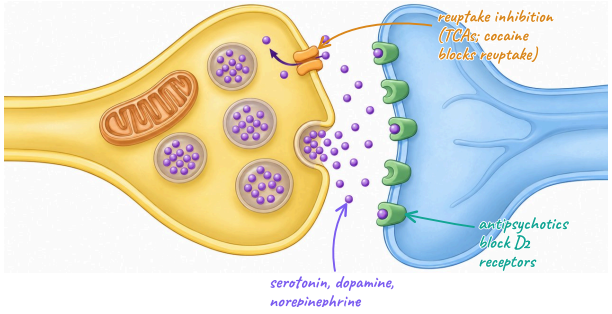
ER BASICS · ONE-PAGER

Mental Health: Meds and Communication

Psychotropic classes, serotonin syndrome vs NMS, therapeutic communication, suicide safety, restraints and alcohol withdrawal

32 sources + more detail
erbasics.com/sheets/mental-health-meds.html
checked Oct 2026

HOW IT WORKS Reuptake and receptors



1 Antidepressants and Lithium

CLASS	WATCH FOR	TEACH OR MONITOR
SSRIs, SNRIs	Serotonin syndrome, bleeding, low Na; SNRIs raise BP	4–8 weeks to work; taper
TCAs	Anticholinergic, orthostasis; overdose: wide QRS, seizures	Smallest supply; wide QRS: IV bicarbonate
MAOIs	Tyramine: hypertensive crisis, occipital headache, stiff neck	No aged cheese, cured meats, beer, wine, soy sauce
Lithium	Toxicity: dehydration, low Na, NSAIDs, ACEi/ARBs, diuretics	Normal salt; 2.5–3 L fluid at start; kidney, thyroid

- MAOIs: avoid decongestants, dextromethorphan, meperidine, other serotonergic drugs; limits last 2 weeks after stopping.
- Lithium target (label): 0.8–1.2 mEq/L acute, 0.8–1.0 maintenance (many texts 0.6–1.2); draw 12 h post-dose.
- Toxic ≥1.5 mEq/L (sometimes lower): vomiting, diarrhea, worsening tremor, ataxia, slurred speech, seizures. Hemodialysis if severe; charcoal does not bind.

2 Antipsychotics and Benzodiazepines

CLASS	WATCH FOR	TEACH OR MONITOR
Typical antipsychotics	Most EPS (haloperidol)	AIMS for tardive dyskinesia
Atypical antipsychotics	Weight, glucose, lipids (worst: clozapine, olanzapine)	Metabolic checks, baseline and ongoing
Benzodiazepines	Respiratory depression with opioids, alcohol	Taper; flumazenil may cause seizures

- All antipsychotics: NMS risk; boxed warning, more deaths in older adults with dementia.
- Clozapine ANC: ≥1,500/µL to start (≥1,000 if benign ethnic neutropenia); weekly to 6 months, every 2 weeks to 12, then monthly. REMS ended 2025.
- Clozapine plus fever or sore throat: urgent ANC. Also seizures, myocarditis (first 2 months), orthostasis, severe constipation.

EPS	ONSET	RESPONSE
Acute dystonia	Hours to days	IM/IV benztropine or diphenhydramine; airway
Akathisia	Within weeks	Lower dose; propranolol
Parkinsonism	Days to weeks	Lower dose; anticholinergic or amantadine
Tardive dyskinesia	Months to years	AIMS; VMAT2 inhibitor; may be permanent

3 Serotonin Syndrome vs NMS

FEATURE	SEROTONIN SYNDROME	NMS
Cause	SSRI plus tramadol, MAOIs, triptans, linezolid	Antipsychotics, metoclopramide; levodopa withdrawal
Onset	Within 24 h, usually <6 h	Over days; often first 2 weeks
Muscles	Clonus, hyperreflexia, tremor	Lead-pipe rigidity; reflexes often reduced
Also	Agitation, dilated pupils, sweating, diarrhea	Fever often >40 °C, high CK, labile BP
Treat	Stop drugs; benzodiazepines, cooling; cyproheptadine	Stop drug; cooling; dantrolene, bromocriptine, benzodiazepines

EXAM TIP Clonus and fast onset: serotonin syndrome. Rigidity and slow onset: NMS. SSRI plus tramadol is a classic pairing.

4 Therapeutic Communication and Defenses

USE	AVOID
Open-ended: "Tell me more."	"Why" questions
Reflecting feelings, restating	False reassurance: "It will be fine."
Clarifying: "Do you mean...?"	Advice or personal opinions
Presenting reality: "I don't hear voices."	Arguing with delusions
Silence; observations: "You look tense."	Approving, disapproving, sympathy, changing the subject

EXAM TIP The best answer usually names the client's feeling and invites more, unless safety is at risk.

- Denial: refusing a painful reality
- Projection: attributing one's own feelings to others
- Displacement: venting on a safer target
- Reaction formation: acting opposite to one's feelings
- Repression is unconscious; suppression is conscious

5 Suicide Risk and Safety

- Screen with a validated tool (e.g., ASQ); Joint Commission: age 12 and up in behavioral health care.
- Ask directly: thoughts, plan, intent, means, past attempts. Asking does not raise risk.
- High risk: 1:1 observation; remove self-harm objects; check visitors' items; safe transport.
- Safety plan, not a no-suicide contract.
- Watch closely early in antidepressant therapy, especially ages 24 and younger.
- Discharge: follow-up and the 988 Suicide & Crisis Lifeline.
- LPN/LVN: collect data, keep observation, report changes to the RN.

SAFETY Plan plus access to means, goodbyes or giving away possessions: stay with the client and escalate.

6 Restraints and Seclusion

- Last resort; least restrictive; end as soon as possible.
- Physician or licensed practitioner order; never PRN or standing.
- Violent or self-destructive: orders last up to 4 h adults, 2 h ages 9–17, 1 h under 9; renew to 24 h, then provider sees client.
- Same group: face-to-face within 1 h by provider or trained RN (RN then consults provider).
- Chemical restraint: a drug to control behavior, beyond standard treatment or dose. Seclusion: violent or self-destructive behavior only.
- Monitor per policy: circulation, skin, breathing, fluids, toileting; document alternatives.

7 Alcohol Withdrawal and CIWA-Ar

AFTER LAST DRINK	EXPECT
6–24 h	Tremor, anxiety, sweating, fast HR, high BP
12–24 h	Hallucinations; usually clear in 24–48 h
8–48 h (peak ~24 h)	Withdrawal seizures
48–96 h	DTs: confusion, fever, fast HR; usually last 2–3 days

- CIWA-Ar: 10 items, maximum 67; pulse and BP recorded, not scored.
- ASAM 2020: <10 mild, 10–18 moderate, ≥19 severe.
- Benzodiazepines first-line, symptom-triggered per your institution's protocol.
- CIWA-Ar needs the client's answers; not for delirium.
- Thiamine prevents Wernicke encephalopathy (confusion, ataxia, eye signs). Seizure precautions; check magnesium.
- Antipsychotics only as add-ons to benzodiazepines.

EXAM TIP Exams often key thiamine before glucose; ASAM 2020 allows either order or both together.

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