sun block, wear protective clothing, and avoid prolonged exposure to strong sunlight.

5-Tell pt. that dry mouth may be relived with sugarless hard candy or gum.

6- Advice pt. to consult his doctor before taking any other prescription, or OTC medications.

**Psychiatric and Mental Health Nursing**