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- Nursing care plans are made easy by the 5-step nursing process organizational format

And...

- Essential concepts are highlighted (boldface and italics)
- Acronyms and mnemonics (memory aids) help retention
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- You will find this NurseNotes Series a different way to learn and review

About the Author/Editor:
Sally Lambert Lagerquist, RN, MS

is founder and president of Review for Nurses, Inc. and Review for Nurses Tapes Co. of San Francisco, California. She is the author and editor of five ATI NurseNotes titles, the ATI How to Pass Nursing Exams book, and a series of audio, DVD/CD-ROM, and video exam reviews. She has lectured nationwide at RN licensure review courses since 1976 and has been a faculty member at the University of California, San Francisco, School of Nursing where she also obtained her degree. Sally is a charter member of Sigma Theta Tau.

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Psychiatric-Mental Health

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Includes “Study and Memory Aids” & “Test Taking Tips”

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NurseNotes
Psychiatric-Mental Health
Core Content At-A-Glance

Author/Editor:
Sally Lambert Lagerquist, RN, MS
Former Instructor in Undergraduate and Graduate Programs
and Continuing Education in Nursing
University of California, San Francisco, School of Nursing;
President, Review for Nurses, Inc., and RN Tapes Company,
San Francisco, California

Contributor to Selected Sections:
Mary St. Jonn Seed, RN, PhD
Associate Professor, Department of Community Mental Health,
University of San Francisco, School of Nursing,
San Francisco, California
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Chapter 8. Sleep Disturbances and Eating Disorders

Summary of Key Points

Care of a Client with a Sleep Pattern Disturbance (Dyssomnia)

1. Be aware of medications that may affect sleep.
2. Make environment conducive for uninterrupted 90-min sleep cycles.
3. There are other sleep-related disturbances: bruxism, enuresis, narcolepsy, sleep apnea, somnambulation.

Care of a Client with an Eating Disorder

1. Identify eating disorder: use of laxatives and cathartics; poor tooth enamel and many decayed teeth, red fingers and hands; preoccupation with appearance.
2. Commonality between anorexia, bulimia, and binge eating disorder is a feeling of loss of control and low self-esteem.
3. Differences between anorexia and bulimia
   - Anorexia nervosa: intense fear of becoming fat; weight is 20% less than original body weight. No known physical illness; body image disturbance.
   - Bulimia nervosa: cycle of binge-purge. Depression follows binge; fear of not being able to stop eating voluntarily; awareness of abnormal eating pattern.
   - Binge eating disorder: binge eating without purging; obese weight; consumes large amounts of food in a 2-hour period for at least twice a week over a 6-month period; experiences feeling: uncomfortably full, disgusted, depressed and guilty after binging; low self-esteem; feels lack of control over eating.

4. Goals
   - Treatment of choice: behavior modification program, with rewards when weight is gained; firm, consistent approach.
   - Limited exercise (based on weight lost or gained).
   - 1:1 observation until control over behavior is regained (i.e., no longer: refuses to eat, overexercises, or has binge-purges).

5. Interventions
   - Encourage expression of feelings (especially angry and negative feelings).
   - Encourage independent decision-making, to promote feelings of control.
   - Weigh daily (use same scales immediately on rising and after first void—as a short-term goal).
   - Offer positive reinforcement for improvements in eating behaviors.
   - Do not discuss food or eating after a plan is developed by client and dietitian.
   - Build self-esteem.

Study and Memory Aid

Anorexia Nervosa—Clinical Features: “A2NOREXI3C2”

- Adolescent woman
- Amenorrhea
- Nutritional deficits
- Obsession: with need to lose weight, with fear of becoming fat
- Refusal to eat → 10% mortality
- Electrolyte abnormality (hypokalemia)
- Excessive exercise
- Induced vomiting; Intelligence above average
- Cardiac arrhythmias related to hypokalemia resulting from starvation and possible cathartic and diuretic abuse


Glossary

Eating Disorders

amenorrhea  After menarche, woman misses at least three consecutive menstrual periods; before menarche, menstrual cycle is delayed.

anorexia nervosa  A mental disorder that is characterized by eating disorder and body image disturbance, in which an individual who is not obese has a self-perception of obesity and an intense, pathologic fear of being fat; characterized by denial of current low body weight, refusal to eat, or excessive dieting and emaciation. No loss of appetite occurs until the late stages of the disease.

binge eating  Rapid consumption of large amounts of food in a short period of time with feeling of lack of control during binge episode.