

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Hanna Date: 11/7/23

Patient's Initials: I.J. Age: 24 Sex: F

Psychiatric Diagnosis(es): bipolar I

Pathophysiology of the main Psychiatric Diagnosis:

mood disorder with cycling behaviors | periods of lows with depression followed by highs w/ acute mania. during depression → low mood, low energy, low motivation, high risk for SI. during acute mania → high energy, hyperactivity, elevated mood, aggression w/ violence. 1 episode of mania that lasts over 1 week or need for hospitalization.

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Fluoxetine → SSRI increase serotonin affects neurotransmitters to help w/ depression, anxiety, and panic →		insomnia, sexual dysfunction, GI upset, monitor for SI	educate to not stop taking abruptly and take in the morning
Olanzapine → atypical 2nd generation antipsychotic fewer EPS	used in junction w/ fluoxetine to treat manic depression w/ bipolar disorder	trouble swallowing, confusion, swelling in hands and feet, weight gain, HA, dry mouth	risk for metabolic syndrome
Divalproex → anti convulsant	used to treat manic episodes in bipolar and seizures	n/v/d, HA, dizziness, bruising, bloody nose, flu like sx, weight changes	educate to avoid alcohol and driving - don't abruptly stop taking
Paliperidone → atypical 2nd generation antipsychotic fewer EPS	used to treat mania associated w/ bipolar disorder	drowsiness, palpitations, weight gain, upset stomach tremors	risk for metabolic syndrome

risperidone → atypical
2nd generation
antipsychotic
fewer EPS

risk for metabolic
syndrome

Mental Status Exam:

Document subjective & objective data

1. Appearance
wearing blue paper scrubs w/ bright yellow reflector vest, marker drawings all over arms and neck, flat affect, appropriate appearance w/ age.
2. Behavior
minimally cooperative, bad eye contact, rapid body movements, energized
3. Speech
rapid loud and soft, mumbling when coloring or others talking
4. Mood
euphoric mood talking about son and pregnancy
flat affect
5. Disorders of the Form of Thought
flight of ideas including family, baby, school
poor concentration
6. Perceptual Disturbances
reported hallucinations but none noted 11/7
7. Cognition
oriented x4 doesn't seem aware of condition
no insight or judgment noted
8. Ideas of harming Self or Others
as of 11/7 no thoughts of harming self or others

Problem #1:

Impaired mood regulation

Patient Goals:

1. IJ will demonstrate compliance with medication or treatment plan during my care.
2. IJ will identify negative thoughts and rationally counter them and rename them in a positive manner prior to discharge.

Assessments:

- > monitor mood and behavior changes q4 hour/PRN, perform MSE qshift, assess for somatic signs of depression qshift, assess coping mechanisms PRN.

Interventions (In priority order):

1. provide a safe and supportive environment free of judgment continuously.
2. administer fluoxetine, olanzapine, divalproex, paliperidone, risperidone as ordered.
3. encourage IJ to participate in group therapy and share during my care.
4. encourage IJ to write in a journal expressing thoughts and feelings during my care.
5. encourage IJ to engage in 30 minutes of exercise each day prior to discharge.
6. allow client to have plenty of time to think and respond to conversations during my time of care.

Problem #2:

Ineffective coping

Patient Goals:

1. IJ will verbalize effective coping mechanisms such as relaxation techniques and group/individual therapy prior to discharge.
2. IJ will identify their disruptive behaviors and how they prevent effective coping during my time of care.

Assessments:

- > assess individual stressors PRN/qshift, evaluate perception of situation PRN, observe for signs of nonverbal stress PRN, assess current coping mechanisms

Interventions (In priority order):

7. Establish rapport using therapeutic communication during my time of care.
8. assist IJ in identifying behaviors delaying coping PRN.
9. provide stress relieving and relaxation techniques i.e. deep breathing PRN.
10. encourage IJ to verbalize fears, feelings, and anxiety during my care.
11. educate IJ on the importance of a healthy support system PRN.
12. provide education on support groups, individual therapy, and peers prior to discharge.

Patient Teaching

List 2 teaching topics that you taught a client. Were they appropriate for this client, and why?

1. I taught a client that we are unable to accept gifts which was appropriate because that can be viewed as favorites or special treatment with manipulation.
2. I taught effective therapeutic communication and good body language by displaying it hoping it can be reciprocated.

Growth & Development

1. Discuss norms of growth and development, including development stage.

I.J. had ~~normal~~ a normal physical appearance of a 24-yr old. She had normal growth but a misued grasp on reality.

2. Discuss any deviations of growth and development and the developmental stage.

The deviations of growth and development were the lack of judgment and insight with situational awareness for I.J. It seemed like she had unrealistic goals for her health and wellness. I.J. is in the early adulthood developmental stage which may pose as a struggle since it focuses on forming bonds and intimacy.

Intimacy vs. Isolation

Self-Evaluation: Answer each of the following questions.

1. What is your personal perception of your performance during your clinical day? What did you do well? What could you have done better? Give specific examples.

I had a good clinical day! I believe my therapeutic communication was good. I was able to build rapport with the clients. I was comfortable building on and exploring conversations with acceptance and no judgment. Setting boundaries could have been better for example a client gifted me a lot of artwork I said thank you hesitantly, but was able to voice that I couldn't accept it.

2. Give an example of one of the challenges you faced today. What did you do to overcome it?

A challenge I was faced with today was maintaining a professional nurse-client relationship. I so badly wanted to speak with them as I do my friends because I felt like I had to hold back, but I guess that comfort and balance comes with time. I overcame it by remaining professional and leaning on my therapeutic communication.