Mental Health Problems in Acute Care Patients - CE

ALERT
Patients who are receiving care for acute medical conditions may concurrently or subsequently experience psychiatric symptoms. Addressing both conditions is critical to patient care.

OVERVIEW
Patients being treated for medical or surgical problems may display behaviors of aggression, depression, anxiety, anger, suspicion, or psychosis. These behaviors make maintaining the patient’s treatment as well as the safety of the patient, family, and health care team difficult. Careful assessment, including patient history, medication use, disease status, and laboratory results along with effective communication among health care team members and with the patient can lead to improved outcomes and safety.

Having a combination of physical and mental comorbidities affects a patient’s health and the way he or she experiences symptoms and responds to interventions. When people with these comorbidities are admitted to nonbehavioral health care settings, health care team members may lack confidence in caring for them and may label them as difficult patients. Health care team members should be educated in caring for patients with mental illness and should examine their own feelings when caring for these patients. Health care team members need to distinguish between their personal values and their professional ethics and should not allow personal judgments to affect patient care.

The health care team should also keep in mind that physiologic problems may cause behavioral changes. For example, pain, fever, or a hypertensive crisis may cause abrupt mood or behavioral changes. Both elevated and decreased levels of electrolytes, thyroid hormone, blood glucose, and specific vitamin and mineral levels can affect cognition, mood, and behavior. A common example is a patient who shows mild to severe behavioral changes after a cerebrovascular accident.

EDUCATION
• Provide developmentally and culturally appropriate education based on the desire for knowledge, readiness to learn, and overall neurologic and psychosocial state.
• Before including the family in discussions, obtain permission from the patient. Maintain the patient’s privacy by following the current Health Insurance Portability and Accountability Act (HIPAA) regulations.
• Inform the patient and family of their rights and responsibilities on the unit.
• Encourage the patient-designated family or support persons to collaborate with the patient’s direct care team and advise them of the importance of their involvement in patient care.
• Set treatment goals with the patient and family.
• Consistently inform the patient and family of the care plan.
• Discuss safety concerns and ask for information about prior or present conditions.
• Assure the family that immediate action will be taken to maintain the patient’s safety when a cognitive, mood, or behavioral change is noted.
• Offer support and encouragement to the patient and family and advise them of the value of family support for the patient.
• Provide education about the disease process as needed.
• Encourage questions and answer them as they arise.
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ASSESSMENT
1. Perform hand hygiene before patient contact.
2. Introduce yourself to the patient.
3. Verify the correct patient using two identifiers.
4. Assess the patient’s vital signs.
5. Assess the patient’s mental status.
6. Assess the patient for suicidal or homicidal ideation or thoughts of self-harm. Use an organization-approved standardized tool for suicide assessment.
7. Assess the need for a psychiatric practitioner consult and seek a consult as appropriate.
8. Assess the safety of the health care team. Are enough health care team members present to calm a patient whose behavior becomes agitated?
9. Assess the level of alcohol and drugs in the patient’s system. Both elevated and decreased levels of legal or illegal substances can cause cognitive, mood, or behavioral changes.
10. If the patient’s cognition, mood, or behavior changes, carefully assess the time and circumstances of the change.
11. Evaluate serum electrolyte, thyroid hormone, glucose, and essential vitamin and mineral levels.
12. Check for recent changes in medications. Adding new medications or discontinuing medications can cause behavioral and physical changes.

Rationale: The patient’s medical condition may result from the addition of a medication.

13. Evaluate the patient’s history of mental illness.
14. Talk with family members to determine if the patient’s behavior has occurred before and, if so, under what circumstances.
15. Assess the patient for patterns. Is the problem always at night or when certain people are present or have just departed? Is the patient in pain? Did a visitor bring a drug or food that the patient should not ingest?
16. Determine which interventions worked in the past and incorporate them into the care plan.
17. Monitor the patient for restlessness or wandering.

STRATEGIES
1. Perform hand hygiene.
2. Verify the correct patient using two identifiers.
3. Explain the strategies to the patient and ensure that he or she agrees to treatment.
4. Recognize that physical and mental health are inextricably intertwined, not separate entities.

Rationale: Assessing mental status and cognitive, mood, or behavioral changes along with the physical assessment enhances patient safety and effective treatment.

5. Perform appropriate mental health screenings.

If self-injurious behavior is observed, contact the practitioner and request an evaluation by a psychiatric practitioner. An organization-
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An approved, evidence-based screening tool, such as the Brøset Violence Checklist,\(^3\) can be helpful in evaluating risk factors.

6. Screen the patient for a history of mental illness, use of psychotropic medications, poor coping skills, and illicit substance use during the initial assessment.

Rationale: A history of mental health problems, including prior use of psychotropic medications, should not be overlooked.

_Abrupt withdrawal of psychotropic medications may exacerbate the physical condition as well as negative behaviors. Coping with a physical crisis becomes more difficult if the patient’s mental status is challenged._

7. Monitor the patient for cognitive, mood, behavioral, and physical changes.

Rationale: Whether the patient has a history of mental problems or cognitive, mood, or behavioral changes that result from medical stressors, he or she needs care. Paying attention to small signs of difficulty may help prevent major behavioral outbursts or inappropriate reactions to the medical situation.

_When a patient who appears rational and able to comprehend quickly becomes aggressive or irrational, consider physical changes, such as a pulmonary embolus, electrolyte imbalance, glucose level change, increased temperature, or pain, as the cause. Take corrective action before a medical or psychiatric crisis develops._\(^4\)

8. Address physiologic problems immediately before they can affect the patient’s cognition, mood, or behavior.

Rationale: Correcting physical problems may prevent behavioral issues. Therefore, correcting electrolyte, glucose, and oxygen levels and decreasing fever or pain are critical. Being alert for physiologic problems enhances proper treatment.

9. Communicate with the patient in a calm manner to elicit cooperation.

Rationale: Encouraging the patient to express emotion provides him or her with the security of knowing that the health care team has control. No matter how exacerbated the patient’s behavior or actions become, the health care team must demonstrate professionalism and clear cognition.

_In a crisis, the patient needs to feel that the health care team is in control and can deliver assistance. If any health care team member reacts emotionally or allows emotions to interfere with the provision of care, the patient may not trust that person’s ability to deliver effective care._\(^3\)
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10. Tell health care team members to observe the patient for cognitive, mood, or behavior changes as early in the patient’s stay as possible. Indicate ways in which the patient may negatively react to illness.
11. Alert appropriate personnel per the organization’s practice if visitors are suspected of supplying substances, such as contraband food or drugs that may cause cognitive, mood, or behavioral changes.

Patients who use contraband substances may undermine their physical and mental healing.

12. Perform hand hygiene.

REASSESSMENT
1. Observe the patient’s mood or behavior after administering treatment for a precipitating patient complaint or symptom (e.g., medication for fever or electrolyte replacement).
2. Frequently communicate with the patient.
3. Assess the patient’s ability to control behavior. Provide reality orientation, as needed.

Rationale: If the patient reports seeing things that are not there, assure him or her that they are not there and that he or she is safe.

Consider requesting a psychiatric practitioner consult.

5. Monitor laboratory results and vital signs.
6. Monitor medication therapy carefully, especially if as-needed or psychiatric medications have been added to the patient’s regimen.
7. Assess, treat, and reassess pain.

EXPECTED OUTCOMES
• Patient and health care team remain safe.
• Patient’s mental health problems do not adversely affect medical or surgical recovery.

UNEXPECTED OUTCOMES
• Patient’s mental health problems adversely affect medical treatment (e.g., patient pulls out sutures or invasive lines or refuses medications).
• Patient, family, or health care team member is injured.
• Patient’s mental health problems are undiagnosed, untreated, or incorrectly treated.

DOCUMENTATION
• Assessment of patient’s cognition, mood, and behaviors
• Timing and circumstances of cognitive, mood, or behavioral changes
• Monitoring of patient’s physical status and cognitive, mood, or behavioral changes and the interventions implemented
• Education
• Laboratory results and interventions implemented on the basis of findings
• Changes in medication regimens
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- Patient’s reactions to interventions, medication regimen changes, electrolyte replacement, or other treatments
- Incident report for extreme behaviors
- Psychiatric referral, if implemented
- Unexpected outcomes and related interventions

ADOLESCENT CONSIDERATIONS
- Family members may not be able to provide complete, accurate information about the adolescent’s cognition, mood, or behavior, so ask the adolescent directly.
- Adolescents may not consider the implications of a lack of cooperation with the treatment regimen or inappropriate behavior.

OLDER ADULT CONSIDERATIONS
- Use of antipsychotic and benzodiazepine medications can cause or worsen agitation and cognitive changes.¹

SPECIAL CONSIDERATIONS
- The care of a patient with known psychosis should be carefully managed. Failure to follow antipsychotic regimens may prevent the patient from continuing physical treatment.
- Drug–drug interactions may occur between psychiatric and medical-surgical medications.

REFERENCES
Mental Health Problems in Acute Care Patients - CE


*In these skills, a “classic” reference is a widely cited, standard work of established excellence that significantly affects current practice and may also represent the foundational research for practice.*

**Elsevier Skills Levels of Evidence**
- Level I - Systematic review of all relevant randomized controlled trials
- Level II - At least one well-designed randomized controlled trial
- Level III - Well-designed controlled trials without randomization
- Level IV - Well-designed case-controlled or cohort studies
- Level V - Descriptive or qualitative studies
- Level VI - Single descriptive or qualitative study
- Level VII - Authority opinion or expert committee reports

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