

UNFOLDING CASE STUDY

Schizophrenia: Part 1

The nurse is assessing a twenty-year-old male who reports to the emergency department with his mother and best friend.

PMH	<p>Client is a second-year college student studying engineering. He is a bright young person attending college on a scholarship. He has no documented health issues outside of typical colds and ear infections as a child and a bout of influenza last year.</p> <p>Family history: Father has a history of bipolar disorder and substance use and has been out of their lives for fifteen years. Mother does not know his current whereabouts.</p> <p>Social history: Client has been active in sports and has played basketball through high school and up until last semester when he quit the team unexpectedly. Grades have been above average, and mother reports he has “never been in trouble.” Mother reports the client has experimented with marijuana in the past, but she is not aware of any substance use at this time.</p> <p>The client has no current medications and no known allergies.</p>
Nursing Notes	<p>1930: Triage Assessment</p> <p>Client presents with confusion and delirium, pacing and muttering to himself. When questioned, he became agitated and suspicious of the staff’s intent to help. Client declined to change into a gown and did not want vitals taken. Eventually he did comply, after talking with him and reassuring him he is safe. His Mother and friends report changes in personality over the course of the past several weeks with today becoming an acute emergency situation. The client was found taping tinfoil to his bedroom windows and made comments that there was a helicopter flying overhead and that the FBI was watching him. Client self-reports hearing voices in his head telling him to block the windows and hide. The client does not report any homicidal or suicidal ideation. Client unable to void to provide urine specimen.</p>
Flow Chart	<p>1930: Triage Assessment</p> <p>Blood pressure: 138/80 mmHg</p> <p>Heart rate: 107 beats/minute</p> <p>Respiratory rate: 22 breaths/minute</p> <p>Temperature: 99.1°F (37.2°C)</p> <p>Oxygen saturation: 98% on room air</p> <p>Pain: 0/10</p>
Lab Results	Declining labs and unable to provide urine specimen

1. Reviewing the chart, the nurse identifies which of the following that requires further evaluation? (Select all that apply.)
 - a. change in personality of client over past several weeks
 - b. blood pressure 130/80 mmHG
 - c. client oriented to time
 - d. client hearing voices in his head
 - e. respiratory rate 22 breaths/minute
 - f. client is agitated and suspicious
 - g. oxygen saturation 98 percent on room air

h. heart rate 98 beats/minute

2. Based on the recognized cues, the nurse determines the client has symptoms that could indicate electrolyte imbalance (calcium and sodium), head trauma, or mental health disorder. Designate which condition the cue is associated with.

Cue	Electrolyte Imbalance	Head Trauma	Mental Illness
Confusion			
Agitation			
Hallucinations			
Altered personality			
Suspicion			
Altered vitals			