NR548 Exam Three Week 6 Review

- The mental status exam (MSE) is the best tool for establishing a psychiatric diagnosis. The MSE includes a combination of observations, impressions, and the interpretation of client responses and is analogous to the physical exam in the formulation of an accurate diagnosis. Components of the mental status exam include:

  • appearance
  • behavior
  • speech
  • mood
  • affect
  • thought process
  • thought content
  • cognition
  • insight/judgment

- Mood can be difficult to document. Stable is a good descriptor for someone whose mood is appropriate to their current situation. Other words used to describe mood may include bright, happy, angry, agitated, irritable, labile, anxious, depressed, or euphoric.
- Documentation used to describe levels of awareness includes terms such as alert and oriented, somnolent, drowsy, or even comatose.
- An individual who presents with an extremely rapid and pressured speech with constant interruptions may be experiencing hypomania or mania.
- Mood is the client's state of mind or prevalent emotional state. Mood is typically self-reported.
- Affect is the physical manifestation of the client's emotional state as observed by the provider. Examples of affect descriptors include normal, blunted, bizarre, dysphoric, or euphoric.
- Describing Affect:
  - **Stability**- Is the client's affect stable or labile?
  - **Appropriateness of affect**- Is appropriateness Is the client's affect appropriate for the content discussed?
  - **Range**- Is there a change in affect when describing different situations?
  - **Intensity**- Is there a change in facial expressions or is affect blunted or flat?
- The **Wilson Rapid Approximate Intelligence Test** is a straightforward indicator of mental reasoning. It comprises a series of multiplications by two, starting with 2 x 3 =? then 2 x 6 =?, 2 x 12 =? and so forth until an error is made or the subject reaches 2 x 6144.
- **Attention and concentration** are measured through observation of responses during the interview. Can the client stay on topic? Are they able to focus and respond to questions?
- **Judgment** is the ability to anticipate the consequences of their behavior and safeguard their well-being. Judgment may be measured with a standard question but should be assessed throughout the entire interview.
- **Mini-Cognition (Mini-Cog)** exam can be used to determine memory deficit. The Mini-Cog exam is commonly used to help rule out significant cognitive issues. The Mini-Cog© score range is from 0-5 and is obtained from adding the 3-item recall and clock drawing scores together.
- **Cultural competence** is critical when assessing clients for a psychiatric diagnosis. The psychiatric mental health nurse practitioner (PMHNP) must be aware of culture-specific behaviors or traditions that may be misinterpreted as psychiatric symptoms. Lack of awareness of the norms of other cultures may lead to an
  incorrect diagnosis and unnecessary or incorrect treatment.
- **Screening for suicidal and homicidal ideations** is an ethical obligation of the PMHNP and is essential for protecting oneself, the client, and the public.
  - The more detailed and thorough the plan, the higher the risk. It is important to assess whether the plan is composed of fleeting thoughts rather than action steps and whether the client is angry and lashing out or intending to bring actual harm.
  - To find out if the client is having suicidal thinking, what is an important question to ask? And how would you ask it? Try this scenario. Q: "Have you ever had any thoughts of hurting yourself