**Maryland Next Gen NCLEX Test Bank Project**

**April 17, 2023**

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| **Case Study Topic and standalone bowtie** | PTSD | **Author:** | Amanda Willey, EdD, MSN, RN, CCHP, CM/DN  Donna Martin, MSN, RN, PMHNP-BC, CCM |

**Case Summary**

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| A 44-year-old male with a known diagnosis of PTSD is being seen at a Behavioral Health Urgent Care Clinic. He has an outpatient provider but has missed his previous 2 scheduled clinic appointments and 3 of his weekly group sessions. He has arrived today reporting difficulty sleeping, nightmares and increased irritability, stating he knows he needs assistance. |

**Objectives**

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| 1. Identify key symptoms in a client with worsening PTSD. 2. State assessment needs in clients with PTSD. 3. Address nursing interventions for clients experiencing exacerbation of PTSD. 4. Recognize client improvement in signs and symptoms with PTSD in the client. 5. Identify therapeutic communication strategies when working with clients with PTSD. |

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| **Case Study Link** | **Case Study QR Code** |
| <https://umaryland.az1.qualtrics.com/jfe/form/SV_bvjbC6yJNK8qVYG> |  |
| **Bow tie QR Code** | **Bow-tie Link** |
|  | <https://umaryland.az1.qualtrics.com/jfe/form/SV_exrN1CtcrrzfpUW> |

**Case References**

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| Boyle, P. E. & Delos-Reyes, C. M. (2015). *Trauma informed care: Screening & assessment.*  RPH Videoconference Series. [www.centerforebp.case.edu](http://www.centerforebp.case.edu)  Halter, M. J. (2022.). *Varcarolis’ foundations of psychiatric mental health nursing: A clinical approach* (7th ed.) Saunders Elsevier.  SAMHSA. (2015). *Trauma informed care and alternatives to seclusion and restraint*.  [www.samhsa.gov](http://www.samhsa.gov) |

**Case Study Question 1 of 6**

The nurse cares for a 44-year-old male with a known diagnosis of post-traumatic stress disorder (PTSD) in a behavioral health urgent care clinic.

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| **Phase Sheet** | | |
| **Name** | James Wheeler | | | | | | | **Gender** | | M |
| **Age** | 44 | | | **Weight** | | 162 lbs (73.5 kg) | | **Allergies** | | NKDA |
| **Preferred language** | | | | English | | | **Marital status** | | Married | |
| **Clinic Notes** | | |
| **1030/Initial Assessment:** Diagnosed with PTSD 5 years ago. Appears disheveled, anxious, and easily startled. Reports increased difficulty sleeping over the last month due to nightmares that cause him to wake up in a panic. Client lost his job two weeks ago due to missing too much time from work and he has not been able to get himself together enough to look for a new one. When he lost his job, he also lost his health insurance. He reports missing 2 scheduled clinic appointments and 3 of his weekly group sessions over the last month. Denies a history of self-harm. He states his wife is supportive, but has been upset with him because he has been so irritable, and he doesn’t blame her. Client states, “She would probably be better off if I wasn’t around.” | | | | | | | | | | |
| **Vital Signs** | | |
| Time | | 1030 | | |
| T ◦F ( ◦C) | | 97.8 F (36.6 C) | | |
| P | | 98 | | |
| RR | | 20 | | |
| B/P | | 138/90 | | |
| Pulse oximeter | | 97% (RA) | | |
| Pain | | Headache 7/10 | | |

The nurse has completed the initial assessment.

* Which 3 assessment findings are the **most** significant?
* Appears anxious
* Easily startled
* Disheveled appearance
* Difficulty sleeping\*
* Nightmares\*
* Recent loss of job
* States that his wife is better off without him\*
* Irritability

**Score 0/1**

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| --- |
| Rationale: The statement regarding his wife could indicate possible suicidal thoughts. Poor sleep will increase his risk of self-harm and nightmares are interfering with his sleep. Recent loss of job may have contributed to exacerbation of PTSD and appearing anxious, disheveled appearance, being irritable are other signs of PTSD but do not indicate an immediate safety risk. |

**Case Study Question 2 of 6**

The nurse cares for a 44-year-old male with a known diagnosis of post-traumatic stress disorder (PTSD) in a behavioral health urgent care clinic.

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| **Phase Sheet** | | |
| **Name** | James Wheeler | | | | | | | **Gender** | | M |
| **Age** | 44 | | | **Weight** | | 162 lbs (73.5 kg) | | **Allergies** | | NKDA |
| **Preferred language** | | | | English | | | **Marital status** | | Married | |
| **Clinic Notes** | | |
| **1030/Initial Assessment:** Diagnosed with PTSD 5 years ago. Appears disheveled, anxious, and easily startled. Reports increased difficulty sleeping over the last month due to nightmares that cause him to wake up in a panic. Client lost his job two weeks ago due to missing too much time from work and he has not been able to get himself together enough to look for a new one. When he lost his job, he also lost his health insurance. He reports missing 2 scheduled clinic appointments and 3 of his weekly group sessions over the last month. Denies a history of self-harm. He states his wife is supportive, but has been upset with him because he has been so irritable, and he doesn’t blame her. Client states, “She would probably be better off if I wasn’t around.” | | | | | | | | | | |
| **Vital Signs** | | |
| Time | | 1030 | | |
| T ◦F ( ◦C) | | 97.8 F (36.6 C) | | |
| P | | 98 | | |
| RR | | 20 | | |
| B/P | | 138/90 | | |
| Pulse oximeter | | 97% (RA) | | |
| Pain | | Headache 7/10 | | |

* For each client finding, click to specify if the finding is a safety risk factor or not a safety risk factor.

|  |  |  |
| --- | --- | --- |
| Assessment Finding | Risk Factor | Not Risk Factor |
| Client states “She would probably be better off if I wasn’t around.” | * X |  |
| No history of self harm |  | * X |
| Missed appointments | * X |  |
| Hypervigilance | * X |  |
| Relationship with spouse |  | * X |
| Seeking help at clinic |  | * X |
| Recent job loss | * X |  |
| Difficulty sleeping/nightmares | * X |  |
| Anergia | * X |  |

Note: Each row must have one selection.

**Score 0/1**

|  |
| --- |
| Rationale: Determining safety and suicide risks looks at risk and protective factors. Client reports recent losses (job, insurance), missed appointments (clinic, group), anergia (lack of energy), and passive suicidal comments. A supportive spouse, seeking assistance, and no history of self harm are protective factors. |

**Case Study Question 3 of 6**

The nurse cares for a 44-year-old male with a known diagnosis of post-traumatic stress disorder (PTSD) in a behavioral health urgent care clinic.

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| **Phase Sheet** | | |
| **Name** | James Wheeler | | | | | | | **Gender** | | M |
| **Age** | 44 | | | **Weight** | | 162 lbs (73.5 kg) | | **Allergies** | | NKDA |
| **Preferred language** | | | | English | | | **Marital status** | | Married | |
| **Clinic Notes** | | |
| **1030/Initial Assessment:** Diagnosed with PTSD 5 years ago. Appears disheveled, anxious, and easily startled. Reports increased difficulty sleeping over the last month due to nightmares that cause him to wake up in a panic. Client lost his job two weeks ago due to missing too much time from work and he has not been able to get himself together enough to look for a new one. When he lost his job, he also lost his health insurance. He reports missing 2 scheduled clinic appointments and 3 of his weekly group sessions over the last month. Denies a history of self-harm. He states his wife is supportive, but has been upset with him because he has been so irritable, and he doesn’t blame her. Client states, “She would probably be better off if I wasn’t around.”  **1100:** Suicide risk assessment completed. Client admits to fleeting, passive suicidal thoughts. “Sometimes I think it would be better if I went to bed and did not wake up, but I would never kill myself. I couldn’t do that to my family, plus I know God does not want me to do that.” No history of suicide attempts and client states, “I have been down before, but I have always gotten better.” | | | | | | | | | | |
| **Vital Signs** | | |
| Time | | 1030 | | |
| T ◦F ( ◦C) | | 97.8 F (36.6 C) | | |
| P | | 98 | | |
| RR | | 20 | | |
| B/P | | 138/90 | | |
| Pulse oximeter | | 97% (RA) | | |
| Pain | | Headache 7/10 | | |

The nurse reviews the updated clinic notes.

* What conclusion does the nurse make regarding the client’s suicide risk?
* He is at low risk for suicide \*
* He is at moderate risk of suicide
* He is at a high risk for suicide
* He is at no risk for suicide

**Score 0/1**

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| Rationale: Client has fleeting passive suicide ideation, denies plans and has hope that he will get better. Spiritual beliefs that God does not want him to take his life. These are indicative of low suicide risk. |

**Case Study Question 4 of 6**

The nurse cares for a 44-year-old male with a known diagnosis of post-traumatic stress disorder (PTSD) in a behavioral health urgent care clinic.

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| **Phase Sheet** | | |
| **Name** | James Wheeler | | | | | | | **Gender** | | M |
| **Age** | 44 | | | **Weight** | | 162 lbs (73.5 kg) | | **Allergies** | | NKDA |
| **Preferred language** | | | | English | | | **Marital status** | | Married | |
| **Clinic Notes** | | |
| **1030/Initial Assessment:** Diagnosed with PTSD 5 years ago. Appears disheveled, anxious, and easily startled. Reports increased difficulty sleeping over the last month due to nightmares that cause him to wake up in a panic. Client lost his job two weeks ago due to missing too much time from work and he has not been able to get himself together enough to look for a new one. When he lost his job, he also lost his health insurance. He reports missing 2 scheduled clinic appointments and 3 of his weekly group sessions over the last month. Denies a history of self-harm. He states his wife is supportive, but has been upset with him because he has been so irritable, and he doesn’t blame her. Client states, “She would probably be better off if I wasn’t around.”  **1100:** Suicide risk assessment completed. Client admits to fleeting, passive suicidal thoughts. “Sometimes I think it would be better if I went to bed and did not wake up, but I would never kill myself. I couldn’t do that to my family, plus I know God does not want me to do that.” No history of suicide attempts and client states, “I have been down before, but I have always gotten better.” | | | | | | | | | | |
| **Vital Signs** | | |
| Time | | 1030 | | |
| T ◦F ( ◦C) | | 97.8 F (36.6 C) | | |
| P | | 98 | | |
| RR | | 20 | | |
| B/P | | 138/90 | | |
| Pulse oximeter | | 97% (RA) | | |
| Pain | | Headache 7/10 | | |

* For each potential nursing or collaborative intervention, click to specify whether the intervention is appropriate or not appropriate to include in the plan of care.

|  |  |  |
| --- | --- | --- |
| Potential Intervention | Appropriate | Not Appropriate |
| Ask the client to describe their nightmares in detail |  | * X |
| Offer to help the client find a job |  | * X |
| Ask the client about medication history | * X |  |
| Place the client in a room away from loud noises | * X |  |
| Knock or alert the client before entering their space. | * X |  |
| Make sure his wife is not allowed to visit |  | * X |
| Arrange for a 1:1 sitter |  | * X |
| Contact emergency medical services |  | * X |
| Arrange for case manager to visit with client and family | * X |  |
| Assess social support system | * X |  |

Note: Each row must have one selection.

**Score 0/1**

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| --- |
| Rationale: The client should not be encouraged to discuss trauma in detail with the nurse because most nurses are not trained to help clients process trauma. A one-to-one sitter is not necessary due to being a low suicide risk. Obtaining a medication history is needed to document the client’s current treatment and assess for compliance. The client startles easily so a room away from loud noises and letting client know when you are approaching helps decrease anxiety. Family should not be restricted unless requested by client. It is not the job of the nurse to help the client find a job. |

**Case Study Question 5 of 6**

The nurse cares for a 44-year-old male with a known diagnosis of post-traumatic stress disorder (PTSD) in a behavioral health urgent care clinic.

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| --- | --- | --- |
| **Phase Sheet** | | |
| **Name** | James Wheeler | | | | | | | **Gender** | | M |
| **Age** | 44 | | | **Weight** | | 162 lbs (73.5 kg) | | **Allergies** | | NKDA |
| **Preferred language** | | | | English | | | **Marital status** | | Married | |
| **Clinic Notes** | | |
| **1030/Initial Assessment:** Diagnosed with PTSD 5 years ago. Appears disheveled, anxious, and easily startled. Reports increased difficulty sleeping over the last month due to nightmares that cause him to wake up in a panic. Client lost his job two weeks ago due to missing too much time from work and he has not been able to get himself together enough to look for a new one. When he lost his job, he also lost his health insurance. He reports missing 2 scheduled clinic appointments and 3 of his weekly group sessions over the last month. Denies a history of self-harm. He states his wife is supportive, but has been upset with him because he has been so irritable, and he doesn’t blame her. Client states, “She would probably be better off if I wasn’t around.”  **1100:** Suicide risk assessment completed. Client admits to fleeting, passive suicidal thoughts. “Sometimes I think it would be better if I went to bed and did not wake up, but I would never kill myself. I couldn’t do that to my family, plus I know God does not want me to do that.” No history of suicide attempts and client states, “I have been down before, but I have always gotten better.” | | | | | | | | | | |
| **Vital Signs** | | |
| Time | | 1030 | | |
| T ◦F ( ◦C) | | 97.8 F (36.6 C) | | |
| P | | 98 | | |
| RR | | 20 | | |
| B/P | | 138/90 | | |
| Pulse oximeter | | 97% (RA) | | |
| Pain | | Headache 7/10 | | |

The nurse uses therapeutic communication with the client.

* For each possible statement or question by the nurse, click to specify if it is therapeutic or not therapeutic to use in the conversation when providing care.

|  |  |  |
| --- | --- | --- |
| Interview | Therapeutic | Not Therapeutic |
| “Tell me what brought you here.” | * X |  |
| “Why aren’t you taking your medicine.” |  | * X |
| “I think you need to change your situation immediately.” |  | * X |
| “When was the last time you had your medication filled?” | * X |  |
| “Tell me more about what was happening when you missed your therapy appointments.” | * X |  |
| “I’m glad you came in today.” |  | * X |
| “Have you attempted to harm yourself in the past?” | * X |  |
| “What do you think will help you this time?” | * X |  |
| “Don’t worry about your job, many places are hiring now.” |  | * X |

Note: Each row must have one selection.

**Score 0/1**

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| --- |
| Rationale: Therapeutic techniques, including open-ended questions about the reason client is seeking care, exploring medication history and asking about appointments, assist in building rapport and identifying client needs. It is important to obtain information regarding past attempts at self-harm and ask client what he thinks can help. Asking a client why they are not taking medication can be perceived as judgmental and is non-therapeutic as does telling a client they need to change immediately. Telling the client you are glad they made a choice is the nontherapeutic technique of giving approval. It is also important that nurses do not minimize the client’s feelings about losing their job. |

**Case Study Question 6 of 6**

The nurse cares for a 44-year-old male with a known diagnosis of post-traumatic stress disorder (PTSD) in a behavioral health urgent care clinic.

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| **Vital Signs** | | |
| Time | | 1030 | | | 1200 | | | |
| T ◦F ( ◦C) | | 97.8 F (36.6 C) | | | 97.4 (36.3 C) | | | |
| P | | 98 | | | 80 | | | |
| RR | | 20 | | | 18 | | | |
| B/P | | 138/90 | | | 130/82 | | | |
| Pulse oximeter | | 97% (RA) | | | 98% (RA) | | | |
| Pain | | Headache 7/10 | | | Headache at 2/10 | | | |
| **Orders** | | |
| * Acetaminophen 650 mg PO now & prn headache/discomfort * Hydroxyzine 25 mg PO x 1 dose now * Hydroxyzine 25mg PO every 8 hours as needed for anxiety x 3 days * Refer to case manager for assistance with insurance and access to care | | | | | | | | | | | |

The nurse reassesses the client at 1230.

* Complete the following sentence by choosing from the list of options.

The nurse determines the client’s status is Select

Improving\*

Deteriorating

Unchanged

The nurse should now Select

Facilitate admission to the inpatient psychiatric unit Contact provider to schedule appointment for electroconvulsive therapy (ECT)

Discharge client with plan of care as discussed\*

**Score 0/1**

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| --- |
| Rationale: Client’s condition is improving due to self-report of feeling more relaxed and he is in agreement with treatment plan as discussed with case manager. Vital signs and headache have improved. He does meet the criteria for inpatient admission due to low suicide risk and is not a candidate for ECT but rather can be discharged safely. |

**Bow-Tie**

The nurse cares for a 44-year-old male with a known diagnosis of post-traumatic stress disorder (PTSD) in a behavioral health urgent care clinic.

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| --- | --- | --- |
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| **Vital Signs** | | |
| Time | | 1030 | | |
| T ◦F ( ◦C) | | 97.8 F (36.6 C) | | |
| P | | 98 | | |
| RR | | 20 | | |
| B/P | | 138/90 | | |
| Pulse oximeter | | 97% (RA) | | |
| Pain | | Headache 7/10 | | |

* Complete the diagram by dragging from the choices below to specify what condition the client is most likely experiencing, 2 actions the nurse should take to address that condition, and 2 parameters the nurse should follow up with in the outpatient clinic setting.

|  |  |  |
| --- | --- | --- |
| Action to take |  | Parameter to monitor |
|  | Condition most likely experiencing: |  |
| Action to take |  | Parameter to monitor |
|  |  |  |
| **Actions to take** | **Potential conditions** | **Parameters to monitor** |
| Assess willingness to attend marriage counseling | Suicidal thoughts | Appearance |
| Encourage daily exercise | Exacerbation of PTSD\* | Hours of sleep |
| Implement trauma-informed care framework\* | Retraumatization | Medication adherence\* |
| Teach  relaxation techniques\* | Medication misuse | Group session attendance\* |
| Teach  repression techniques |  | Urinalysis |

|  |
| --- |
| Rationale: Client has a known diagnosis of PTSD. Client presents with symptoms of increased anxiety, difficulty sleeping, and nightmares which are congruent with trauma. There is no mention of alcohol use, retraumatization, or misuse of medication. The client is not actively suicidal. Utilizing the trauma-informed care framework is best practice to encompass varying aspects of care. Relaxation techniques are also important to help manage anxiety with nonpharmacological means. Exercise and marriage counseling may be beneficial, but are not priority interventions. Repression is a defense mechanism and not appropriate here. The client has reported missing group appointments and has risk factors for decreased medication adherence, therefore these need to be monitored. When assessing sleep, it is not the hours of sleep but the quality of sleep and client response that is most helpful in evaluating success. Appearance and urinalysis are not directly related to trauma treatment. |