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UNIVERSITY OF THE PHILIPPINES MANILA
The Health Sciences Center

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CLINICAL SIMULATION STUDENT GUIDE
Nursing Care of Clients with Problems in Psychosocial Adjustment and Adaptation

Section I: Demographics

Scenario Title: Managing a patient in acute psychiatric emergency: Mania

Case Number: UPCN N108-2024-001

Simulated Patient Name: Rodriguez, Martha B.

Simulated Patient Age: 28 years old

Sex: Female

Developer/s: Julienne Ivan Soberano, MISW, MSN, RN
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Section II: Curricular Information

Target Learner Groups

Fourth-year (senior) BS Nursing students enrolled in the N108 course (Nursing Care of Clients with Problems in Psychosocial Adaptation/Adjustment).

Simulation Process

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Simulation on Handling Difficult Behavior of Patient with Bipolar Affective Disorder (BAD)

During the simulation, at least 4 to 5 students will be included in a group. The group will identify one student as the Psychiatric Emergency Response Team, three students as staff nurses and members of the team, and one observer.

Learner Objectives

At the end of the simulation, the learners will be able to:

1. Perform de-escalation techniques including verbal and non-verbal strategies
2. Employ safe physical handling techniques for an aggressive patient.
3. Perform safe mechanical and chemical restraint.
4. Write proper and complete documentation in the mock EMR

Learner Pre-simulation Activities

1. Attend lecture-discussion on therapeutic communication, psychiatric assessment, and management during psychiatric emergency.
2. Attend laboratory sessions on safe patient handling during Psychiatric Emergency
3. Participate in self-awareness sessions.
4. Review mock electronic medical records (M-EMR).
5. [Trigger warning disclosure form](#) signed.

Learner Post-simulation Activities

Review of the recorded psychiatric emergency response

Group Feedback

Evaluation of the Simulation Activity

Setup

<u>Simulator / Scenario / Files:</u>	The patient's chart found at UPCN N108 MOCK-EMR Website		
<u>Simulator to Use:</u>	None		
<u>Equipment and Supplies:</u>			<u>QUANTITY</u>
	1. Psychiatric Emergency Medication: Haloperidol 5mg/ml per vialMI 2. 2 syringe 2ml 3. 1 bottle of Alcohol 4. Cotton balls 5. 1 set of restraint straps		

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	6. 1 Body strap 7. Computer (For EMR)		
<u>Patient to Use in Computer:</u>	None		
<u>Supporting Files, Documents, etc.:</u>	<ul style="list-style-type: none"> ● Mock-EMR ● Student Simulation Activity Guide 		
<u>Initial Simulator Setup:</u>	Clinical Setting: <ul style="list-style-type: none"> ● Bed ● Restraint straps ● Body strap ● Computer or tablet for Mock-EMR 		
<u>Additional Setup / Environment:</u>	Notice to the college administration and cascade to the faculty the ongoing simulation as it might cause some disturbances due to loud voices from the simulated patient.		
	<u>SUPPLIES</u>		<u>QUANTITY</u>
	None		

Prebrief

Welcome to N108: Managing a Patient in Acute Psychiatric Emergency – Mania Simulation. During our lecture, we discussed the stages of aggression, de-escalation techniques, and handling psychiatric emergencies. The objective of this simulation is to enable you to:

1. Perform de-escalation techniques, including verbal and non-verbal strategies.
2. Employ safe physical handling techniques for aggressive patients.
3. Execute safe mechanical and chemical restraint.

Before beginning the simulation, please confirm if you have completed all the pre-simulation activities. I will give you 5 minutes to review the EMR that can be accessed through this computer. After that, we will begin with the simulation proper. You have 20 minutes to complete this simulation. Some data may not be available in the EMR, but a ‘voice of God’ will provide the necessary details. Remember to verbalize your interventions. This is a simulation, therefore, a willing suspension of disbelief is expected from you.

To enhance feedback, video recording will capture the entire simulation process and we will review the video as I provide feedback in real-time. Please note that the recording of the simulation will not be interrupted. Aside from enhancing our feedback, the recorded video may

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Simulation on Handling Difficult Behavior of Patient with Bipolar Affective Disorder (BAD)

be used for academic, research, or promotional purposes in the institution's official newsletter or website.

Remember, this is a safe learning environment. Feedback and debriefing will follow the simulation.

Video/Photo Release: Photos and videos will be taken throughout the simulation process, taking into consideration that the simulation will not be interrupted. These photos shall be part of the institution's (UPCN) documentation and may be used in the college's official newsletter and/or website for whatever purpose these may serve (academic, research, advertisement, etc).

Standardized Patient: The faculty explains the features of the simulated patient.

Debriefing: Debriefing will be conducted by the faculty at the end of each group simulation.

Question from Learners: Inquiries and concerns of the learners shall be entertained and responded to accordingly by the course coordinator and/or simulation case developer.

Scenario Information

Summary plot of the scenario

You are a nurse working in an inpatient psychiatric unit. Today you are assigned to Pt. Martha, a 28-year-old woman diagnosed with Bipolar Affective Disorder, was admitted during the night shift. Martha has a history of being excessively cheerful, laughing loudly, and making grandiose plans. You received the patient pacing around the ward and unable to sit still. During the outgoing nurse's endorsement, it was reported that she hadn't slept for three days before admission. She is noted with flight of ideas, and rapid speech, and easily gets irritated when others try to calm her down.

Embedded Simulated Person (ESP) Profile

Simulated Patient Name:	Rodriguez, Martha B.
Simulated Patient Age:	28
Sex:	Female
Gender Identity	Female
Nationality	Filipino
Socioeconomic Status	Low income
Religion	Atheist
Attire	Bright red dress

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1. Flight of Ideas:
 - Flight of ideas refers to a rapid flow of thoughts expressed through abrupt changes in conversation topics. It often occurs in conditions like bipolar disorder or schizophrenia. Individuals experiencing a flight of ideas may jump from one idea to another without clear connections
2. Labile Affect:
 - Labile affect involves unpredictable and uncontrollable mood swings. People with labile affect may display inappropriate emotions in specific situations. For example, laughing or smiling during a funeral or job interview. It's associated with mental health conditions like bipolar disorder, schizophrenia, and borderline personality disorder
3. Grandiose Beliefs:
 - Grandiosity refers to an inflated sense of one's value, importance, and abilities. Individuals with grandiose beliefs may consider themselves superior, exceptionally talented, or destined for greatness. It can be a symptom of severe personality disturbance or mental illness
4. Perceptual Disturbances:
 - Perceptual disturbances occur when there is a disruption in perception. This can be a hallucination or delusion.
 - a. Hallucination- an experience in which an individual perceives something that is not present in reality. It can involve seeing, hearing, feeling, or smelling things that do not exist
 - b. Delusion- a fixed false belief or judgment about external reality that persists despite clear evidence to the contrary
5. Poor Insight:
 - Poor insight, also known as lack of insight, refers to an individual's limited awareness of their mental illness. They may not recognize that their behavior or thought process is inconsistent with reality.
6. Bipolar Affective Disorder:
 - Bipolar affective disorder (also known as bipolar disorder) is a mood disorder characterized by alternating episodes of mania (elevated mood, excessive energy) and depression (low mood, loss of interest).
7. Physically Restraint:
 - Physical restraint refers to the use of physical force or devices (such as straps or cuffs) to restrict a person's movement. It is often employed in emergencies to prevent harm to the individual or others.
8. Chemically Restraint:
 - Chemical restraint involves using medications (sedatives or antipsychotics) to manage a person's behavior, especially in situations where physical restraint is not feasible or safe. It aims to calm or control agitation.

9. SBAR Endorsement:

- SBAR stands for Situation, Background, Assessment, and Recommendation. It is a structured communication technique commonly used in healthcare settings for effective handoffs, reporting, and sharing critical information about a patient's condition.

10. Psychiatric Emergency Team:

- A psychiatric emergency team (also known as a crisis intervention team) consists of mental health professionals who respond to urgent mental health crises in the community. They assess, stabilize, and provide appropriate care for individuals
Which techniques or strategies helped in keeping the patient engaged during the conversation?

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