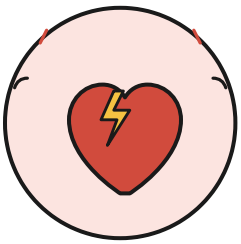
NCLEX • MENTAL HEALTH • 2026 TEST PLAN

Panic *Attack*

- System: Psychiatric / Anxiety Spectrum
- DSM-5-TR Criteria
- High-Yield Pharm



1 DEFINITION / OVERVIEW

Sudden, intense fear that *peaks within 10 minutes.*

- **Discrete episode** of intense fear or discomfort that develops abruptly and peaks within ~10 min; typically lasts 10–30 min.
- **Unexpected (uncued)** or **expected (cued)** by a specific trigger or situation.
- Patient often feels they are **dying, having a heart attack, or "going crazy"** — but it is *not life-threatening*.

⚠ CRITICAL DISTINCTION

*Panic **attack** ≠ Panic **disorder**. Disorder = **recurrent unexpected** attacks + **≥1 month** of persistent worry about future attacks or maladaptive behavior change.*

2 PATHOPHYSIOLOGY (SIMPLIFIED)

A *false alarm* from the fear circuit.

1. 🧠 Amygdala fires false alarm signal (no real threat)
2. ⚡ Locus coeruleus + HPA axis activate
3. 💉 Surge of norepinephrine + epinephrine
4. 💓 Sympathetic "fight-or-flight" floods the body
5. 😰 Physical & cognitive panic symptoms

↓ GABA
Less inhibitory tone → easier overactivation

↓ SEROTONIN (5-HT)
Dysregulated mood & fear modulation

↑ CO_2 SENSITIVITY
"Suffocation alarm" → hyperventilation

3 SIGNS & SYMPTOMS

DSM-5-TR: *≥4 of 13* symptoms, abrupt onset.

💗 Palpitations / tachycardia	💧 Sweating	〰️ Trembling / shaking	🌬️ SOB / smothering
😶 Choking sensation	🫀 Chest pain / pressure	🤢 Nausea / GI distress	💫 Dizzy / lightheaded
🥶 Chills or hot flashes	🪡 Paresthesia (tingling)	🪞 Derealization / depersonalization	😨 Fear of losing control

🟢 MILD / EARLY

- Restlessness, on-edge feeling
- Mild tachycardia, slight tremor
- Increased focus on bodily sensations
- Able to communicate clearly

🔴 SEVERE / PEAK

- Sense of impending doom / dying
- Hyperventilation → alkalosis
- Carpopedal spasm, perioral tingling
- Cognitive shutdown — can't process speech

🚨 **RED FLAGS — RULE OUT BEFORE DIAGNOSING PANIC**

CARDIAC (MI — get ECG, troponin) • **PULMONARY EMBOLISM** (sudden SOB + hypoxia) • **HYPOGLYCEMIA** • **THYROID STORM** • **SUBSTANCE INTOXICATION / WITHDRAWAL** • **SUICIDAL IDEATION** (assess every episode).

4 PRIORITY NURSING INTERVENTIONS

Safety first. *Stay. Calm. Quiet.*

- ✓ **STAY with the patient** — never leave them alone during an attack (#1 priority).
- ✓ **Maintain ABCs** — monitor airway, breathing pattern, pulse, SpO_2.
- ✓ **Move to a quiet, low-stimulus environment** — dim lights, reduce noise & visitors.
- ✓ **Speak in a calm, low, slow voice** — short simple sentences only.
- ✓ **Model slow breathing** — "Breathe with me." Slow exhalation prevents alkalosis.
- ✓ **Reassure**: "You are safe. This will pass." (Acknowledge fear is real.)
- ✓ **Use closed-ended questions** ("Are you in pain?") — open-ended overwhelms.
- ✓ **Do NOT touch** the patient without permission — can escalate panic.
- ✓ **Administer PRN anxiolytic** (benzodiazepine) per order if attack is severe.
- ✓ **After de-escalation**: vital signs, grounding (5-4-3-2-1), debrief, document.

5 PHARMACOLOGY

Acute rescue *vs.* long-term control.

Benzodiazepines — ACUTE / PRN

alprazolam (Xanax), lorazepam (Ativan), clonazepam (Klonopin)

MOA	↑ GABA activity → CNS depression
WATCH	Sedation, resp. depression, falls, dependence
AVOID	Alcohol, opioids, other CNS depressants
ANTIDOTE	**Flumazenil**
TEACH	Short-term only; do NOT stop abruptly (seizures)

SSRIs — FIRST-LINE MAINTENANCE

sertraline, paroxetine, fluoxetine, escitalopram

MOA	Block serotonin reuptake
ONSET	4–6 weeks for full effect
WATCH	GI upset, sexual dysfunction, insomnia, ↑SI risk <25 y/o
RISK	Serotonin syndrome (fever, clonus, agitation)
TEACH	Take daily, even when feeling well; taper to stop

SNRI / Adjuncts — 2ND-LINE

SNRI	**venlafaxine** (monitor BP)
BETA-BLOCKER	**propranolol** — somatic sx (tachy, tremor)
BUSPIRONE	GAD only — *not* effective for acute panic

6 NCLEX TEST TRAPS

What students confuse — *choose wisely.*

~~"I'll go get help — be right back"~~	→	STAY with the patient; use call light
~~"Let's practice deep breathing exercises"~~	→	During peak: too complex; just model slow breaths
~~"Tell me what's making you upset right now"~~	→	Closed-ended only during attack; explore later
~~"Just calm down, you're fine"~~	→	"You are safe. I'll stay with you."
~~Start an SSRI — symptoms should stop today~~	→	SSRI takes 4–6 weeks; use benzo PRN for now
~~Long-term alprazolam as maintenance~~	→	Benzos = short-term; SSRI is first-line maintenance
~~Patient reports chest pain — "classic panic"~~	→	**Always rule out MI / PE first** (ECG, troponin)
~~Hold patient's hand to provide comfort~~	→	Don't touch without permission — may escalate

7 PATIENT EDUCATION

Empower the patient *between attacks.*

LIFESTYLE & TRIGGERS

- → **Avoid stimulants**: caffeine, nicotine, energy drinks, decongestants
- → Avoid alcohol/illicit substances — worsen rebound anxiety
- → Regular aerobic exercise (30 min, 5×/wk)
- → Sleep hygiene — 7–9 hrs nightly
- → Identify and journal personal triggers

COPING SKILLS

- → **Diaphragmatic breathing** daily — not just during attacks
- → **5–4–3–2–1 grounding** (see, feel, hear, smell, taste)
- → Cognitive reframing — "This is a panic attack. It will pass."
- → Do not avoid feared situations — avoidance reinforces panic
- → Practice progressive muscle relaxation

MEDICATION TEACHING

- → SSRI: take daily; full effect in **4–6 weeks**
- → **Never stop abruptly** — taper under provider
- → Report suicidal thoughts, especially first weeks
- → Benzo: only as prescribed; no driving until tolerance known
- → Carry list of meds & emergency contact

WHEN TO SEEK HELP

- → Chest pain that does not resolve in 10–15 min
- → Any suicidal or self-harm thoughts
- → Symptoms of serotonin syndrome on SSRI
- → Increased frequency or severity of attacks
- → Inability to perform daily activities

8 MEMORY BOOSTERS & MNEMONICS

Quick recall for *test day.*

"PANIC" — Hallmark Symptoms

P	A	N	I	C
Palpitations / pounding heart	Abdominal distress / nausea	Numbness, tingling	Intense fear of dying	Chest pain & choking

"STAY" — Nursing Priority

S	T	A	Y
Stay with patient	Tone — calm & low	Atmosphere — quiet, dim, safe	Yes/No questions only

Pattern Recognition Pearls

5-4-3-2-1 GROUNDING

5 things you can SEE • **4** FEEL • **3** HEAR • **2** SMELL • **1** TASTE

4-7-8 BREATHING

Inhale **4** sec • Hold **7** sec • Exhale **8** sec. Activates parasympathetic response.

THE "10-MINUTE RULE"

Panic attacks **peak in 10 min**. If symptoms last hours → consider another diagnosis.