

## Care of Patient with Active Hallucinations

### Introduction

Hallucinations are sensory perceptions resulting from no external cause. They may be auditory, visual, olfactory, gustatory, or tactile. (*See Types of hallucination below*)

Hallucinations typically occur in patients with manic disorders, substance-related disorders, or schizophrenia. A patient experiencing an active hallucination needs help being reoriented to reality. As part of this process, the nurse must determine what type of hallucination the patient is experiencing.

<b>TYPES OF HALLUCINATIONS</b>	
Various types of hallucinations exist. Patients may experience only one type of hallucination or a combination of several different types.	
<b>Hallucination type</b>	<b>Description</b>
1. Auditory	The patient hears voices in his head. Example: "I hear voices in my head that tell me what I'm going to eat each day."
2. Visual	The patient sees things that aren't there (usually insects or snakes). Example: "There are spiders crawling all over my bed."
3. Olfactory	The patient smells things for which there is no external basis. Example: "I smell something rotting in my room" even though no smell is detected by others.
4. Gustatory	The patient complains of a constant taste. Example: "I constantly taste salt in my mouth."
5. Tactile	The patient feels things, usually bugs, crawling on her. These types of hallucinations are most common in patients undergoing alcohol withdrawal. Example: "There are worms crawling under my skin trying to get out."

### Equipment

None needed.

### Implementation

1. Introduce yourself to the patient *to gain rapport and trust and help develop the nurse-patient relationship.*
2. Approach the patient in a nonthreatening, calm manner.
3. Assess the patient's behaviors as he is actively hallucinating. Be alert for behaviors such as moving his eyes back and forth, engaging in a conversation with an inanimate object or person who isn't present, and moving the mouth as if speaking or responding to a sound.

4. Ask the patient about his behavior while also presenting reality to him. For example, "I don't hear any voices. What are you hearing?"
5. Reassure the patient that he is safe.
6. Engage the patient in reality-based activities, such as card games or listening to music. *It's difficult for the patient to focus on a reality-based activity and a hallucination at the same time.*
7. When the patient is no longer actively hallucinating, help him identify triggers that may precede hallucinations.
8. Monitor the patient's anxiety level and administer anti-anxiety medication as ordered. *The intensity of hallucinations is typically related to the patient's anxiety levels.*
9. Teach the patient to talk back to the voices, as applicable. *Doing so will help him manage his auditory hallucinations and realize that they aren't real.*
10. If the patient is taking medication to manage his hallucinations, monitor him for extrapyramidal effects. (See the "Extrapyramidal symptom assessment" procedure.)
11. Document the procedure.<sup>3</sup>

### Special Considerations

1. Never force a patient to discuss his thoughts or feelings if it seems that doing so will increase his anxiety level.
2. If the patient tells you that the voices are telling him to hurt himself or someone else, immediately make sure the patient isn't in a position to do so.

### Documentation

Document the type of hallucination experienced and its characteristics. Use the patient's own words, if possible. Document the patient's behavior during the hallucination and his behavior before the hallucination occurred. Document any actions taken to help the patient during the hallucination. If the patient posed a threat to himself or others, document what actions were taken to ensure everyone's safety.

### References

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3. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook*. Standard RC.01.03.01. Oakbrook Terrace, IL: The Joint Commission, 2010.
4. Mohr, W.K. *Psychiatric-Mental Health Nursing: Evidence-Based Concepts, Skills, and Practices*, 7th ed. Philadelphia: Lippincott Williams & Wilkins, 2008.

5. Penn, D.L., et al. "A Randomized Controlled Trial of Group Cognitive-behavioral Therapy vs. Enhanced Supportive Therapy for Auditory Hallucinations," *Schizophrenia Research* 109(1-3):52-9, April 2009.
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7. Videbeck, S.L. *Psychiatric-Mental Health Nursing*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 2007.

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