NURSE PATIENT RELATIONSHIP

Definition

Stages

Components

Therapeutic and non therapeutic techniques

DEFINATION

- Is an agreement between the nurse and the patient to work together for the goal of the patient

STAGES OF NURSE-PATIENT RELATIONSHIP

- Pre orientation
- Orientation
- Working phase
- Termination phase

PRE ORIENTATION

- **Prepare your self**

➢ Mind

➢ Review the clients records

➢ Examine your thoughts

➢ Prepare the environment

ORIENTATION PHASE

- Create a rapport
- Set boundaries
- Reassure for patients confidentiality
- Set mutually goals
- Establish day ,time and duration

WORKING PHASE

- Collect data from the patient
- Education of the client
- Evaluation of the goals

TERMINATION PHASE

- Summaries the goals
- Discuss the problem
- Let the patient express the feellings about the termination
- Discuss the plans

COMPONENTS OF NURSE PATIENT RELATION SHIP

Trust;

- Its critical to the therapeutic relationship and you need to maintain it

Respect

Its to recognize that that every one deserves dignity, worth and uniqueness regardless of the social economic status

Professional intimacy

Nurse provides intimate care activities of their patients such as bathing

Empathy

Understanding and validating and confirming what the health care experience means to the patient

POWER

- the nurse has the authority and influence in the health care system

  i.e. access to confidential information so if the nurse misuses this

  power its considered abuse

THERAUPEUTIC COMMUNICATION TECHNIQUES

Board communication techniques

- Use of open ended questions
- Sharing observation i.e. you seem very sad today?

Clarification or validation

- Seek to understand

Reflexation

You pose a question back to the patient

TECHNIQUES CONTINUE

Offering self

- You assure the patient of your availability

Resetting

- You repeat what the patient said to confirm your understanding

Presenting reality

- You are correcting patients misconception

OTHERS

- Silence
- Eye contact
- Therapeutic tauch*

NON THERAPEUTIC

- False reassurance
- Passing judgment
- Giving advise
- Using closed ended questions
- Using the why question
- Biased question i.e. do you smoke?
- Changing the subject

TREATMENT MODALITIES

Effective treatment of persons with mental illness is not only by drugs but also use of non-pharmacological methods usually based on bio-psychosocial modal of management. These include;

- Electro-convulsive therapy
- Occupational therapy/recreation therapy
- Rehabilitation therapy
- Seclusion and physical restraint
- Traditional medicine/ complimentary medicine
- Psychotherapy /counseling
- Pharmacological / medicine

; Factors that influence the choice of health care include

- Community perception
- Accessibility
- Dissatisfaction
- Combined use
- Affordability

ELECTRO-CONVULSIVE THERAPY

- ECT was invented in Italy in the late 1930s, Psychiatrist had already discovered the that inducing seizures could relieve symptoms of mental illness. Before ECT, this was done with the use of chemicals, usually one called Metrazol.
- The first publication of ECT was given by Cerletti at the Medical Academy of Rome in May ,1938.ECT gradually gained acceptance for the treatment of Schizophrenia across Europe and by 1943 it had crossed the Atlantic and was being used in America.

- This is a medical procedure done under general anesthesia in which small electric currents are passed through the brain intentionally triggering a brief seizure.
- **Mode of action.** The actual mode is not known but it is believed to cause changes in brain chemistry that can quickly reverse symptoms of certain mental illnesses.

sy and experimental epilepsy.
ong series of experiments on animals.
etti (1877–1963) tries out ECT in 1938 on a patient
t to his department in an apparent confusional state.
bsequent use of ECT in clinics demonstrates
fectiveness of Cerletti's technique in the treatment
pression and manic-depressive disorders.

Indications;

- Severe depression with psychotic features
- Depressive stupor
- Agitated depression
- Resistant mania
- schizophrenia catatonic and excitement
- Agitation and Aggression
- Homicide and suicidal attempted behaviors

PREPARATION OF THE PATIENT BEFORE ECT

- Do a thorough psychiatric assessment
- Do a medical history
- Carry out physical exam
- Do ECG to r/o heart issues?
- Anesthesiologist review the patient to r/o risks
- Do not give any feed by mouth at least 6 hours before procedure.
- Seek consent from relatives and patient, health educating them on the pros and cons of the procedure.

Before procedure;

- Talk to the patient and reassure if possible.
- Take patient to theater.
- The anesthetist must be ready to give the anesthesia.
- Psychiatrist must be ready to carry out the procedure.
- Do a brief physical exam mainly the vitals.
- Put IV line for medication.

During the procedure;

- Let the patient lie on his back.
- Put mouth guard to prevent tongue and teeth injuries.
- Nurse place electrode pads on the patients temporal lobes.
- BP cuff is placed around the ankle to stop muscle relaxant medication from reaching the foot so as to effectively monitor the foot activity /convulsions.
- The anesthetist gives the medication.

- Psychiatrist operates the machine by passing electric current 3-5 seconds.
- Monitor vitals and oxygen in take using oxygen mask.
- The EEG records the electric activity in the brain it suddenly increase activity on seizure signal and it levels off when seizure is over.
- Orientate the patient and give a feed after the patient is fully conscious.
- **NB**. This treatment can be given 2-3 times in a week and a maximum of 12 doses though on seeing response u can stop before the 12 doses.

Contra indication;

- Pregnancy
- Elderly
- Patents with OBS
- Patients with epilepsy
- **Risks / side effects;**
- Confusion
- Memory loss (recent memory).
- Physical complications e.g. nausea and vomiting, headache ,muscle pain
- Medication side effects e.g. Increased BP, heart rate etc.

OCCUPATIONAL THERAPY or RECREATIONAL THERAPY

- This is a process of engaging the patient in social activities in order to occupy the patients mind, reactivate the previous skills or acquire new skills for patient's survival. It offers the following activities;
- Creating and following productive daily schedules.
- Taking care of personal hygiene.
- Managing one's own health.
- Organizing and following medications.

- Social interactions.
- Planning and cooking health meals.
- Managing budget and finance.
- Making decisions.
- Income generating projects.
- Recreational activities like music, football, drummer etc.
- It is usually carried out by occupational therapists and nurses who monitor patient’s progress and later give a report.

PSYCHOTHERAPY/COUNSELING

- This is commonly known as talk therapy. This is a process of talking with a person who has a problem in a way of helping him express his emotions explore all aspects of the issue and be able to get a solution so as to better his wellbeing.

Aims of psychotherapy;

- Understanding the behavior, emotions and ideas that contribute to the illness and learn how to modify them.
- Understand and identify root cause of the problem and get an everlasting solution.
- Regain a sense of control, pleasure in life.
- Learn problem and health coping skills.

Types of counseling

There are broadly divided into the following;

- Individual counselling; focus is on one person.
- Group counselling; two or more people sharing a common problem.
- Marital /couple counseling; helping spouses understand their loves ones with mental illnesses.
- Family; it is a key part that involves all members to help their loved one to get better.

Common approaches/ psychotherapies used in mental health

Psychodynamic therapy;

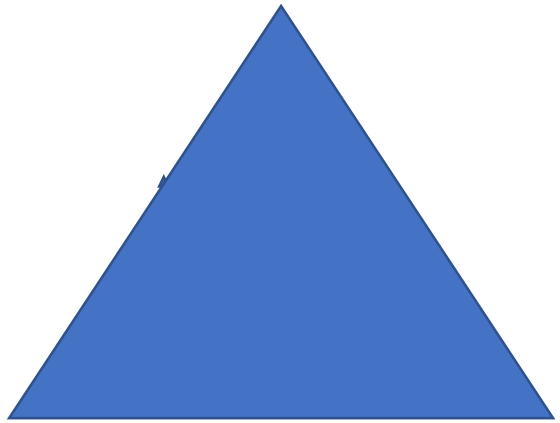
- It is believed that a person is having emotional problems because of unresolved, unconscious conflicts steaming from childhood. Therapy is focused on resolving those conflicts in the past in order a person to be better.

Cognitive behavior therapy;

- This identifies changes in inaccurate (negative) perception/thinking that an individual may be holding to themselves and the world around. Therapy focuses on establishing new ways of thinking by directing attention to both negative /wrong to positive / right perception. Common in depression anxiety disorders.

Cognitive Cycle

Perception/ Thinking



Attitude

Behavior

EXAMPLES OF NEGATIVE THINKING

- Am a failure
- Am going to die

The person is projecting the worst possible outcome

POSITIVE RATIONAL THINKING

- I will pass
- Am going to live
- I will deal with that

Areas where its applied

- Depression
- Anxiety
- Personality disorders
- Substance use disorder

RELAXATION TECHNIQUES

- deep bathing in

- Meditations(you are focusing on a ward)

BEHAVORAL THERAPY

- These are innovations that are aimed at decreasing or eliminating maladapted behavior

Stages

- Reinforcement positive reinforcement for a good out come

Modelling

Imitating others

Aversion; negative stimuli is paired with undesired behavior e.g. Antabuse (DISULFIRM)

TECHNIQUES CONTINUE

Systematic desensitization

- People make a list of their fears and they learn to relax while concentrating on these fears starting with the least feared to the most feared

Flooding

- This process involve exposing people to fear intensely and rapidly
- Its often used to treat phobias

GROUP THERAPY

- People are gathered for socialization
- Emotional support
- Phase

➢**Orientional phase**

Self introduction

Purpose of the group

Rules

confidentiality

PHASE CONTINUE

- **Working phase**
- Educate
- Give experiences
- **Termination phase**
- Loss of some members
- **NB**

patients interact with each other in a meaningful way

REHABILITATION THERAPY

- This is the process of restoring community functioning and wellbeing of an individual diagnosed with a mental illness. Its major activates are mainly carried out at the community and patient's families.

Advantages

- It focuses on person's environment and ability to make use of it to facilitate improvement.
- Encourage independent living and social life skills`
- Vocational rehabilitation and employment

- Social support network.
- Advocacy for the rights of the mentally ill.
- Fight stigma and discrimination.
- Psycho-education
- It is usually carried out by; psychiatric social workers, community nurses.

SECLUSION AND PHYSICAL RESTRAINT

- This is an emergency form of treatment given to a violent and aggressive patient who has failed to calm down after using other interventions.
- The main aim is to protect the patient from harm, harming others as well as the property around.
- The following must be done;

- Keep calm
- Organize man power urgently never approach a violent and aggressive patient alone.
- Talk to the patient to find out cause and try to calm him down letting him know if he does not physical force will be used.
- Using MAPA skills or bed sheet physically restrain the patient with minimal force to avoid harm.
- Use chemical sedation if patient does not respond the seclusion is done in an empty side room when patient is naked to avoid self-injuries.
- Fill the seclusion form and monitor patient every 5 minutes.
- When sedation takes effect remove the patient from seclusion and let him sleep on open dormitory.
- When a patient wakes up orientate the patient about details of what happened and warn him against such behaviors.

TRADITIONAL MEDICINE /COMPLEMENTALY MEDICINE

- Over 80% of the population in African countries go to traditional healers for their health problems and 40% of these have mental health problems (Abbo Catherine 2001). These include the following;
- **Herbalists;** these are healers who use plants and their roots or animal products these are applied through scarification, steam bath, or mixed with minerals.
- **Diviners/ spiritualists;** these group of healers consult spirits to identify cause of sickness so they control or removal evil spirits.
- **Faith healers;** these are healers who recite verse from the Bible or Quran and achieve spiritual healing.
- **Witchcraft and evil spirits;** these use magical powers or evil spirits (charms) these believe that supernatural forces are responsible for their condition.

Role of traditional healers

- Treat common mental disorders in the community.
- Conduct counselling
- Treat psychosocial problems.
- Facilitate early referrals, monitoring and follow ups.
- Healthy education to the public.
- De-stigmatize mental disorders.
- Mobilization by virtue of respect society has for them.

CLASSIFICATION OF DRUGS USED IN PSYCHIATRY

- **CLASSIFICATION OF DRUGS;**
- Anti-psychotics
- Anti-depressants
- Anti-convulsants.
- Benzo diazepam’s
- Anxiolytics
- Mood stabilizer
- Anti- cholinergic drugs

ANTI PSYCHOTICS

- Drugs used to treat psychosis.ie, they reduce psychotic symptoms like, hallucinations, delusions and disorganized thinking.
- They are divided into two i.e. typical and a typical anti-psychotic

TYPICAL ANTI-PSYCHOTICS. (old)

- Chlorpromazine (largactil).
- Haloperidol i.e. Haldol decamocate (long acting)
- Trifluoperazine (stelazine)
- Flupenthixol (long acting)

ATYPICAL ANTI – PSYCHOTICS

- Risperidone
- Olanzapine
- Sertindole
- **MODE OF ACTION.**
- They block dopamine receptors in the brain so that it is released in less amount.

SIDE EFFECTS

- **Akathisia** i.e. un controllable restlessness.
- Therefore, reduce the dose or stop the drug.
- **Anticholinergic effects** i.e. drug mouth, blurred vision, feeling barged up (feels cannot pass stool, difficult in passing urine.
- **Drowsiness** i.e. feel sleepy.
- Weight gain due to increased appetite.
- Raised prolactin
- Breast tenderness in men.
- Oculogyric crisis i.e. affects the eye i.e. rolling.
- Dystonic reaction (dystonia). It's a neurological disorder that causes involuntary muscle spasms and twisting of the limbs.
- Tardive dyskinesia i.e. impairment of control over ordinary muscle movement (implement of muscle movement).

UN- COMMON/RARE SIDE EFFECTS

- Hypertension
- Palpitations
- Sexual dysfunction
- Photo sensitivity
- Skin rashes.

ANTI – DEPRESSANTS

- Drugs used to treat depressive illness.
- **MODE OF ACTION**
- They work by balancing chemicals at affect mood and emotion i.e.

  Serotonin. They improve your mood and help you to sleep better

CLASSIFICATION.

- **Selective serotonin reuptake inhibitors(SSRI)**
- They are the mostly prescribed type of antidepressants as they have less side effects.
- They work by preventing/inhibiting the absorption of the transmitters
- Examples are
- fluoxetine
- Sertraline

serotonin-noradrenaline reuptake inhibitors(SNRIS)

EXAMPLES:

- Duloxetine
- Venlafaxine

Tricyclic anti-depressants.(old)

- Used to treat anxiety panic disorders, sleep disorders, anxiety compulsive disorder.
- **Examples**.
- Amity tine (trytizol)
- Imipramine

- **Monoamine oxide inhibiters(old)**
- Phenalzine
- **SIDE EFFECTS.**
- Anti-cholinergic effects like dry mouth, blurred vision.
- Drowsiness
- Increase appetite which leads to weight gain.

UN COMMON

- Headache
- Nausea
- Palpitation
- Sweating
- Tremors
- Sexual dysfunction.

MOOD STABILIZERS

- Lithium carbonate
- carbamazepine
- sodium valproate
- clozapine
- Verapamil.

INDICATIONS.

- Acute mania
- Bipolar (manic depressive disorder).
- Schizoid affective disorders.
- Resistant depression
- **CONTRA INDICATION.**
- Pregnancy
- Breast feeding
- Renal impairment
- Cardiac condition

BENZO DIAZEPINES

- They are also used as,
- Anxiolytics
- Hypnotics (sleeping pills)
- Minor tranquilizers.
- Examples.
- Diazepam
- Chlordiazepoxide
- Clonazepam
- Nitiazepam

SIDE EFFECTS.

- Ataxia (un-controlled muscle movements)
- Dizziness
- Drowsiness

CLASS OF DRUG	SUB-CLASS	EXAMPLES	MODE AVAILABLE	MENTAL DISORDER	TARGET SYMPTOMS	COMMENT
Antidepressants	Tricyclic Antidepressant	Imipramine Amitriptyline (laroxyl)	Tabs of 25mgs, od, bd Tabs of 25mgs, nocte	Major depression, enuresis	Sadness ,loss of interest, suicidal behaviors	2-3wks to see results, available
	Selective serotonin re-uptake inhibitors (SSRIs)	Fluoxetine Sertraline	Caps of 20mgs ,mane Tabs 50 mg, mane	Major depression, anxiety disorders	Sadness, loss of interest, suicidal behaviors	Quick effects, available
Antipsychotics / Neuroleptics /typical	Phenothiazine's	Chlorpromazine (largactil) Trifluoperazine (Stelazine) Fluphenazine	Tabs / inj of 25mgs, 100mgs, od,bd,tds Tabs of 5mgs, od,bd tds I/m 25mg (depot) 3-4 weeks	Psychotic disorders	Hallucinations, delusions, irrational behavior	Sedative, avoid us in OBS, EPSEs never give it IV EPSEs EPSEs
	Butyro-phenones	Haloperidal Haldol-decanoate	Tabs /I/M of 5mgs,10mgs I/M ,3-4 weeks			EPSEs, preferred in OBS EPSEs
	Thio-xantines	Flupentixol	Tabs			EPSE
Atypical-antipsychotics		Risperidone Olanzapine Quatiapine	Tab 1mg,od ,bd Tabs of 5mg,10 mg, od,bd Tabs of 50mg,100mg ,od,bd			No EPSEs, cause weight gain No ESPSEs, weight gain
		ClopixolAcuphase	I/M of 50mgs once in	Psychotic disorders	Hallucinations,dellusions	Used in acute

		ClopixolAcuphase	**I/M of 50mgs once in 72hours**	**Psychotic disorders**	**Hallucinations,dellusions ,irrational behaviors eg violence and aggression**	**Used in acute symptoms**
		Clopixol-depot	I/M of 200mg 2-4 Weeks			Used as maintenance RX
		Fluaxol-depot	I/M of 20mg 3-4 weeks	Psychotic features, depression		
Mood stabilizers	Lithium	Lithium carbonate	Tabs of 100mg,300mg,250mg, od, bd	Bipolar affective disorder	Manic symptoms which alternate with depressive symptoms	Available, do LFTs, RFTs, TFTs, r/O pregnancy. routine blood lithium levels
	Anticonvulsants	Carbamazepine (Tegretol)	Tabs of 200mgs,od,bd	Bipolar affective disorders, Epilepsy, migraines	Manic symptoms which alternate with depressive symptoms. Seizures	Skin rush/ burns, avoid use in pregnancy
		Sodium Valproate (Epilim)	Tabs of 300mg, 500mg, od, bd	Bipolar affective disorders, Epilepsy,		
		Larmotrigen	Tabs of 50mgs, 100mgs, od bd			
Other anticonvulsants	Anticonvulsants	Phenytoin (Epanutine)	Tabs of 5omg 100mg IV 100mgs	Epilepsy	GTCS, status epileptic us	Gum-hypertrophy, depletion of folic
		Phenobarbitan	Tabs 25mgs od bd tds	Epilepsy, EPSEs,	GTCS, status epileptic us,	Avoid in children (Akathesia)
Ant-anxiety drugs	Benzodiazepines	Diazepam (valium)	Inj/Tabs,5mg,10mg PRN	Anxiety disorders, sleep disorders, Status epileptic us	Irrational fear, agitation	Highly addictive
		Clonazeparm	Tabs 1mg			
Antparkinisoniam drugs	EPSEs controllers	Benzohexol (Artane)	Tabs,2mg,5mg, PRN	EPSEs		Prolonged use can cause parkinsonian syndrome
		Phenargan	Tabs /IM 25mgs PRM	EPSEs		sedation
		Tetrabenazine	Tabs 100mgs	EPSEs		

ADMISSION AND DISCHARGE OF PATIENTS

- Civil patients are admitted under MTA(mental treatment act) which was passed in 1964 in a parliament to replace the MTO(mental treatment ordinance) which was passed in 1938
- Reasons why the act was passed
- To safe guard pple of unsound mind from the public
- To protect the public from the mentally ill
- To authorize the mental hospital to detain ,give treatment and discharge

ORDERS OF ADMISSION

1. **Urgency order section 7 of the MTA 1964**

It is signed for quick removal of a patient to the hospital. Its signed by any of the following;

- Medical practitioner who is licensed
- Police officer not below the rank of asst inspector of police
- A gazette chief whose name appears in government book i.e. Lc1,III,V

This order remains in force for 10 days, if the patient has not recovered its not renewed so another is signed.

TEMPORARY DETENTION ORDER SECTION 3 MTA 1964

- It is signed by magistrate after obtaining information from any two persons who know the patient better e.g. relatives, doctors or ward in charge.
- The order can be an initial order following expiry of urgency order and its renewed for another 14 days the its not renewed again

RECEPTION ORDER SECTION 5 OF MTA

- its signed by a magistrate before he signs, he appoints 2 medical officers who are not related to the patient neither related to each other
- the medical officers do examine the patient separately ,the magistrate examines the two reports.the reception order canbe renewed every after three years

VOLUNTARY ORDER

- The patient seeks for admission and treatment after noticing abnormalities with him self. The patient is free to leave the hospital at any time provided he has given notice for 72hours to the doctors and nurses. This applies to some body who has ever been sick before.

DISCHARGE OF CIVIL PATIENTS

- **Section 18**

This concerns with discharge of a patient that has improved, and is discharged with treatment.

Section 19

A doctor discharges a patient under the request of relatives. A written letter of request for discharge is signed by the relatives

- **Section 20**

A paying patient or private patient is discharged under this section

Section 21

The doctor discharges the patient on trial leave to see if the patient can fit in community and should come back with in the period of trail leave

Section 22

In case a patient escapes this section covers the patient and heath workers. The patient be re admitted if he comes back with in 28 days

- **Section 23**
- Discharge of patient of sound mind who has been detained in the mental hospital. The magistrate finds out the patient is of a sound mind and discharges him home through a medical report
- **Section 36**
- Is the transfer of the mentally ill patient from one hospital to another with in the same country
- Or
- Transfer of the mentally ill to another country

- **Section 38**

- Transfer of a foreigner who is mentally ill from a hospital to his or her own country(home country)

ADMISSION AND DISCHARGE OF THE CRIMINAL PATIENTS

- There are two acts which deal with admission criminal patients

1. Penal code act chapter 106 of the MTA1964

2. Criminal procedure act chapter 107 of the MTA 1964

REMAND PATIENT

- Is any accused person charged with offence but suspected to be of un sound mind while under going court proceedings.
- They are admitted to mental hospital by the magistrate for observation, investigation, and not for treatment and they are accompanied by remand warrant signed by the magistrate or judge for fixed date or open date of appearing in court.
- a medical report stating whether the patient is capable or incapable of the pending guilty

Remand patients continue

- if the patient is capable is sentenced straight away
- if the patient is incapable is brought back to the mental hospital as class B patient

CLASS A PATIENTS

- these are prisoners who develop mental disorders while serving sentences in prison. they are transferred to mental hospital on the following orders signed by the magistrate
- **temporally detention or reception order**

this confirms the patient is mentally ill

- **warrant of commitment on the sentence of imprisonment**
- this indicates the offences committed
- **warrant slip**
- this indicates when the sentence expires

DISCHARGE OF CLASS A PATIENTS

- If the ppt recovers when his sentence has not expired, he is transferred back to prison to finish his sentence
- If the ppt improves and his sentence has expired he discharged home under section 18 of the MTA
- if the sentence has expired but the patient is mentally ill he is cancelled from the criminal register and he is transferred to the civil hospital on civil orders

CLASS B PATIENTS

- These are pts admitted from court and they are unable to defend himself of the criminal proceedings because he is mentally ill.
- They are admitted to mental hospital under the following orders;
- Warrant of detention (of the accused) incapable of making his defense due to insanity
- Its signed by the ministry of justice or attorney general and it can also be signed by the judge or magistrate who tries the case pending to the ministers order

DISCHARGE OF CLASS B

- when the has recovered a medical officer makes a certificate of mental fitness to plead and takes it to the director of public persecution(DPP)
- the patient is collected and taken to court to defend him self and if found guilty then taken to prison to serve his sentence
- if found not guilty for reasons of insanity and he is admitted as class c patients

CLASS C PATIENT

- patients commit a crime for reasons related to insanity. He is for treatment and retention and accompanied by the ministers warrant of retention and admitted reception order.
- This patient can be detained in hospital for life or can be taken to prison or discharged home by the minister of justice.