



Role of Psychiatric Nurse in Anti-convulsant

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Commentary

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ABSTRACT

Psychiatric nurse has a very vast role to play in psychiatric hospitals for the treatment as well as rehabilitative aspect of the client. Clients admitted in psychiatric hospital are on different kinds of medicines like talking about anticonvulsants, like other drugs the anticonvulsants have side effects and can cause serious issues to the client, for which the psychiatric nurse has to play role to avoid such conditions or to take preventive measures.

Keywords: Psychiatric nurse; anti-convulsant; antiepileptic; antiseizure.

1. INTRODUCTION

Anti-convulsants are the broad group of pharmacological drugs which have the wide range of applicability in different disease conditions. They are also known as 'antiepileptic

or antiseizure' medications [1-3]. These drugs are used in many psychiatric problems such as Bipolar disorders, personality disorders as they have been seen having mood stabilizing properties. Below is the list of drugs and role of nurse in the clients receiving these drugs [4-7].

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Table 1. List of drugs and their role during nursing

Drug	Nurses role
Phenobarbitone/ Gardeneil	<p>Keep the client under constant observation. Monitor the vitals of the client at least hourly. Observe patients receiving large doses closely for at least 30 min to ensure that sedation is not excessive. There may be paradoxical responses like irritability, marked excitement etc. and report promptly. Monitor serum drug levels, sr. concentration >50 mcg /mL can cause coma.</p>
Gabapentin/ Neurontin	<p>Monitor vital signs. Keep the client under close observation. In rare cases the drug may cause increase in frequency of partial seizures, so monitor and assess for frequency of seizures. Ensure the client is in safe environment because seizures may cause injury to the client. Monitor for therapeutic effectiveness as to achieve effectiveness may take time. Monitor Vision, concentration, and coordination which may be impaired by gabapentin. Education to the family and client Educate about potential adverse effects of the drugs. Notify immediately if the frequency of seizures increase , any visual changes ,bleeding etc</p>
Topiramate/ Topamax	<p>Observe the client and check the vital signs. Go for Mental status examination and check for any cognitive impairment. Monitor lab. investigation such as CBC. Education to family and client Educate about not to discontinue the drug abruptly, follow the prescription very carefully. Drinking lots of fluids; 6 -8 glasses of water each day. Use or add barrier contraceptive if using hormonal contraceptives</p>
Oxcarbazepine/ Trileptal	<p>Monitor for and report signs and symptoms like ;Hypernatremia (e.g., nausea, malaise, headache, lethargy, confusion); CNS impairment (e.g., somnolence, excessive fatigue, cognitive deficits, speech or language problems, incoordination, gait disturbances). Monitor phenytoin levels when administered concurrently. Education to family and client Educate about notifying the physician of the following symptoms like ;Dizziness, excess drowsiness, frequent headaches, malaise, double vision, lack of coordination, or persistent nausea.</p>

2. NURSING DIAGNOSIS

- Disturbed thought processes related to effects on Central Nervous System.

Interventions:

- Use therapeutic ways while communicating with the client.
- Be honest in delivering any type of message.
- Make the client understand of any procedure or give full information before giving medicine.
- Give one activity at one time to client.
- Never agree upon any delusional thoughts of the client.
- Always recognize the delusional thoughts as perception of the environment.
- Make the consistence timetable for the client.

- Acute discomfort related to Gastrointestinal system.
 - Closely monitor and control for bowel irritability.
 - Discuss with physician and prepare the nutritional chat for the client.
 - Monitor for various GI symptoms like irritability, burning etc.
- Risk for injury related to CNS effects and toxic drug levels.
 - Nurse will educate client about seeking assistance for any sort of work like call bells.
 - Keep the room or ward very organized in terms of placing the things.
 - Make the client aware of the lay out of room.
 - Put side rails when client may be sleep.

3. CONCLUSION

Psychiatric nurse has to apply the effective skills while formulating the nursing diagnosis of the client receiving anti-convulsants, she has to prioritize the diagnosis and implement interventions effectively in order to render best possible care for the client.

CONSENT AND ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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