

NR607 FINAL EXAM

LAST-MINUTE REVIEW SHEET

UNIVERSAL SEQUENCE: 1) Immediate danger/medical instability 2) Stabilize 3) Rule out medical, substance, and medication causes 4) Choose least restrictive safe care 5) Preserve autonomy when capacity is intact 6) Document.

1. Safety, Emergencies & Legal Priorities

Suicide / violence: what changes disposition

- High/imminent risk: plan + intent + means, recent attempt/preparation, command hallucinations, intoxication/agitation, escalating violence, weapon access, inability to maintain safety. Do not leave alone; remove hazards; emergency evaluation/inpatient care.
- Low/nonimminent risk: collaborative safety plan, lethal-means counseling, supports/crisis contacts, and rapid follow-up. A “no-suicide contract” is not a substitute.
- Prior attempt predicts future attempt; prior violence predicts future violence. Ask directly and behaviorally.
- IPV: screen privately; assess escalation, threats to kill, stalking, weapons, forced sex, strangulation, children/dependents, and safe destination. Respect survivor autonomy.

RED FLAG: Nonfatal strangulation may cause delayed airway, vascular, neurologic, or brain injury even without visible marks—and predicts future lethal violence.

De-escalation and restrictive interventions

- One calm spokesperson; personal space; clear short sentences; validate emotion; reduce stimulation; offer realistic choices, food/water, quiet space, and voluntary medication; set respectful limits.
- Avoid cornering, unexpected touch, crowding, shaming, arguing with delusions, threats, or matching the patient’s volume.
- Restraint/seclusion = last-resort emergency protection only, never punishment/convenience. Least restrictive method, shortest time, required order, continuous/recurrent monitoring, stop as soon as criteria resolve, debrief and document.

Capacity, commitment, and care level

Concept	Exam rule
Capacity	Clinical, decision-specific, potentially fluctuating: choice, understanding, appreciation, reasoning.
Competence	Legal status determined by a court—not by the PMHNP.
Involuntary care	Usually danger to self/others or grave disability due to mental illness; mental illness or refusal alone is insufficient.
Level of care	Inpatient = imminent danger/grave disability/24-hour stabilization. PHP = safe home nightly, 6-8 hr/day. IOP = safe home, 6-12 hr/week. Outpatient = low acute risk/reliable follow-up.

EXAM TRAP: Psychosis, involuntary admission, or treatment refusal does not automatically prove incapacity.