* Identify major characteristics of ADHD that A is presenting with. Give example of each.
* Inattention – fidgeting a lot.
* Distractibility – intrudes others in conversation.
* Hyperactivity – always on the run.
* Impulsivity – difficulty in waiting for his turn in activities.
* Describe possible reason/s for A’s misbehaviour.
* A’s mother is always busy and ignores A’s behaviour.
* Identify A’s priority nursing problem. Motivate the answer.
* Hyperactivity related to A always being on the run.
* Formulate a nursing objective for A’s priority nursing problem.
* To be able to sit still in one place.
* Describe B’s possible psychiatric condition.
* Autism spectrum disorder.
* Differentiate between A and B’s psychiatric conditions.
* A intrudes others in conversation and has difficulty in waiting for his turn in activities while his C repeats what others say and is withdrawn.
* A is always on the run while his sister is fascinated by spinning objects

|  |  |
| --- | --- |
| **Autism** | **ADHD** |
| * **(Onset)** During infancy or early childhood * Social skills impairment * Communication problem * Restricted, repetitive, stereotyped behavior al pattern. * Impairment in eye contact, facial expression & body posture * Failure to use gesture to communicate * Fidgets with feet & hands or squirm in seat | * **(Onset)**Before the age of 7 years * Poor attention span * Impulsivity * Hyperactivity * Distractibility * Fidgets with feet & hands or squirm in seat * Intrudes in other’s games inappropriately * Cannot organize talk * Run about or climbs inappropriately * Always on the go |

* Identify Mr T’s psychological problems/needs.
* Raised in a family that believe in eating large amount of food.
* Constant thought of food.
* Eating in discrete
* Feels embarrassed, very guilty after eating.
* Feels powerless to stop eating/ cannot control the eating.
* Prioritise Mr T’s psychological needs/problems.
* Constant thought of food.
* Eating in discrete
* Feels powerless to stop eating/ cannot control the eating.
* Feels embarrassed, very guilty after eating.
* Raised in a family that believe in eating large amount of food.
* Identify Ms T’s psychiatric condition and motivate your answer.
* Binge eating disorder as
* He has a desire and episodes of binge eating,
* Eating in discrete, cannot control his eating, eat even when he is not physically hungry and feels guilty after eating
* He has gained a lot of weight
* Formulate a nursing diagnosis for Ms T’s psychiatric condition.
* Imbalanced nutrition: more than body requirements related to inability to control the eating manifested by the user gaining weight.
* Formulate an objective for Ms T’s psychiatric condition.
* MHCU to be able to control his eating habits.
* Formulate D’s nursing diagnosis.
* Risk of injury related to increased hyperactivity manifested by D running around and climbing furniture.
* Formulate D’s nursing objective.
* To reduce the risk of injury related to hyperactivity.
* Formulate nursing intervention with specific reference to therapeutic group
* Do group therapy with the child for him to be able to express feelings.
* Encourage participation in group activities to be able to interact with other kids.
* Encourage the child to share feelings that makes him intrudes others.
* Give the child the opportunity to talk or voice out concerns.
* Be calm throughout the therapeutic group so that the children may learn from you.
* Describe the principles that a nurse would follow when implementing the nursing intervention above
* **Communication Principles**
* Be consistent and firm, but gentle.
* Give clear and simple eye instructions, repeat these three to four times if necessary, and maintain eye contact while doing so.
* Instructions or information should be exact, without qualifiers. Break down the information into small, easily assimilated sections.
* Give the child one task at a time and, if necessary, break it down into small, achievable steps.
* Help the child to perform/complete a task instead of criticizing him/her for failing to attempt it. Overt and implied pressure can increase the child’s anxiety and resistance to the intervention
* **Fantasy control**
* Childrenmay retreat into fantasy when they feel threatened or if they left alone. If this happens:
* Gently remind them where they are, and who you are
* Do not join in with the child’s fantasy or wait for him to finish the theme.
* **Structure**
* Establish and maintain a predictable environment. Maintain regular routines of eating, sleeping, playing and discipline.
* Maintain a calm and simple environment to promote attention and subsequent learning. E.g. the child should sit as near as possible to the nurse to reduce the possibility of being distracted by other children.
* Create a positive environment in which the child’s needs, abilities and self-esteem can be nurtured.
* Tell the child about any changes to the environment before they are made, including what they are, when they will happen.
* **Limit setting**
* Helps to provide structure and helps the child to feel safe because of the boundaries that are provided.
* Simply give the child rules and back them up rather than giving lectures.
* Use a few words a possible and keep instruction simple, focusing on one thing at a time.
* The goal is for the child to develop self-control and self-respect.
* Describe the effect of D’s behaviour on his social & occupational/school level of functioning
* Social functioning- D will have no friends or anyone to interacts with as he destructs other children.
* School level of functioning – D is inattentive as he climbs chair. Is destructive to other children who wants to learn. He cannot remain seated for a minute after being reprimanded and this led to D being expelled from school due to his unacceptable behaviour.

A pervasive pattern of instability of personal relationships, self-image and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five or more of the following:

1. Frantic efforts to avoid real or imagined abandonment as she is emotionally out of control by telling her friends that her parents are not taking care of her the way they should and how awful it is that she can’t become independent and live on her own.
2. A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealization by saying Greg is perfect and they are “madly in love.”
3. Impulsivity in at least two areas that are potentially self-damaging by having sex with strangers and substance abuse.
4. Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour as she scratched her wrist with a broken bottle in order to get Greg’s attention and believes that she is going to die.
5. Affective instability due to a marked reactivity mood as she wants to kill herself because her boyfriend is busy with exams and she thinks he doesn’t have time for her.
6. Chronic feelings of emptiness as she went to have sex with a stranger after her boyfriend denied to see her.
7. Inappropriate, intense anger or difficulty controlling anger as she scratched her wrist with a broken bottle due to anger.
8. She is manipulative towards her friends to do things for her.

G is a seven (7) year old girl who is admitted in the unit where you are working as a registered psychiatric nurse. Her parents report that he has been very tearful lately, complaining of headaches and stomach cramps whenever her mother leaves for work and thinks that her mother might not come back from work. She refuses to go to school stating that no one likes her at school because she is ugly. G sleeps a lot lately and she is not interested in activities that she used to enjoy.

* Identify G’s possible psychiatric conditions. Motivate the answer.
* Separation anxiety disorder- she is tearful and pretends to be sick when her mother leaves because she has an anxiety that she might not come back.
* Describe the principles that a nurse would apply during management of G’s nursing problems in the ward.
* **Communication Principles**
* Be consistent and firm, but gentle.
* Give clear and simple eye instructions, repeat these three to four times if necessary, and maintain eye contact while doing so.
* Instructions or information should be exact, without qualifiers. Break down the information into small, easily assimilated sections.
* Give the child one task at a time and, if necessary, break it down into small, achievable steps.
* Help the child to perform/complete a task instead of criticizing him/her for failing to attempt it.
* Overt and implied pressure can increase the child’s anxiety and resistance to the intervention
* **Structure**
* Establish and maintain a predictable environment. Maintain regular routines of eating, sleeping, playing and discipline.
* Maintain a calm and simple environment to promote attention and subsequent
* learning. E.g. the child should sit as near as possible to the nurse to reduce the possibility of being distracted by other children.
* Create a positive environment in which the child’s needs, abilities and self-esteem can be nurtured.
* Tell the child about any changes to the environment before they are made, including what they are, when they will happen.
* **Limit setting**
* Helps to provide structure and helps the child to feel
* safe because of the boundaries that are provided.
* Simply give the child rules and back them up rather than giving lectures.
* Use a few words a possible and keep instruction simple, focusing on one thing at a time.
* The goal is for the child to develop self-control and self-respect.
* Identify different treatment modalities a nurse could recommend for G. motivate the answer.
* **Psychotherapeutic:**
* Cognitive behavioural therapy or CBT- is a treatment approach that help children learn and understand and manage their fear. This also teaches children on coping skills that they can use when feeling anxious.
* **Pharmacological:**
* Ritalin
* Effective for calming the child down.
* It decreases impulsive behaviour.
* Anti-depressants are also helpful, e.g. Amitriptyline
* Tegretol- reduces the aggressive behaviour should the child become aggressive.
* Thioridazine-reduce anxiety.

**WRITTEN TESTS**

**Test 01**

The first test was written on the 24th of January 2020. The test included the following study units:

* + 1.1. Schizophrenia,
  + 1.3. Cognitive Disorders,
* 1.6. Intellectual Disability and
* 2. Neglect, Abuse and Substance Abuse.

The questions on the question paper were fair and I had insight on all of them as they were taught in class. I had challenges on formulating the nursing diagnosis of the user on the scenario as I was not sure of the qualifiers. But with the nursing interventions I excelled in it as it was a straight forward question, I answered it the way it was written in the book. I enjoyed the test as I studied and understood most of the questions that were asked and my marks also came out good.

**Test 02**

The second test was written on the 28th of August 2020. The test included the following study units:

* 1.2. personality Disorders,
* 1.4. Eating Disorders,
* 1.5. Disorders of the childhood and adolescence and
* 2. Neglect, Abuse and Substance abuse.

The question paper was fair. On the first question 1.1. I didn’t experience any difficulties but 1.2.1 was a match for me, it was a little bit tricky as I did not manage to cover some of the content while studying so I did not have a insight on what the question wants and all the possible answers on the multiple choice seemed correct to me, I was clueless. Question 2.1 was fair as I knew most of the answers and also question 2.2 was fair but the mark allocation was too much and unfair for that question as I only knew four points. And question 3 was also fair and straight forward.

**WRITTEN ASSIGNMENTS**

**Alzheimer’s**

The assignment was done and submitted during lockdown period. It was not easy doing group work on that period but we managed. We had very good marks on the assignment. We managed to get good marks on all the questions but we had a challenge in introduction and the advices and support to caregiver was not specified as we thought it was. The marking was good.

**Assignment 2. Neglect, substance abuse and abuse**

This content is done but not yet presented in class as it was postponed to October due to Covid 19 that has affected everything and the dates had to be changed in order to cover other things that were not covered.And the Covid 19 regulations did not allow group gatherings which made it difficult for our group to meet up and complete the task and to also do the video which will be presented in class.

**PERSONAL AND PROFESSIONAL GROWTH**

**The meaning of the concept caring in nursing**

* Commitment
* Nursing staff members must continually dedicate themselves to putting their best foot forward.
* The act of committing yourself to work means going above and beyond normally expected behaviours and pledging to uphold **strong values.**
* Conscience
* Delivering the best possible care to patients involves a resilient sense of moral responsibility born of a strong conscience.
* This helps guide your actions even when focus on stress or personal matters can challenge the consistent application of best practices.
* Competence
* Arriving to work on time and presenting yourself in a professional manner.
* Hold yourself to a high standard of excellence when fulfilling daily tasks, regardless of the behaviour of others or the circumstances.
* It is also important to ask for clarity when you don’t understand rather than moving forward if you are unsure.
* Compassion
* It takes a compassion to give patients a different experience.
* Empathise with patients and provide kind and considerate treatment at all times. In return they may receive an inspiring sense of human connection and affirmation of the importance of their work.

**My view in nursing management of MHCU’s with the ID.**

* The users in Cullinan care and rehabilitation centre needs constant observation as most of them are physically disabled which makes it difficult to walk, so they have the risk of falling.
* Need proper preparation of meals by fining them before they eat and observing them while eating to prevent choking as some of them swallow without chewing and some needs assistance with feeding as they are unable to feed themselves.
* Needs help with daily living activities such as personal hygiene and changing of nappies as some have urinary incontinence and poor bowel control.
* Some of the ID users are restricted on the chair to prevent falling as they can’t seat still as they make “back and forth” movements.
* Medication is given with food concurrently so that they swallow them once with food to prevent choking from the tablets.
* We did the stimulation programme of toilet training with the user and he learnt quickly as he had an idea of what the toilet was used for.
* I would recommend that the kitchen staff makes soft diet for all the users that are unable to chew rather than leaving it to the nursing staff to make it soft as it is time consuming especially when they are eating chicken breasts.
* The staff members in the ward should do more stimulation programmes with the users so that they learn to do things on their own.