

Dover Behavioral Health
Clinical Assignment
2023

Student Name: Hanna Weneid Date: 11/6/23

Patient's Initials: J.P Age: 33 Sex: M

Psychiatric Diagnosis(es): Bipolar

Pathophysiology of the main Psychiatric Diagnosis: A disorder w/ mood swings from profound depression to extreme mania w/ intervening periods of normalcy. delusions or hallucinations can be present. during depression low mood, low energy, low motivation, high SI risk. acute mania high energy, hyperactivity, elevated mood, aggression w/ violence. biological findings include genetics, the size of gray matter, hippocampus, and amygdala, effecting neuro transmitters dopamine, norepinephrine, glutamate, and serotonin

Medications

Medication Name, Classification/Action	Rationale	Side Effects	Nursing Implications
Escitalopram → SSRI blocks reuptake of serotonin by nerves	increase serotonin, helps w/ depression, anxiety, and panic	insomnia, sexual dysfunction, GI upset, monitor for SI	- take in the morning - do not abruptly stop taking
Divalproex → anticonvulsant restores balance of neurotransmitters	used to treat manic episodes in bipolar and seizures	n/v/d, HA, dizziness, bruising, bloody nose, flu like sx, weight changes	- do not abruptly stop taking - educate to avoid eth and driving

Mental Status Exam:

Document subjective & objective data

1. Appearance
casually attired w/ t-shirt, shorts, vans (shoes), big smile, sweatings, appropriate appearance w/ age, cuss cross apple sauce
2. Behavior
energized, slightly paranoid, cooperative, good eye contact, eager to participate, boisterous "only shared this because I'm leaving"
3. Speech
rapid, loud, interrupts, engages in conversation easily
stuttering when telling story
4. Mood
euphoric mood, affect animated, eager to sit next to each other
5. Disorders of the Form of Thought
flight of ideas, disorganized, delusions possibly
6. Perceptual Disturbances
none noted 11/8
7. Cognition
oriented x4, good attention, positive for abstraction, aware of diagnosis and rx of diagnosis, judgment is spared
8. Ideas of harming Self or Others
as of 11/8 no thoughts of harming self/others
"I practice non violence"

Problem #1:

Impaired mood regulation

Patient Goals:

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

Assessments:

- > monitor mood and behavior changes q4hour/PRN, perform MSE q shift, assess any loss of interest during my care, assess for appropriate staff on unit PRN.

Interventions (In priority order):

1. Provide a safe and supportive environment free of judgment continuously.
2. administer Escitalopram and divalproex as ordered.
3. encourage JP to engage in activities that are safe/structured during my care.
4. protect JP from giving away money and possessions during my care.
5. encourage JP to consume nutritious foods and engage in 30 mins exercise during my care.
6. provide education on support groups, individual therapy, and peers prior to discharge.

Problem #2:

ineffective coping

Patient Goals:

1. JP will verbalize coping mechanisms such as relaxation techniques and group/individual therapy prior to discharge.
2. JP will establish a safety plan with the nurse including identifying triggers, coping strategies, and emergency contacts prior to discharge.

Assessments:

- > assess coping mechanisms PRN, assess individual stressors PRN, evaluate perception of situation PRN, observe for non verbal signs of stress PRN.

Interventions (In priority order):

7. Establish rapport using therapeutic communication during my care.
8. assist JP in identifying behaviors delaying coping PRN.
9. encourage JP to verbalize fears, feelings, and anxiety during my care.
10. encourage JP to write in a journal expressing thoughts/feelings PRN.
11. encourage JP to participate in group therapy and share during my care.
12. educate JP on importance of healthy support system during my time of care.

Patient Teaching

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

1. I taught effective therapeutic communication and good body language by displacing it, hoping it can be reciprocated.
2. I taught a client that you can color at any age. It can be very therapeutic letting your imagination take over the paper. It was appropriate because it could be helpful for coping.

Growth & Development

1. Discuss norms of growth and development, including development stage. intimacy vs. isolation
JP had a normal physical appearance of a 33yr old. normal growth. JP had a misused judgment and awareness. has a associates degree and a good job.
2. Discuss any deviations of growth and development and the developmental stage. intimacy vs. isolation
JP struggled with handling his emotions and anger. has unrealistic goals, flight of ideas, and hallucinations. writes like an elementary student. with bizzare facial expressions that dont fit situation. his development might be difficult to form bonds and intimacy.

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 very good day! There were definitely deeper conversations today. I was able to steer conversations in positive/safe directions if they got out of hand. something I could have done better is shaking my clients hand since that is a no-no.

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

A challenge I faced today was a client trying to leave the room behind me. I made sure to stay in front of the door and call for my instructor for help and didnt leave the situation until staff were there.