Psychiatric-Mental Health Nursing 9th edition Videbeck Test Bank

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Test Generator Questions, Chapter 2, Neurobiologic Theories and Psychopharmacology

1. The nurse is preparing a client for a magnetic resonance imaging (MRI). Which statement(s) by the client would require the nurse to notify the health care provider to cancel the procedure? Select all that apply.
A. "I have such terrible anxiety, I don't know if I can remain still throughout the procedure."
B. "I had a pacemaker inserted a few years ago because my heart was not beating fast enough."
C. "I fell down my basement steps last year and broke my hip and had to have a hip replacement."
D. "When I was diagnosed with mitral valve prolapse, they had to replace the valve with a prosthetic valve."
E. "I have diabetes mellitus type I and have been taking insulin for many years."

Answer: B, C, D

Rationale: Clients with pacemakers or metal implants, such as heart valves or orthopedic devices, cannot have an MRI due to the metal and the strong magnet in the MRI. Anxiety is not a reason to cancel the procedure since antianxiety medication can be administered prior to the procedure. Diabetes and utilization of insulin is not a contraindication for the use of MRI.
Question format: Multiple Select
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Analyze
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Communication and Documentation
Learning Objective: 2
Reference: p. 19, Types of Brain Imaging Techniques

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2. A client diagnosed with bipolar disorder states to the nurse, "Why did I get this illness? I don't want to be sick." Which response will the nurse provide to **best** response to the client's concern?
A. "People who develop mental illnesses often had very traumatic childhood experiences."
B. "There is some evidence that contracting a virus during childhood can lead to bipolar disorder."
C. "Sometimes people with mental illness have an overactive immune system."
D. "The cause is not fully known, but mental illnesses do seem to run in families."

Answer: D

Rationale: Current theories and studies indicate that several mental disorders may be linked to a specific gene or combination of genes, but that the source is not solely genetic; nongenetic factors also play important roles. A compromised immune system could contribute to the development of a variety of illnesses, particularly in populations already genetically at risk. Maternal exposure to a virus during critical fetal development of the nervous system may contribute to mental illness. Genetic factors are known to be more salient than childhood trauma in the etiology of these disorders.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Physiological Adaptation
Integrated Process: Communication and Documentation
Learning Objective: 3
Reference: p. 21, Neurobiologic Causes of Mental Illness

3. A client is prescribed a tricyclic antidepressant for the treatment of depression that has not responded to selective serotonin reuptake inhibitors (SSRI). The client states, "This medication isn't working after 2 weeks of taking it." Which is the **best** response by the nurse?

A. “You should stop taking the medication since it is not working and try electroconvulsive therapy (ECT).”
B. “It is likely that you are immune to the medication actions and will need something else.”
C. “Since you took the SSRIs, this medication may not work as well for you.”
D. “This medication may take up to 6 weeks to reach the optimum therapeutic response.”

Answer: D

Rationale: Tricyclic antidepressant medications can take between 4 and 6 weeks to reach optimal therapeutic benefits and the client will be educated about what to expect at the beginning of therapy. The client should never be advised to stop taking a medication abruptly since they may likely revert back to the previous or worsening level of depression. Although ECT may be used in treatment that is refractory to the use of antidepressant medications, this is not the effective choice in this case. The use of SSRIs will not prevent the tricyclic antidepressants effectiveness. The client is not experiencing an “immunity” to the medication.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Learning Objective: 5
Reference: p. 23, Principles that Guide Pharmacologic Treatment

4. The nurse is educating a client about newly prescribed Asenapine for the treatment of schizophrenia. Which statement made by the client indicates the education is effective?
A. “I will swallow the pill and immediately follow with 8 ounces of water or clear fluid.”

B. “I will come to the office once a month to have injections done so the medication will be more effective.”
C. “The medication will dissolve under my tongue and I won’t eat or drink for 10 minutes after it dissolves.”
D. “I need to take this medication with a meal to reduce the gastrointestinal side effects.”

Answer: C

Rationale: Asenapine is a sublingual tablet that is dissolved under the tongue, so food and fluid will be avoided for at least 10 to 15 minutes after the tablet dissolves. The medication is not administered in depot form which would be by injection at regular intervals, such as once a month. The medication is not administered with a meal since it has to be dissolved under the tongue.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Analyze
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Learning Objective: 5
Reference: p. 23, Mechanism of Action

5. The nurse administers olanzapine pamoate IM to a client with schizophrenia. Which action by the nurse is essential after the administration of the medication to prevent complications from postinjection delirium/sedation syndrome?
A. Directly observe the client for 3 hours after injection and do not discharge until symptom free.
B. Admit the client to the behavioral health unit for 24 hours to monitor for improvement of hallucinations.
C. Administer benztropine to prevent extrapyramidal symptoms after the injection.
D. Have the client eat a full meal before discharge to decrease the rate of absorption.

Answer: A

Rationale: For the safety of the client, it is important to monitor the client to ensure that there are no symptoms related to postinjection delirium/sedation syndrome. Optimally, the client should have someone present with them after receiving the medication to drive them home. Admission is not required since the disorder is chronic and hallucinations may not be totally alleviated, even with the medication. The client is not taking a typical antipsychotic and the use of benztropine is not required. The absorption rate is not influenced by food.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Nursing Process
Learning Objective: 5
Reference: p. 23, Mechanism of Action

6. The nurse is preparing a client for a magnetic resonance imaging (MRI) scan of the head. Which question is a priority for the nurse to ask the client?
A. "Have you ever had an allergic reaction to radioactive dye?"
B. "Have you had anything to eat in the last 24 hours?"
C. "Does your insurance cover the cost of this scan?"
D. "Are you anxious about being in tight spaces?"

Answer: D

Rationale: The person undergoing an MRI must lie in a small, closed chamber and remain motionless during the procedure, which takes about 45 minutes. Those who feel claustrophobic or have increased anxiety may require sedation before the procedure. Positron emission tomography (PET) scans require radioactive substances to be injected into the bloodstream. A client is not required to fast

before brain imaging studies. Verifying insurance benefits is not a primary role of the nurse.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Safe and Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Learning Objective: 2
Reference: p. 19–20, Types of Brain Imaging Techniques

7. The nurse is educating a family member of a client suspected to have Alzheimer's disease. Which statement made by the family member indicates that the education is effective?
A. "It is impossible to know for certain that a person has Alzheimer's disease until the person dies and their brain can be examined via autopsy."
B. "If we get a positron emission tomography (PET) scan, it may identify amyloid plaques and tangles of Alzheimer's disease."
C. "It's possible to diagnose Alzheimer's disease by using chemical markers that demonstrate decreased blood flow to the brain."
D. "It will be necessary to undergo positron emission tomography (PET) scans regularly for a long period of time to know if the client has Alzheimer's disease."

Answer: B

Rationale: Positron emission tomography (PET) scans can identify the amyloid plaques and tangles of Alzheimer's disease in living clients. These conditions previously could be diagnosed only through autopsy. Some persons with schizophrenia demonstrate decreased cerebral blood flow, but this is not a characteristic of Alzheimer's disease. A limitation of PET scans is that the use of radioactive substances limits the number of times a person can undergo these tests. Serial PET scans are not normally necessary or safe.
Question format: Multiple Choice

Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Health Promotion and Maintenance
Integrated Process: Teaching/Learning
Learning Objective: 3
Reference: p. 21, Limitations of Brain Imaging Techniques

8. The nurse is performing a medication reconciliation for a client at a high risk for suicide. Which antidepressant drug identified by the nurse will be **best** in the treatment of this client and reduces the risk of lethal overdose?
A. Tranylcypromine
B. Sertraline
C. Imipramine
D. Phenelzine

Answer: B

Rationale: SSRIs, venlafaxine, nefazodone, and bupropion are often better choices for those who are potentially suicidal or highly impulsive because they carry no risk of lethal overdose, in contrast to the cyclic compounds and the MAOIs. Tranylcypromine and phenelzine are MAOIs. Imipramine is a cyclic compound.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Nursing Process
Learning Objective: 6
Reference: p. 28–29, Preferred Drugs for Clients at High Risk for Suicide

9. A client is prescribed a monoamine oxidase inhibitor (MAOI) for treatment of severe depression. Which statement made by the client indicates that there is understanding of education provided by the nurse related to dietary restrictions?
A. "I am now allergic to foods that are high in the amino acid tyramine."
B. "Certain foods will cause me to have sexual dysfunction when I take this medication."
C. "Foods that are high in tyramine will reduce the medication's effectiveness."
D. "I will avoid foods that are high in the amino acid tyramine since they can cause severe side effects"

Answer: D

Rationale: Because the enzyme MAOI is necessary to break down the tyramine in certain foods, its inhibition results in increased serum tyramine levels, causing severe hypertension, hyperpyrexia, tachycardia, diaphoresis, tremulousness, and cardiac dysrhythmias. Taking an MAOI does not confer allergy to tyramine. Sexual dysfunction is a common side effect of many antidepressants. There is no evidence that foods high in tyramine will increase sexual dysfunction or reduce the medication's effectiveness.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Analyze
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Learning Objective: 5
Reference: p. 28, Antidepressant Drugs

10. A client prescribed disulfiram experiences facial flushing, a throbbing headache, nausea, and vomiting and states to the nurse that "I only drank one beer." Which is the **best** response by the nurse?
A. "This is a mild side effect of the medication, and one beer shouldn't cause the reaction."

B. “The reaction that you experienced is an expected response with the ingestion of alcohol.”
C. “This is an idiosyncratic reaction to the medication and is an expected response to treatment.”
D. “You must have a severe allergy to disulfiram that you were not aware of and will need to stop the medication.”

Answer: B

Rationale: Disulfiram is a sensitizing agent that causes an adverse reaction when mixed with alcohol in the body. Five to 10 minutes after a person taking disulfiram ingests alcohol, symptoms begin to appear: facial and body flushing from vasodilation, a throbbing headache, sweating, dry mouth, nausea, vomiting, dizziness, and weakness. These symptoms are not mild side effects because these are very uncomfortable symptoms. These symptoms would not be an idiosyncratic reaction because this is the expected reaction. These symptoms are not indicative of a severe allergy to the medication.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Nursing Process
Learning Objective: 5
Reference: p. 35, Disulfiram

11. When the client asks the nurse how long it will take before the selective serotonin reuptake inhibitor (SSRI) antidepressant medication will be effective, which reply is **most** accurate and therapeutic?
A. “This medication will be effective within 20 minutes of the first dose.”
B. “You will have gradual improvement in symptoms over the next 4 to 6 weeks.”
C. “It will probably take months for the medication to work. In the meantime, you should receive psychotherapy.”

D. “It is dependent on how depressed you are. It takes longer the more depressed you are.”

Answer: B

Rationale: SSRIs may be effective in 2 to 3 weeks. Researchers believe that the actions of these drugs are an “initiating event” and that eventual therapeutic effectiveness results when neurons respond more slowly, making serotonin available at the synapses. The medication will not be effective within 20 minutes of the first dose, and it will not likely take months for the medication. Attitude and faith will not improve with the medication’s effectiveness.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Understand
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Learning Objective: 6
Reference: p. 28, Antidepressant Drugs

12. A client has a lithium level of 1.2 mEq/L (1.2 mmol/L). Which intervention by the nurse is indicated?
A. Call the health care provider for an increase in dosage
B. Do not give the next dose and call the health care provider
C. Increase fluid intake for the next week
D. No intervention is necessary at this time

Answer: D

Rationale: The lithium level is within the therapeutic range. Serum levels of less than 0.5 mEq/L (0.5 mmol/L) are rarely therapeutic, and a level of more than 1.5 mEq/L (1/5 mmol/L) is usually considered toxic. Consequently, there is no need to liaise with the health care provider or increase fluid intake.

Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Nursing Process
Learning Objective: 5
Reference: p. 31, Dosage

13. A client is seen for frequent exacerbation of schizophrenia due to nonadherence to medication regimen. The nurse will assess for which common contributor to nonadherence?
A. The client is symptom-free and therefore does not need to adhere to the medication regimen.
B. The client cannot clearly see the instructions written on the prescription bottle.
C. The client dislikes the weight gain associated with antipsychotic therapy.
D. The client sells the antipsychotics to addicts in the neighborhood.

Answer: C

Rationale: Clients with schizophrenia are less likely to exercise or eat low-fat nutritionally balanced diets; this pattern decreases the likelihood that they can minimize potential weight gain or lose excess weight. Antipsychotics should be taken regularly and not omitted when free of symptoms. Antipsychotics do not adversely affect vision, nor do they have addictive potential.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Safe and Effective Care Environment: Management of Care
Integrated Process: Nursing Process
Learning Objective: 7
Reference: p. 36, Self-Awareness Issues

14. The nurse is educating a client and family about strategies to minimize the side effects of antipsychotic drugs. Which will be included in the plan? Select all that apply.

A. Drink plenty of fruit juice.

B. Develop an exercise program.

C. Increase foods high in fiber.

D. Use laxatives as needed.

E. Use sunscreen when outdoors.

F. Take double the dose at the next scheduled time for missed doses.

Answer: B, C, E

Rationale: Drinking sugar-free fluids and eating sugar-free hard candy ease dry mouth. The client should avoid calorie-laden beverages and candy because they promote dental caries, contribute to weight gain, and do little to relieve dry mouth. Methods to prevent or relieve constipation include exercising and increasing water and bulk-forming foods in the diet. Stool softeners are permissible, but the client should avoid laxatives. The use of sunscreen is recommended because photosensitivity can cause the client to sunburn easily. If the client forgets a dose of antipsychotic medication, the client can take the missed dose if it is only 3 or 4 hours late. If the dose is more than 4 hours overdue or the next dose is due, the client can omit the forgotten dose.

Question format: Multiple Select

Chapter 2: Neurobiologic Theories and Psychopharmacology

Cognitive Level: Apply

Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies

Integrated Process: Nursing Process

Learning Objective: 5

Reference: p. 27, Anticholinergic Side Effects

15. The nurse has completed health teaching about dietary restrictions for a client taking a monoamine oxidase inhibitor. Which statement made by the client indicates that teaching is effective?
A. "I'm glad I can eat pizza since it's my favorite food."
B. "I must follow this diet or I will have severe vomiting."
C. "It will be difficult for me to avoid pepperoni."
D. "None of the foods that are restricted are part of a regular daily diet."

Answer: C

Rationale: Pepperoni is one of the foods containing tyramine, so it must be avoided. Particular concern to this client is the potential life-threatening hypertensive crisis if the client ingests food that contains tyramine. For many clients, prohibited foods are components of their usual diet. Hypertension is the most serious adverse effect, not nausea.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Nursing Process
Learning Objective: 5
Reference: p. 28, Antidepressant Drugs

16. A nurse is formulating a teaching plan for a client with newly diagnosed depression and the client's family. The teaching plan includes medication, activities, and family support. Which statement made by the client indicates teaching is effective?
A. Medication should be taken only when feeling depressed and resists family activities.
B. Medication should be taken on schedule only, and activities should be twice a week to prevent weight gain.

C. Missed dosages should be taken right away, even when it is close to the next dose time, and activities should be increased.
D. It may take a few weeks for the medication to become effective; activity will help to foster compliance.

Answer: D

Rationale: It takes a few weeks for medications to become therapeutic. Exercise is a vital part of health and should be encouraged daily. Missed doses should not be taken close to the next dose due to the possibility of overdose. Family activities are encouraged and do foster compliance with a good support system. As the client feels less depressed, they become more involved in quality of life.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Analyze
Client Needs: Safe and Effective Care Environment: Management of Care
Integrated Process: Teaching/Learning
Learning Objective: 8
Reference: p. 28, Antidepressant Drugs

17. A nurse is instructing a client on taking lithium for bipolar disorder and the need for blood to be drawn every 2 to 3 days initially. The client states, "I am going to have a hard time getting back every 2 days. Why is this important?" Which is the **best** response by the nurse?
A. "We want to determine if there is a rebound effect occurring."
B. "It is important to determine if it is having the maximum therapeutic effect."
C. "The drug sample will determine the drugs potency and if it is enough for you."
D. "We want to determine how long the medication stays in your blood stream."

Answer: B

Rationale: The efficacy of a drug is the maximum therapeutic effect. On clients taking lithium, once this is determined, testing can be done monthly. The potency of a drug refers to the amount of drug needed to achieve efficacy, while the half-life of a drug refers to how long it takes for half of the drug to be removed in the blood stream; neither characteristic is identified by lab testing. The rebound effect is the temporary return of symptoms when medications are discontinued abruptly.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Learning Objective: 4
Reference: p. 31, Mood-Stabilizing Drugs

18. A nurse is administering a monoamine oxidase inhibitor (MAOI) to a client with depression. Prior to administration of the medication, which will the nurse include when providing information? Select all that apply.
A. If foods with tyramine are ingested, a hypertensive crisis may occur.
B. There may be interactions when taking other MAOIs and antidepressants.
C. There is a reduction in suicidal thoughts in clients with depression.
D. There is a risk for experiencing decreased libido and impotence.
E. Contact the health care provider prior to taking any over-the-counter medications.

Answer: A, B, D, E

Rationale: MAOIs must be used with extreme caution for several reasons: A life-threatening side effect is hypertensive crisis which may occur when clients eat food containing tyramine; fatal drug interactions can occur when taking with other MAOIs, tricyclic antidepressants, meperidine, CNS depressants, many antihypertensives, or general anesthetics and some over-the-counter medications. Sexual dysfunction, including decreased libido, impotence, and anorgasmia, also

are common with MAOIs. MAOIs are potentially lethal in overdose and pose a potential risk in clients with depression who may be considering suicide.
Question format: Multiple Select
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Learning Objective: 8
Reference: p. 28, Antidepressant Drugs

19. A nurse is recording subjective information from the family of a client with aggressive behaviors brought to the ED via ambulance. Family member states the client does not adhere to the prescribed medication regimen. Which statement by the family determines the family member's understanding of the client's illness?
A. "We know the intention was not to take medications, as it was relayed medication was no longer needed."
B. "Because of mental illness, my sibling cannot think clearly or understand the need for meds."
C. "This situation occurs because of thoughts that no one cares and to get attention."
D. "This 'mental illness' is used as an excuse to get away with aggressive behavior for years."

Answer: B

Rationale: Often when clients stop taking their medications or take them improperly, it is a result of faulty reasoning, which is part of the mental illness. There is no indication that the client's medications have been discontinued, and it is unlikely to be an attention-getting strategy or manipulation ploy. Because mental illness disrupts thinking, flawed thinking is the most likely cause.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology

Cognitive Level: Apply
Client Needs: Psychosocial Integrity
Integrated Process: Communication/Documentation
Learning Objective: 8
Reference: p. 23, Mechanism of Action

20. A child with ADHD just started school and the parent discusses medication administration while the child is in school and effectiveness. The parent asks, "Are there any medications that do not require being given at school?" Which is the appropriate response to the parent?
A. "Yes, there are medications that are sustained release and would not require being given at school."
B. "You will need to speak to the superintendent about medications regarding your child."
C. "Only the nurse can administer stimulants to a child during school hours."
D. "You child will need to bring their medications to me each day."

Answer: A

Rationale: Medication preparations that are sustained release have made it possible for some children to not take medications at school. A school superintendent is not qualified to oversee a student's medication regimen. The school nurse or authorized adult can administer stimulants to children at school, as the nurse may not be available. Children should not transport medications to school, the parent will need to provide and ensure the medication is available at school if it does not come in the sustained release form.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Safe and Effective Care Environment: Management of Care
Integrated Process: Communication and Documentation
Learning Objective: 8

Reference: p. 34, Dosage

21. The nurse is educating the parent of a child being treated with stimulants for attention-deficit hyperactivity disorder (ADHD). The parent states the child's weight and growth are being affected. Which is the **best** response by the nurse?
A. "Encourage the child to sit at the table and eat larger meals until finished."
B. "Provide 'drug-holidays' on weekends, holidays, and during summer vacation."
C. "This side effect of the medication does not last and the child will catch-up."
D. "There may be something else going on with the child that is affecting height and weight."

Answer: B

Rationale: The most common long-term problem with stimulants is the growth and weight suppression that occurs in some children. This can usually be prevented by taking "drug holidays" on weekends and holidays or during summer vacation, which helps restore normal eating and growth patterns. Small frequent meals with finger foods will help with the child eating nutritious foods because they can be eaten while the child is moving. The side effects may alter growth and weight which is a long-term problem. There is likely nothing else identified that is causing the weight loss and growth issues other than the medication.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Communication and Documentation
Learning Objective: 5
Reference: 34, Side Effects

22. The nurse is assessing a client weaning from a selective serotonin reuptake inhibitor (SSRI) to a monoamine oxidase inhibitor (MAOI) with a heart rate of 104,

profuse diaphoresis, temperature 102°F (38.9°C), BP 98/58 mm Hg, and hyperreflexia. Which condition will the nurse educate the client regarding after stabilization of the current acute phase?

A. Tardive dyskinesia

B. Allergic reaction to the MAOI

C. Malignant hyperthermia

D. Serotonin syndrome

Answer: D

Rationale: Serotonin syndrome can result from taking an MAOI and an SSRI at the same time. It can also occur if the client takes one of these drugs too close to the end of therapy with the other. In other words, one drug must clear the person's system before initiation of therapy with the other. Symptoms include agitation, sweating, fever, tachycardia, hypotension, rigidity, hyperreflexia, and, in extreme reactions, even coma and death. Tardive dyskinesia generally occurs with the administration of antipsychotic medications and not SSRIs. There is no indication that the client is allergic to the medications nor experiencing anaphylaxis since there is no respiratory involvement in the symptoms. Malignant hyperthermia is a genetic predisposition to the administration of an anesthetic agent that causes elevated temperature and death.

Question format: Multiple Choice

Chapter 2: Neurobiologic Theories and Psychopharmacology

Cognitive Level: Analyze

Client Needs: Physiological Integrity: Reduction of Risk Potential

Integrated Process: Teaching/Learning

Learning Objective: 4

Reference: 30, Drug Interactions

23. The nurse is assessing a male client taking antipsychotic medication for the treatment of bipolar I and acute mania. The client reports breast tenderness and

breast tissue enlargement, erectile dysfunction and an inability to achieve orgasm. Which action will the nurse perform after notifying the health care provider?
A. Educate that these symptoms will stop soon after taking the medication.
B. Have the client discontinue the use of the medication.
C. Obtain a prolactin level and report results to the health care provider.
D. Have the client take diphenhydramine to counter the allergic reaction.

Answer: C

Rationale: The administration of antipsychotic agents may cause elevation in prolactin levels and the nurse will have these obtained and results reported to the health care provider. Elevated prolactin may cause breast enlargement and tenderness in men and women; diminished libido, erectile and orgasmic dysfunction, and menstrual irregularities; and increased risk for breast cancer. The symptoms may continue throughout the administration of the medication and are not temporary. The client should not discontinue the medication and the pros may outweigh the elevated prolactin levels. The client is not having an allergic reaction to the medication and therefore the diphenhydramine will not be effective for the elevated prolactin levels.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Reduction of Risk Potential
Integrated Process: Nursing Process
Learning Objective: 5
Reference: 27, Other Side Effects

24. The nurse is assisting a client being treated with phenelzine to choose from a menu for lunch. Which lunch choice will the nurse educate the client to avoid to prevent the potential for complications?
A. Baked chicken, mashed potatoes, and green peas
B. Lasagna, tossed salad with blue cheese dressing, and garlic bread

C. Pork chop with barbecue sauce, baked sweet potato with butter and cinnamon
D. Hamburger on a bun, French fries, and green beans

Answer: B

Rationale: Clients taking phenelzine or any other MAOI should avoid any foods that are high in tyramine since they may cause a severe hypertensive crisis. The nurse will caution the client to avoid mature or aged cheeses or dishes made with cheese, such as lasagna or pizza. All cheese is considered aged except cottage cheese, cream cheese, ricotta cheese, and processed cheese slices. All of the other foods listed are not foods high in tyramine and acceptable choices for a lunch meal.
Question format: Multiple Choice
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Apply
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Learning Objective: 5
Reference: 31, Box 2.1 Foods (Containing Tyramine) to Avoid When Taking Monoamine Oxidase Inhibitors

25. The nurse is educating a client with anxiety that is prescribed alprazolam by the health care provider. Which statement made by the client indicates that further education is required? Select all that apply.
A**.** **"**Taking this medication will alleviate the problems associated with the anxiety."
B. "I can still have one or two alcoholic beverages while I am taking this medication."
C. "When I am feeling better in a few months, I can stop taking this medication."
D. "I may have slower response time while driving or operating heavy machinery."
E. "Withdrawing from this medication requires a health care provider's supervision."

Answer: A, B, C

Rationale: Clients need to know that antianxiety agents are aimed at relieving symptoms such as anxiety or insomnia but do not treat the underlying problems that cause the anxiety. Benzodiazepines strongly potentiate the effects of alcohol; one drink while on a benzodiazepine may have the effect of three drinks. Therefore, clients should not drink alcohol while taking benzodiazepines. Clients should be aware of decreased response time, slower reflexes, and possible sedative effects of these drugs when attempting activities such as driving or going to work. Benzodiazepine withdrawal can be fatal. After the client has started a course of therapy, they should never discontinue benzodiazepines abruptly or without the supervision of the provider.
Question format: Multiple Select
Chapter 2: Neurobiologic Theories and Psychopharmacology
Cognitive Level: Analyze
Client Needs: Physiological Integrity: Pharmacological and Parenteral Therapies
Integrated Process: Teaching/Learning
Learning Objective: 5
Reference: 33, Side Effects