

# Case study johanna

Business



Johanna began to carry a gun to protect itself against the neighbors, who she thought were out to kill her. When she started to fire the gun into the trees, her husband got a court order to have Johanna committed for treatment.

Case study: Two deputies, one male and one female, and her husband have brought Johanna to the hospital to be admitted. The nurse does an assessment on Johanna and discovers Johanna has been on responder (Airspeeds) liquid, Valparaiso acid pocket, and ventilation (Offshore CAR). The psychiatrist orders these medications to be continued.

At first the nurse is unable to get Johanna to sign consent forms to take her medication, but after a few days, she does sign the forms. By this time, her pregnancy test has come back negative, and she is started back on her usual medication.

The nurse finds Johanna to be somewhat tangential with loose associations. When the nurse assigns Johanna to attend a medication class, she refuses. When asked to interpret a proverb, she refuses. Johanna begins to talk about her food being poisoned and being "King" of the hospital. She claims to have subjects to take care of the food and those who try to poison it.

Johanna tells the nurse that she has been hospitalized eight times previously on another mental health unit.

The nurse sends a signed release of information form to the designated facility requesting copies of Johannes latest psychosocial assessment, treatment plan, and discharge summary. The requested information reveals that Johannes discharge diagnoses at the facility was specification disorder,

bipolar type. After three weeks on medication, Johanna no longer seems to have hallucinations and delusions. The psychiatrist is ready to discharge Johanna, but her Depredate level comes back low.

A nurse discovers Johanna to be checking her morning dose and sometimes her evening dose of Depredate and has been putting the medication in a pair of shoes. Nonhuman Hansen nurse and envelope with \$200 and the words “Thank- you nurse” Mitten on the outside.

About this time the nurse notices that Johanna has suddenly become hyperbolic, hyperactive, intrusive, and sexually suggestive to peers and staff. Questions \*What is Schizoaffective disorder . 7 What are the diagnostic criteria? According to NAME, schizoaffective disorder resembles both schizophrenia and a serious mood (affective) disorder.

The person who has this disorder will experience delusions, hallucinations, other symptoms that are characteristic of schizophrenia and significant disturbances in their mood (Ductwork, K. & Freedman, J. L.

, 2012). The diagnostic criteria for this disorder are outlined in the DSM-IV-TR. According to this, “ people who experience more than two weeks of psychotic symptoms in the absence of severe mood disturbances – and then have symptoms of either depression or bipolar disorder – may have schizoaffective disorder” (Ductwork, K. & Freedman, J. L. , 2012).

This disorder is thought to be a mix between bipolar disorder and schizophrenia. Do Johanna symptoms match those of schizoaffective disorder, and if so, how? Rethink symptoms that Johanna has that match those of

specification disorder are the following: depressive symptoms including disturbed sleep and depressed mood; manic symptoms including increased energy, decreased sleep, hyperbolic, and increased impulsive behaviors; and delusions. According to NAME, depressive symptoms, manic symptoms, delusions, and hallucinations are all symptoms of specification disorder (Ductwork, K. & Freedman, J. L. , 2012).

\*On what basis do you think Johanna was court committed?

Nonhuman was court committed on the basis that she was mentally ill and that as a result of her mental illness she posed a real and present threat of substantial harm to self and/or others (The Treatment Advocacy Center, 2011). Johanna was a threat to herself or others for the fact that she had a firearm and was firing it into a tree and using it to protect herself from her neighbors. \*Why was Johanna medication delayed, why did the nurse not start it on admission? According to Mossy; s Drug Guide for Nursing Students, both Airspeeds and Offshore CAR are category C pregnancy risk, meaning that the risk cannot be ruled out.

Depredate is category D pregnancy risk, meaning that there is positive evidence of risk Kidders-Roth, L. , 2013, 930, 1081, 1092). According to the same text, category C medications are “ only given after risks to the fetus are considered” and category D medications have “ definite fetal risks” (Kidders-Roth, L.

, 2013, 1198). The nurse may have delayed the medications for Johanna until the results from the pregnancy test came back and also because Johanna refused to sign the consent form to take her medications. Why does the <https://assignbuster.com/case-study-johanna/>

nurse asked Johanna to interpret a proverb? According to Haynes, Arsenic, Dougherty, and Althea, “ asking a patient to interpret proverbs is a traditional method to assessing abstract thinking ability’ Some common proverbs that are used include “ The grass is greener on the other side”, “ Don’t count your chicken’s before they hatch”, “ People who live in glass houses shouldn’t throw stones”, and “ A rolling stone gathers no moss” (Mental Status Examination, 10). \*\*www. Brown.

Du Johanna have hallucinations and/or delusions? What makes you think so?

Delusion: “ a persistent false psychotic belief regarding the self of persons or objects outside the self that is maintained despite indisputable evidence to the contrary’ (Merriam-Webster Online Dictionary, 2014). Hallucination: “ something such as an image, a sound, or a smell) that seems real but does not really exist and that is usually caused by mental illness or the effect of a drug” (Merriam-Webster Online Dictionary, 2014). According to these definitions, I would say that Johanna suffers from delusions. She believes that her neighbors are out to kill her despite the obvious fact that they are not.

She doesn’t seem to suffer from an image, sound, or smell that seems real but doesn’t actually exist.

What is age of onset, the male to female ratio, and the prevalence of specification disorder? According to NAME, specification disorder affects about 1 in 100 people. ‘ Specification disorder appears to have a broad age of onset in adults” (Abram, Rajas, ; Raciness, 2008). Out of 900 people diagnosed with this disorder, about one third developed the condition between the ages of 25-35, one third developed it prior to age 25, and one

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third developed it after age 35 (Abram, Rajas, ; Raciness, 2008). The broad range of age of onset can be attributed to this condition being similar to tooth schizophrenia, which has a younger age of onset, and bipolar disorder, which has a later age of onset. According to Abram, Rajas, and Raciness, about two thirds of persons with this disorder are female (2008).

So this disorder occurs more In females. \*Discuss the current theories of ideology, treatment, and prognosis of specification disorder. According to Mayo Clinic, “ people with specification disorder generally respond best to a combination of medications and counseling” (2014).

The medications that are prescribed for these patients relieve psychotic symptoms, stabilize mood, and treat depression. The only medication that is currently approved by the FDA for the treatment of specification disorder is palindrome (Invite), an antispasmodic drug (Mayo Clinic, 2014).

The medications that are used include antispasmodics (palindrome, collation, responding, alienation, and wallpapered), mood-stabilizing medications (lithium, divisional, carbonized, and palpitate), and antidepressants (Catalonian, Florentine, and systematical).

The two types of psychotherapy used are psychotherapy and counseling to help create plans, solve problems, and maintain relationships or Tamil or group therapy to help Witt social isolation (Mayo Clinic, 014). According to the National Institutes of Health, “ people with specification disorder have a greater chance of going back to their previous level of function than do people with most other psychotic disorders. However, long-term treatment is

often needed, and results can vary from person to person” (Rouge, T. , 2013).

As a nurse, what would you identify as the most important problems for Johanna at this time? Johannes most important problems at this time include her not taking her medications appropriately and her current impulsive behaviors of being hyperbolic, hyperactive, intrusive, and sexually suggestive to peers and staff. These behaviors suggest that Johanna is not ready to be discharged from the mental hospital. What goals and interventions do you suggest for Johanna for the problems you identified under question 9 ?

Since there is no cure for this disorder, recovery shouldn't be the focus of the treatment plan. The main goal is long-term treatment that is both holistic and stable. Having stable social support and a good treatment network will increase the likelihood that Johanna will be compliant with medication regimen. One intervention to do with Johanna would be to make sure that she is actually taking her medications.

At the same time, it would be important to reiterate to her that taking her medication will help her to get better and to get out of the hospital.

Another intervention would be to work with Johanna in developing her interpersonal skills to help her develop healthy relationships with others and her family. \*What are the possible explanations for Johanna giving the nurse an envelope with money in it? How would you respond to this gift offer if you were a nurse? The best explanation of this behavior is that it is related to Johannes manic symptoms. One part of manic or mood symptoms is an

increase in impulsive behaviors such as gambling or spending large amounts of money (Ductwork, K. Freedman, J. L.

, 2012). Johanna is being extravagant with money; she is overgenerous in her thanks to the nurse. As the nurse in this situation, I would try to avoid direct confrontation with the patient. Directly confronting the patient about the inappropriateness of the gift may make her defensive and aggressive. I would try to focus on the good intent of the gift and try to make Johanna understand that her thanks is all that is required and money is not necessary in this situation.