NCLEX MENTAL HEALTH · 2026 TEST PLAN

Attention-Deficit / Hyperactivity Disorder — *ADHD*

A neurodevelopmental disorder of **inattention, hyperactivity, and impulsivity** with onset before age 12. High-yield for Psychosocial Integrity & Pharmacological Therapies.

System: Neuropsychiatric | Domain: Psychosocial Integrity | Onset: < 12 years | DSM-5-TR · Neurodevelopmental

01 · DEFINITION

What is ADHD?

A neurodevelopmental disorder marked by persistent patterns of inattention and/or hyperactivity-impulsivity that interfere with functioning across two or more settings.

- **Onset before age 12;** symptoms must persist ≥ 6 months and cause impairment in 2+ settings (e.g., home, school, work).
- Affects ~5–11% of children and ~2–5% of adults; **~2–3× more common in males**, though females are often underdiagnosed (more inattentive type).
- Highly heritable (~74%); frequently co-occurs with anxiety, depression, ODD, learning disorders, and tics.

PRESENTATION · 1

Predominantly Inattentive

Daydreamy, disorganized, forgetful. More common in girls; often missed.

PRESENTATION · 2

Predominantly Hyperactive-Impulsive

"Driven by a motor," interrupts, can't sit still. More common in younger boys.

PRESENTATION · 3

Combined Presentation

Both clusters of symptoms; most common overall presentation.

02 · PATHOPHYSIOLOGY

The Brain Behind ADHD

Dysregulated catecholamines + underdeveloped executive circuits.

1. Genetic + neurodevelopmental factors → **under-active prefrontal cortex** (executive function HQ).
2. ↓ **Dopamine** & ↓ **norepinephrine** in fronto-striatal pathways.
3. Impaired signaling in basal ganglia & cerebellum → poor impulse control & motor regulation.
4. Delayed cortical maturation (~2–3 years behind peers) on imaging.
5. = **Inattention, hyperactivity, impulsivity** that disrupts learning, behavior & relationships.

03 · SIGNS & SYMPTOMS

Clinical Picture

Three core symptom clusters — must persist ≥ 6 months and appear in 2+ settings.

Inattention A

- → Careless mistakes; misses details
- → Difficulty sustaining attention
- → Doesn't seem to listen
- → Fails to finish tasks
- → Disorganized; loses items
- → Easily distracted; forgetful
- → Avoids tasks needing mental effort

Hyperactivity B

- → Fidgets, squirms, taps
- → Cannot remain seated
- → Runs / climbs inappropriately
- → Unable to play quietly
- → "On the go," driven by a motor
- → Talks excessively

Impulsivity C

- → Blurts out answers
- → Cannot wait their turn
- → Interrupts / intrudes
- → Acts without thinking
- → Accidents / injury-prone
- → Difficulty delaying gratification

RED FLAGS — Escalate / Reassess

Self-injury from impulsivity · **suicidal ideation** (esp. adolescents on atomoxetine) · chest pain, palpitations, or syncope on stimulants · sudden mood/behavior change · stunted growth · signs of **stimulant misuse or diversion**.

04 · NURSING INTERVENTIONS

Priority Nursing Actions

ABCs · Safety first · Structure & consistency · Therapeutic communication.

- **Assess** baseline VS, height, weight & **cardiac history before starting stimulants** — risk of sudden cardiac death.
- **Provide structure:** consistent routine, predictable schedule, clear expectations.
- **Reduce environmental stimuli:** quiet area, minimal distractions, calm tone.
- **One direction at a time** — short, simple, concrete instructions.
- **Implement safety measures** for impulsivity — close supervision, helmet for risky play, safe outlets for energy.
- **Use positive reinforcement**: praise specific behaviors, reward systems, immediate feedback.
- **Set firm, consistent limits** with calm enforcement — avoid lectures or power struggles.
- **Monitor growth** (height/weight) q3–6 months on stimulants; **BP & HR** at each visit.
- **Assess mood & suicidality** — especially on atomoxetine (BBW).
- Coordinate with school: 504 plan / IEP, behavior contracts, parent training.

05 · PHARMACOLOGY

ADHD Medications — High-Yield

Stimulants are first-line (Schedule II). Non-stimulants are alternatives or add-ons — especially for tics, anxiety, or substance abuse risk.

FIRST-LINE · STIMULANT

Methylphenidate

`Ritalin · Concerta (ER) · Daytrana (patch) · Metadate · Focalin (dexmethylphenidate)`

MOA	Blocks reuptake of dopamine & norepinephrine in the prefrontal cortex.
S/E	Insomnia, ↓ appetite, weight loss, growth suppression, ↑ HR & BP, irritability, tics, headache.
NURSE	Give in **AM after breakfast**; do NOT crush ER forms; monitor growth, BP, HR; remove Daytrana patch after 9 hrs.

⚠ **BBW:** High abuse potential (Schedule II) · sudden cardiac death in pts with structural heart disease.

FIRST-LINE · STIMULANT

Amphetamine Salts

`Adderall · Adderall XR · Vyvanse (lisdexamfetamine, prodrug) · Dexedrine`

MOA	Increases release of dopamine & norepinephrine into the synaptic cleft.
S/E	Same stimulant profile: insomnia, anorexia, ↑ BP/HR, jitteriness, weight loss, psychosis (rare).
NURSE	AM dose; food does NOT affect Vyvanse absorption; **Vyvanse is prodrug** → less abuse potential. Monitor growth & cardiac status.

⚠ **BBW:** Schedule II — high abuse / dependence risk. Avoid in known cardiac structural abnormalities.

NON-STIMULANT · SNRI

Atomoxetine

`Strattera — selective norepinephrine reuptake inhibitor`

MOA	Selectively blocks norepinephrine reuptake in prefrontal cortex.
S/E	GI upset, fatigue, ↓ appetite, dizziness, dry mouth, **hepatotoxicity**, irritability.
NURSE	Onset takes **2–4 weeks**; monitor LFTs; **screen for suicidal ideation** at every visit; not a controlled substance.

⚠ **BBW:** Increased risk of **suicidal ideation** in children & adolescents.

NON-STIMULANT · α-2 AGONIST

Guanfacine & Clonidine

`Intuniv (guanfacine ER) · Kapvay (clonidine ER)`

MOA	Stimulate α-2 adrenergic receptors → ↓ sympathetic outflow → calms the system.
S/E	**Sedation, hypotension, bradycardia,** dry mouth, dizziness, fatigue.
NURSE	Often dosed at **bedtime**; monitor BP & HR; **NEVER stop abruptly** → rebound hypertension. Useful when stimulants worsen tics/anxiety.

⚠ **Caution:** Taper to discontinue. Avoid with other CNS depressants.

06 · NCLEX TEST TRAPS

Don't Get Tricked ⚠

Where the question writers love to plant distractors.

TIMING TRAP Stimulants → **AM dose**, never bedtime. Last dose ideally before 4 PM to prevent insomnia.

FOOD TRAP Give stimulants **after breakfast** — protects appetite. (Vyvanse can be given with/without food.)

GROWTH TRAP Monitor **height & weight q3–6 months** — stimulants

CARDIAC TRAP ALWAYS get **baseline ECG + cardiac history**

07 · PATIENT EDUCATION

Teach the Family

Empower parents & child — medication is only part of the plan.

Medication

- ✓ Take stimulants in morning with breakfast
- ✓ Store securely — controlled substance
- ✓ Do not crush ER/XR formulations

Lifestyle

- ✓ Consistent sleep schedule
- ✓ Nutritious breakfast before AM dose
- ✓ Limit caffeine & energy drinks
- ✓ Daily exercise — channels energy
- ✓ Limit screen time before bed

can suppress growth. Drug holidays may be considered.

before stimulants. Chest pain = stop & report.

SUICIDE TRAP **Atomoxetine (Strattera) BBW** = ↑ suicidal ideation in kids/teens — assess mood at every visit.

REBOUND TRAP Clonidine & guanfacine → **NEVER stop abruptly**. Taper to prevent rebound HTN.

ER / XR TRAP **Do not crush, chew, or split** Concerta, Adderall XR, Focalin XR — destroys the delivery system.

PRIORITY TRAP With impulsivity → **safety is always priority**. With stimulants → **cardiac assessment** trumps "talk to teacher."

- ✓ Atomoxetine: 2–4 wks to full effect
- ✓ Never stop alpha-2 agonists abruptly

Behavior & School

- ✓ Structured routines & visual schedules
- ✓ Break tasks into small steps
- ✓ Positive reinforcement & immediate feedback
- ✓ 504 plan or IEP for school accommodations
- ✓ Parent training & behavioral therapy

Report Immediately

- ✓ Chest pain, palpitations, fainting
- ✓ Mood changes or suicidal thoughts
- ✓ Severe appetite loss or weight drop
- ✓ Jaundice, dark urine (atomoxetine)
- ✓ Tics, hallucinations, severe anxiety

08 · MEMORY BOOSTERS

Mnemonics & Pattern Recognition

Lock these in — they map directly to NCLEX question stems.

"FOCUS" — Nursing care of the child on stimulants

- **F** **Food first** — give after breakfast to protect appetite.
- **O** **Once in the morning** — avoid bedtime dosing (insomnia).
- **C** **Cardiac** assessment — baseline + ongoing BP, HR, ECG.
- **U** **Use growth charts** — monitor height & weight q3–6 mo.
- **S** **Schedule II** — store securely, no refills without script.

"ADHD" — Core clinical features

- **A** **Attention** deficits — distractible, forgetful, off-task.
- **D** **Disorganization** — loses things, misses deadlines, careless mistakes.
- **H** **Hyperactivity** — fidgets, runs, can't sit, talks excessively.
- **D** **Doing first, thinking later** — impulsivity, interrupts, blurts.

"STRATTERA" Watch-Outs

- **S** **Suicidal** ideation — Black Box Warning, monitor every visit.
- **T** **Takes 2–4 weeks** — not a quick fix like stimulants.
- **L** **LFTs** — risk of hepatotoxicity; check liver function.
- **N** **Not a controlled substance** — good for substance-abuse risk.

"CALM" — Alpha-2 agonists (clonidine, guanfacine)

- **C** **Calms** the system — useful with tics or anxiety.
- **A** **Abrupt stop = rebound HTN** — always taper.
- **L** **Lowers BP & HR** — monitor for hypotension/bradycardia.
- **M** **Mainly at bedtime** — sedation helps sleep onset.