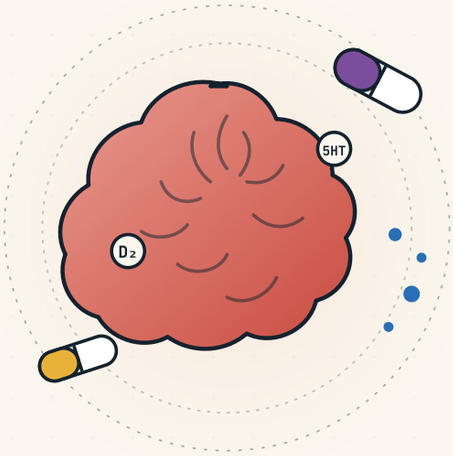
NCLEX · 2026 TEST PLAN | MENTAL HEALTH · PHARM | HIGH-YIELD REVIEW

SYSTEM: PSYCHIATRIC / CNS · CLASS: ATYPICAL ANTIPSYCHOTICS

Second-Generation Antipsychotics *(Atypicals)*



Dopamine + serotonin blockers that treat schizophrenia, bipolar mania, and treatment-resistant depression — **less EPS** than first-gen, but **higher metabolic risk**. Know the labs. Know the red flags.

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1 OVERVIEW
Definition — what they are & why they matter

01
USED FOR

Psychosis & mood

Schizophrenia (1st-line), bipolar mania, treatment-resistant depression, severe agitation, Tourette's.

02
WHY PREFERRED

Treats BOTH symptom types

Positive sx (hallucinations, delusions) + **Negative** sx (flat affect, social withdrawal, anhedonia).

03
TRADE-OFF

Less EPS, more metabolic

Lower risk of dystonia/TD than 1st-gen — but **weight gain, diabetes, dyslipidemia** are serious.

2 PATHOPHYSIOLOGY — SIMPLIFIED
Mechanism: how atypicals re-balance the brain

STEP 1 — **Excess dopamine**
Overactive D_2 in mesolimbic pathway drives **psychosis**

→

STEP 2 — **Drug blocks D_2**
Loosely (unlike 1st-gen), so fewer EPS effects

→

STEP 3 — **Also blocks 5-HT_2A**
Serotonin blockade treats **negative sx**

→

STEP 4 — **Balance restored**
↓ hallucinations, ↑ mood, ↑ social engagement

→

STEP 5 — **Off-target hits**
H_1, α_1, M_1 receptors → sedation, ↓ BP, weight gain

Key distinction: 1st-gen = tight D_2 block → high EPS. 2nd-gen = loose D_2 + 5-HT_2A block → wider coverage, fewer movement side effects.

Onset: Agitation/insomnia improves in days. Hallucinations/delusions take **2–6 weeks**. Negative sx can take **months**. Teach patience.

3 SIGNS & SYMPTOMS / ADVERSE EFFECTS

Early vs Late — know the red flags 🚨

EARLY / MILD (FIRST DAYS–WEEKS)

- Sedation, drowsiness, dizziness
- Orthostatic hypotension (α_1 block)
- Dry mouth, blurred vision, constipation
- Mild weight gain begins
- GI upset, nausea
- Mild tremor, restlessness (akathisia)

LATE / SEVERE — REPORT IMMEDIATELY

- **Neuroleptic Malignant Syndrome (NMS):** fever, muscle rigidity, ↑BP/HR, ↓LOC, ↑CK — **stop drug, cool patient**
- **Agranulocytosis** (esp. CLOZAPINE): sore throat, fever, flu-like sx → check **ANC**
- **Metabolic syndrome:** weight gain, ↑glucose, ↑lipids, new-onset T2DM
- **Tardive dyskinesia (TD):** involuntary lip-smacking, tongue thrust — often irreversible
- **QT prolongation** (esp. ziprasidone) → torsades risk
- **Seizures** (dose-related, clozapine)

NCLEX RED FLAG HYPERTHERMIA + MUSCLE RIGIDITY + AMS = NMS UNTIL PROVEN OTHERWISE. STOP THE DRUG. THIS IS A MEDICAL EMERGENCY.

4 PRIORITY NURSING INTERVENTIONS

ABCs · Safety · Monitor · Teach

A AIRWAY (SEDATION, ASPIRATION) · B BREATHING · C CIRCULATION (↓BP, QT) · D DISABILITY (LOC, NMS) · S SAFETY (FALLS, SUICIDE)

PRIORITY 1 — ASSESS Baseline & vitals

- → VS, orthostatic BP, weight, BMI, waist circumference
- → Baseline ECG (QT), fasting glucose, lipid panel
- → CBC w/ ANC — **mandatory pre-clozapine**
- → Suicide risk screen; AIMS test for TD

PRIORITY 2 — MONITOR Red-flag reactions

- → Temp + rigidity → rule out NMS
- → Sore throat / fever → rule out agranulocytosis
- → Orthostasis & fall risk — ↑ in elderly
- → QT interval if ziprasidone / high doses

PRIORITY 3 — ADMINISTER Safely

- → Ziprasidone & lurasidone — **give with food** (≥350–500 kcal)
- → Clozapine — only dispense if **ANC ≥ 1500** (REMS)
- → Never stop abruptly → rebound psychosis; taper
- → Give at bedtime if sedating (quetiapine)

PRIORITY 4 — PROTECT Safety & dignity

- → Fall precautions; sit up slowly
- → Seizure precautions (clozapine, high dose)
- → Suicide precautions — ↑ risk as energy returns
- → Therapeutic communication: calm, consistent, brief

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PHARMACOLOGY — HIGH-YIELD DRUG CARDS

The atypicals you'll be tested on

Clozapine
(Clozaril)

HIGH ALERT · REMS

USE	**Treatment-resistant schizophrenia** · ↓ suicide risk
MECH	Weak D_2, strong 5-HT_2A blockade
⚠ S/E	**Agranulocytosis, myocarditis, seizures**, weight gain, drooling
NURSING	**ANC weekly × 6 mo**, then q2wk × 6 mo, then monthly. Hold if ANC < 1500.

Olanzapine
(Zyprexa)

METABOLIC RISK

USE	Schizophrenia, bipolar mania, agitation
MECH	D_2 & 5-HT_2A antagonist
⚠ S/E	**Highest weight gain**, hyperglycemia, dyslipidemia, sedation
NURSING	Weight, A1C, lipids q3mo. Diet/exercise teaching.

Risperidone
(Risperdal)

EPS AT HIGH DOSE

USE	Schizophrenia, bipolar, autism-associated irritability
MECH	Potent D_2 & 5-HT_2A block
⚠ S/E	**Hyperprolactinemia** (galactorrhea, amenorrhea, ED), EPS at >6 mg/day
NURSING	Report breast changes, sexual dysfunction. LAI (Consta) q2wk.

Quetiapine
(Seroquel)

SEDATING

USE	Schizophrenia, bipolar, MDD adjunct
MECH	D_2, 5-HT_2A, H_1 blockade
⚠ S/E	**Sedation, orthostasis**, weight gain, cataracts (rare)
NURSING	Dose at bedtime. Eye exams q6mo. Fall precautions.

Aripiprazole
(Abilify)

PARTIAL AGONIST

USE	Schizophrenia, bipolar, MDD augmentation
MECH	**Partial D_2 agonist** — dopamine stabilizer
⚠ S/E	**Akathisia**, insomnia, nausea; low metabolic risk
NURSING	Morning dose (activating). Report restlessness.

Ziprasidone
(Geodon)

QT PROLONGATION

USE	Schizophrenia, acute mania, IM for agitation
MECH	D_2, 5-HT_2A blockade
⚠ S/E	**QT prolongation → torsades**, rash, sedation
NURSING	**Take with ≥500 kcal meal** (↑absorption 2×). Baseline ECG.

Lurasidone
(Latuda)

LOW METABOLIC

USE	Schizophrenia, bipolar depression
MECH	D_2, 5-HT_2A, 5-HT_7 block
⚠ S/E	Akathisia, somnolence, nausea; weight-neutral
NURSING	**Take with ≥350 kcal meal**. Avoid grapefruit juice (CYP3A4).

Paliperidone
(Invega)

LAI OPTION

USE	Schizophrenia, schizoaffective disorder
MECH	Active metabolite of risperidone
⚠ S/E	Hyperprolactinemia, EPS, QT, weight gain
NURSING	LAI monthly/q3mo → ↑ adherence. Swallow whole (ER).

6 NCLEX TEST TRAPS
What students miss · priority vs non-priority

1 **NMS ≠ Serotonin Syndrome.** Both have fever + AMS, but NMS = **rigidity + bradyreflexia**; SS = **hyperreflexia + clonus + diarrhea**.

Priority → STOP drug, cool, support airway, give dantrolene (NMS) or cyproheptadine (SS).

2 **Agranulocytosis = ANC, not just WBC.** A sore throat is the earliest red flag in a clozapine patient.

Priority → Hold dose, draw ANC, assess for infection.

3 **2nd-gen has LESS EPS, but still has EPS.** Akathisia & TD still happen — especially risperidone at high dose.

Priority → Use AIMS tool; treat acute EPS with benztropine or diphenhydramine.

4 **Weight gain is the #1 reason for non-adherence**, not sedation. Don't dismiss the patient's concern about weight.

Priority → Teach diet, activity, and routine A1C/lipid checks.

5 **Ziprasidone & lurasidone MUST be taken with food.** Without food, blood levels drop below therapeutic.

Priority → Ziprasidone ≥ 500 kcal · Lurasidone ≥ 350 kcal.

6 **"I'm feeling better, can I stop?"** — Never. Abrupt discontinuation → relapse and cholinergic rebound.

Priority → Teach: continue as prescribed; taper only with MD.

7 PATIENT & FAMILY EDUCATION
What to teach before discharge

Take with food when required
Ziprasidone & lurasidone need a substantial meal. Others: with or without food; consistent timing helps.

Rise slowly
Orthostatic hypotension is real — sit on edge of bed 30 seconds before standing. Prevent falls.

Patience with onset
Full effect takes 2–6 weeks. Negative sx may improve over months. Keep appointments.

No alcohol / CNS depressants
Additive sedation → respiratory depression risk. Avoid driving until sedation resolves.

Report red-flag symptoms
Fever, sore throat, muscle stiffness, confusion, irregular heartbeat, new abnormal movements — call provider.

Weight & labs matter
Weekly weights at home, yearly A1C + lipids, protect teeth (dry mouth), sunscreen (photosensitivity).

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MEMORY BOOSTERS & PATTERN RECOGNITION

Mnemonics that actually stick

★ NMS → remember "FEVER"

F **E** **V** **E** **R**

Fever (hyperthermia) · **E**ncephalopathy (AMS) · **V**itals unstable (autonomic) · **E**nzymes elevated (↑CK) · **R**igidity (lead-pipe)

★ Metabolic side effects "The 4 W's"

W **W** **W** **W**

Weight gain · **W**aist expansion · **W**onky sugar (hyperglycemia) · **W**onky lipids (dyslipidemia).
Screen at baseline, 3 months, then yearly.

- **"-pine / -done / -peridone" endings** = usually atypical (olanzaPINE, risperiDONE, paliperiDONE).
- **Clozapine = "Counting cells"** — always think ANC, REMS, weekly labs.
- **Ziprasidone = Z for Zap** (QT prolongation, ECG baseline).
- **Olanzapine = "Olanza-PIE"** — the fattening one (biggest weight gain).
- **Aripiprazole = "A-1 balanced"** — partial agonist, activating, morning dose.
- **Quetiapine = "Quiet-iapine"** — sedating, bedtime dose.