NR607 Final Exam — Weeks 1–7 Master Study Tables

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WEEK 1 — PMHNP Role, Ethics & Psychiatric Hospitalization

TOPIC	WHAT YOU NEED TO KNOW	EXAM CLUE / M
Therapeutic relationship	Use empathy, respect, collaboration, therapeutic boundaries, honesty, confidentiality, and patient autonomy. Use open-ended questions, reflection, clarification, and validation.	**TRUST:** Therapeutic com Understand, Safety, Trust
Responding to delusions	Do not argue with or reinforce a delusion. Acknowledge the patient's emotion and gently present reality.	**Validate the feeling—not**
Psychiatric emergency	Acute disturbance causing danger to self/others, inability to maintain safety, or severe medical/psychiatric instability.	**SAFE:** Suicide/self-harm, care for self, Emergency
Emergency priority	Address immediate safety and medical instability before long-term psychiatric treatment.	**Safety → Medical stabili evaluation → Disposition**
Suicide assessment	Assess ideation, plan, means/access, preparation and intent. Also previous attempts, substances, hopelessness, psychosis, command hallucinations and protective factors.	**IPMP:** Ideation, Plan, Me
High suicide risk	Specific plan + intent + access to means + preparation = high risk requiring immediate safety intervention.	**Plan + Intent + Means =**
Protective factors	Social/family support, children/dependents, spirituality, future orientation, treatment engagement, coping skills, restricted lethal means.	Protective factors **reduce** serious risk.
Nonsuicidal self-injury	Cutting, burning, scratching, etc., without intent to die. Still perform suicide assessment.	**Self-harm ≠ automatical ALWAYS assess suicide**
Primary inpatient goal	Acute psychiatric hospitalization primarily provides **safety and stabilization**, followed by treatment/discharge planning.	**SAFE → STABILIZE —**
Admission indications	Danger to self, danger to others, grave disability/inability to care for basic needs, severe psychosis/mania or need for intensive stabilization.	**DANGER:** Danger, Aggr stabilization, Gravely disa deterioration, Requires inp
Voluntary admission	Patient agrees to hospitalization. Preferred when safe and clinically appropriate because it preserves autonomy.	Least restrictive approach

Involuntary admission	Used when legal criteria are met and patient refuses needed hospitalization, typically involving danger to self/others or grave disability.	**Mental illness alone ≠ co**
Psychiatric hold	Temporary emergency detention for evaluation/stabilization when statutory criteria are satisfied.	**DIG:** Danger to self, Imm others, Grave disability
Capacity	Clinical determination of ability to make a specific healthcare decision. Can fluctuate and is decision-specific.	**UARC:** Understand, App Communicate
Competence	Legal determination generally made by a court.	**Capacity = clinical; com**
Bad decision	A patient may make a decision the clinician dislikes and still have capacity.	**Bad decision ≠ incapacit**
Informed consent	Requires adequate information, understanding, capacity, voluntariness, and authorization. Discuss risks, benefits, alternatives and consequences of refusal.	**CUVD:** Capacity, Unders Decision
Refusal of treatment	A capable adult generally has the right to refuse treatment. Exceptions may include emergencies, incapacity or court-authorized treatment.	Respect autonomy unless
Civil commitment	Legal process for involuntary detention/treatment when statutory criteria are met and less restrictive alternatives are inadequate.	Diagnosis alone is insuffic
Patient rights	Dignity, privacy, confidentiality, information, participation, least restrictive care and freedom from unnecessary restraint/seclusion.	Psychiatric diagnosis does
Seclusion	Involuntary isolation from which the patient cannot leave. Used for immediate dangerous behavior when less restrictive interventions fail/are inadequate.	Never punishment or staff
Restraints	Last-resort intervention for immediate serious danger. Use shortest duration possible and monitor carefully.	**LAST:** Least restrictive fi Shortest duration, Thorou
Before restraint	Calm communication, decrease stimulation, respect space, listen, offer choices, set limits, voluntary medication when appropriate.	**CALM:** Calm environme Make choices
Restraint monitoring	Monitor ABCs, circulation, vital signs, LOC, skin, hydration, elimination, ROM, psychological status and ongoing necessity.	Remove **as soon as safe**.
Confidentiality	Generally protected but may have exceptions for serious safety concerns, abuse reporting, court requirements and other legal mandates.	Safety can override confic criteria are met.
Duty to warn/protect	Serious threats toward identifiable victims may require protective action depending on applicable law.	Threat + identifiable victi
Ethical principles	Autonomy = patient chooses; Beneficence = do good; Nonmaleficence = avoid harm; Justice = fairness; Fidelity = keep commitments;	**ABNJ:** Autonomy, Benef Justice

	Veracity = truth.	

WEEK 2 — Psychiatric Emergencies

TOPIC	WHAT YOU NEED TO KNOW	EXAM C
Emergency priority	Address safety, ABCs, medical causes, then psychiatric treatment.	**SAFETY TREAT**
Rule out medical causes	Hypoxia, hypoglycemia, infection, head injury, seizure, intoxication/withdrawal, medication toxicity and delirium can mimic psychiatric illness.	Sudden be consider **m**
Environmental safety	Remove weapons, sharps, ligatures and dangerous medications; use appropriate observation.	**WLMS:** W Medicatio
Aggression warning signs	Pacing, loud/agitated speech, clenched fists, escalating threats, restlessness, staring and invading space.	**PACER**
Violence risk	Previous violence is an important predictor; also consider threats, substances, weapons, paranoia, command hallucinations and impulsivity.	**Past viole**
AEIO	Assess Aggression, Escape/elopement, Injury/self-harm, and risk involving Others according to your course framework.	**A-E-I-O**
De-escalation	Calm voice, space, listening/validation, choices, reduce stimulation and avoid confrontation.	**CALM**
Avoid during escalation	Do not argue, threaten, corner, unexpectedly touch or challenge delusions.	Don't ente
Intervention hierarchy	Verbal de-escalation → environmental modification → choices/voluntary medication → emergency medication → restraint/seclusion when required for immediate danger.	**Least rest**
Suicide	Assess ideation, plan, means and preparation/intent.	**IPMP**
High suicide risk	Specific plan + intent + available means/access = major emergency concern.	Safety take
Self-harm	Treat injury and assess suicide risk even when patient denies intent to die. DBT is important for recurrent self-harm/emotional dysregulation.	**NSSI still assessmen**
Lithium toxicity	N/V/D, coarse tremor and weakness → ataxia, slurred speech/confusion → seizures/coma in severe toxicity.	**GI → NE**
Lithium interactions	NSAIDs, ACE-I/ARBs and thiazides may increase lithium levels. Dehydration, sodium depletion and renal impairment also increase risk.	**Lithium l WATER.**
Suspected lithium	Hold lithium, obtain urgent medical evaluation, lithium level, renal	**Diarrhea**