{NGN} MENTAL HEALTH |ATI RN MENTAL HEALTH ACTUAL EXAM WITH NGN QUESTIONS AND CORRECT ANSWERS WITH RATIONALES 2023-2024 UPDATE ALREADY A GRADED

A nurse is admitting a patient with schizophrenia to an acute care setting. When the nurse questions the patient regarding their admission, the client states, "I'm red, in the head, and I'm going to bed!" The nurse should document the client's speech pattern as which of the following?

a. Clang association
b. Word salad
c. Neologism
d. Echolalia
a. Clang association

Rationale: The nurse should document that the patients speech uses clang associations which often rhyme or contain a string of words that can have a similar sound

b. In word salad, words are completely meaningless and disorganized.
c. Neologism consists of words that are made up by the patient
d. In echolalia, the patient repeats the words of another person
A nurse is assessing a patient who has schizophrenia. Which of the following findings should the nurse document as a negative symptom of this disorder?

a. Delusions
b. Neologisms
c. Anhedonia
d. Echopraxia
Anhedonia

Rationale:
Positive symptoms of schizophrenia usually appear suddenly and are alteration in behavior, perception, speech, and thought. Delusions, inability to think abstractly, neologisms (made up words), echolalia (repeating of someone else's words, motor agitation, and echopraxia (mimicking someone else's movements) are all positive symptoms of schizophrenia.

Negative symptoms of schizophrenia affect a person's ability to interact with others and are less dominant than positive symptoms. Negative symptoms develop over time.
Examples of negative symptoms include flat affect, anergia (lack of energy), anhedonia (inability to enjoy otherwise pleasurable activities), and thought blocking (inability to think, speak, or move in response to outside stimuli)
A nurse is delegating patient care tasks to a licensed practical nurse (LPN) and an assistive personnel. Which of the following tasks should the nurse assign to the LPN?

Change the dressing of a client who has borderline personality disorder and superficial self-inflicted wounds

Rationale: A patient who has borderline personality disorder is at risk for self-mutilation such as cutting, self-inflicted wounds, scratching or picking at wounds. It is within the LPNs scope of practice to change the dressing, cleanse the wound, and collect data regarding the healing of the wound.

A nurse is assessing a school-age child who has conduct disorder. Which of the following characteristics should the nurse expect the child to demonstrate?

a. Feelings of remorse
b. Extended periods of depression
c. Deficits in intellectual functioning
d. Aggression towards animals

d. Aggression toward animals

Rationale: The nurse should identify that aggression toward people and animals is an expected characteristic of a child who has conduct disorder

a. The nurse should identify that lack of remorse is an expected characteristic of a child who has conduct disorder

b. The nurse should identify that a child who has bipolar disorder is likely to have extended periods of depression. This is not an expected characteristic of a child who has conduct disorder

c. The nurse should identify that a child who has intellectual deficit disorder exhibits deficits in intellectual functioning, such as reasoning, abstract thinking, and academic ability. A deficit in intellectual functioning is not an expected characteristic of a child who has conduct disorder

A nurse in a mental health clinic is planning care for a client who has a new prescription for Olanzapine. Which of the following interventions should the nurse identify as the priority?

Instruct the client to avoid driving during initial therapy

Rationale: The greatest risk to the patient is injury resulting from drowsiness or dizziness. Therefore, the nurse's priority intervention is to instruct the patient to avoid activities that require mental alertness during initial medication therapy

A nurse is caring for a patient who has a history of substance use disorder and was involuntarily admitted to a mental health facility. When the nurse attempts to administer oral Lorazepam, the patient refuses to take the medication and becomes physically aggressive. Which of the following actions should the nurse take?

a. Do not administer the Lorazepam
b. Request a prescription for IV lorazepam
c. Request that another nurse attempt to administer the lorazepam
d. Place the lorazepam in the patient's food

a. Do not administer the Lorazepam

Rationale: Patients who are in a facility due to an involuntary admission retain the right to refuse treatment. Therefore, the nurse should hold the medication and document the patient's refusal

b. Requesting a prescription for and administering IV lorazepam violates the patient's right to refuse treatment
b. Requesting that another nurse administer the lorazepam violates the patient's right to refuse treatment
d. Placing the lorazepam in the patient's food violates the patient's right to refuse treatment
A nurse is caring for a patient who has schizophrenia and is experiencing psychosis. The nurse should identify that which of the following findings indicates a potential psychiatric emergency?

a. The patient is exhibiting echolalia
b. The patient reports command hallucinations
c. The patient reports loss of motivation
d. The patient is exhibiting blunted affect
b. The patient reports command hallucinations

Rationale: The nurse should identify that command hallucinations can indicate a potential psychiatric emergency for a patient who has schizophrenia. Command hallucinations can direct the patient to harm themselves or others.

a. The nurse should identify that echolalia, or the repeating of another's words, is an expected manifestation of schizophrenia
c. The nurse should identify that a loss of motivation, or avolition, is an expected manifestation of schizophrenia
A nurse is assessing a patient who has borderline personality disorder. Which of the following findings should the nurse expect?

a. Emotional lability
b. Self-sacrificing
c. Suspicious of others
d. Grandiosity
a. Emotional lability

Rationale: It is the rapid transition from one emotion to another and is a primary feature of borderline personality disorder. Patients who have BPD react to situations with emotional responses that are out of proportion to the circumstances.
While observing group therapy, a nurse recognizes that a patient is behaving in a way suggestive of dependent personality disorder. Which of the following behaviors is consistent with this condition?
The patient needs excessive external input to make everyday decisions

Rationale: patients who have dependent personality disorder need excessive input from others to make everyday decisions
A home health nurse is assessing an older adult patient whose sibling is the primary caregiver. Which of the following findings should the nurse identify as a possible indicator of neglect?

a. Increased confusion

b. Sleep disturbances
c. Cluttered environment
d. Inappropriate dress
d. Inappropriate dress

Rationale: Clothing that is soiled or not appropriate for weather conditions is a possible indicator of neglect

a. Increased confusion is an indicator of psychological abuse
b. Sleep disturbances are an indicator of psychological abuse
c. A cluttered environment is not an indicator of neglect
A nurse is establishing a therapeutic relationship with a patient who has antisocial personality disorder. Which of the following strategies should the nurse use when communicating with this client?
Set realistic limits on the clients behavior

Rationale: Patients who have antisocial personality disorder can seem to be in control of their behavior, but are manipulative and impulsive and can suddenly become aggressive and assaultive. The nurse should establish clear limits on specific aggressive and demanding behaviors.
A nurse in the emergency department is caring for a patient who has alcohol toxicity and is unresponsive. Which of the following interventions should the nurse take?
Gather supplies for endotracheal intubation

Rationale: The nurse should gather supplies for endotracheal intubation because an expected finding of an unresponsive patient who has alcohol toxicity is respiratory depression
A nurse is preparing to administer chlorpromazine 0.55 mg/kg PO to an adolescent who weighs 110 lb. Available is chlorpromazine syrup 10 mg/ 5 mL. How many mL should the nurse administer?

___mL
14mL

Rationale: 110lb/2.2kg **0.55mg/kg** 5ml/10mg = 14
A nurse is planning care for a patient experiencing acute mania. Which of the following interventions should the nurse include in the plan to promote sleep?
Encourage frequent rest periods throughout the day

Rationale: a patient experiencing acute mania is at risk for sleep disturbances and might go for extended periods of time without sleep. Encouraging periods of rest throughout the day can limit the risk of exhaustion.
A nurse is reviewing routine laboratory values for several patients who are taking lithium carbonate. Which of the following patients should the nurse assess further for findings indicating lithium toxicity?
A client who has a sodium level of 128 mEq/L

Rationale: A sodium level of 128 mEq/L should alert the nurse that the patient is at risk for lithium toxicity because renal excretion of lithium is decreased in the presence of low sodium levels

A nurse is admitting a female patient who has anorexia nervosa. Which of the following manifestations should the nurse expect during the admission assessment?

a. Diarrhea
b. Heavy Menstrual bleeding
c. Tachycardia
d. Orthostatic hypotension
d. Orthostatic hypotension

Rationale: Low weight, electrolyte imbalances, starvation, and dehydration can cause orthostatic hypotension

a. Constipation is a manifestation of anorexia nervosa. Decreased food and fluid intake cause constipation
b. Amenorrhea is a manifestation of anorexia nervosa. Low weight, decreased body fat, and poor nutrition cause amenorrhea
c. Bradycardia is a manifestation of anorexia nervosa. Starvation and dehydration cause cardiovascular abnormalities, including bradycardia

A nurse in a community health center is counseling a family of two parents and two children. Which of the following statements by a family member indicates manipulative behavior?
"If you do my homework for me, I won't bother you for the rest of the day."

Rationale: This is an example of manipulative behavior. It is an example of this when the family member uses a behavior to get what they desire rather than directly asking for what they want

A charge nurse is preparing an educational session for a group of newly licensed nurses to review patient rights under the law. Which of the following statements should the nurse make?
"In the event a patient threatens to harm others, medications can be administered without consent"

Rationale: The charge nurse should inform the participants that their primary commitment is to the patient and their priority is always to advocate for and protect their health and safety. During an emergency situation, if the patient is threatening harm themselves or others, medications can be administered without the patients consent or court order.

A patient who has paranoid schizophrenia is attending a treatment planning conference with a family member. During the discussion of the medication adherence portion of the plan, a nurse notices that the family member seems distracted. Which of the following actions should the nurse take?
Ask the family member is they have any thoughts or questions about the treatment plan

Rationale: This action involves the family member and allows them a venue to communicate about the patients medication treatment plan