Achievable

NCLEX-RN DUMP SHEET

# Mental health: defenses, crisis, and mood

## Defense mechanisms

- **Denial** refuses reality · **displacement** shifts emotion to a safer target · **projection** attributes one's feelings to others · **rationalization** justifies with logic · **regression** reverts to childlike behavior · **reaction formation** acts the opposite of true feeling · **compensation** emphasizes a strength · **sublimation** channels impulses constructively · **intellectualization** hides in facts
- **Suppression is conscious; repression is unconscious**
- **Sublimation is adaptive.** Regression in a hospitalized adult signals significant stress. Denial protects short-term, harms long-term
- **Common pairings** — splitting/borderline · projection/paranoid · rationalization/antisocial · regression/dependent · grandiosity/narcissistic

## Mood disorders

- **Depression** — persistent sadness, **anhedonia**, fatigue, sleep and appetite change, poor concentration, worthlessness or guilt, psychomotor slowing, suicidal ideation
- **Mania** — elevated or irritable mood, **decreased need for sleep**, pressured speech, flight of ideas, distractibility, **grandiosity**, risky behavior, poor judgment
- **Mania nursing care** — safety first, clear consistent limits, reduce stimuli, calm firm voice, **avoid power struggles**, **high-calorie finger foods**, monitor sleep and hydration. **Teaching is ineffective during acute mania**
- **Suicide risk rises when energy improves before mood does.** Improved mood does not mean reduced risk
- **Antidepressants** take weeks; monitor for increased suicidality early; never stop abruptly
- **Lithium 0.6—1.2 mEq/L, narrow range.** Maintain hydration and sodium intake. Report tremor, diarrhea, vomiting, confusion, ataxia

## Anxiety and crisis

| Level | Presentation | Intervention |
|---|---|---|
| Mild | Heightened awareness, better focus | Teaching, problem-solving, grounding |
| Moderate | Narrowed field, shaky, rapid speech | Short simple sentences, one task, reduce stimuli |
| Severe | Attention greatly reduced, doom, trembling | Stay calm, ensure safety, reduce stimuli, grounding |
| Panic | Cannot communicate, may hallucinate, chest pain | Stay with them, gentle firm commands, **no teaching or reasoning** |

- **In crisis the order is safety → stabilization → support → planning.** Teaching comes last
- **Suicide risk** — ask directly; asking does not plant the idea. Plan + means + intent is an emergency
- **High-risk indicators** — active ideation with a plan, access to means, prior attempts, severe hopelessness or agitation or insomnia, substance use, recent loss, command hallucinations, **sudden calmness after severe depression**, **giving away possessions**
- **Never leave a high-risk client alone.** Follow protocol, 1:1 observation, remove belts, cords, sharps, and unsafe medications. Document exact quotes
- **De-escalation** — low slow voice, non-threatening posture with hands visible, give space, keep exit access and **do not block the door**, offer simple choices, acknowledge the emotion, set clear limits, reduce stimuli, call for help early
- **Say** "You can be angry, but you cannot hurt anyone." **Never say** "Calm down," "Because I said so," or "If you don't stop, you'll be restrained"
- **Restraint hierarchy** — verbal de-escalation → environmental modification → increased observation → medication as ordered → **restraints or seclusion last**
- **Abuse red flags** — injuries inconsistent with the explanation, delayed care, fearful behavior, a controlling partner at the bedside, malnutrition or poor hygiene, repeated "accidents"