ATI Real Life Student Packet
N201 Nursing Care of Special Populations
2025

Student Name: Chloe Klaus

ATI Scenario: Bipolar Disorder

To Be Completed Before the Simulation

*****Blue boxes should be completed using textbook information. What do you expect to find? This information should be collected before you start the ATI simulation*

Medical Diagnosis: Bipolar Disorder

NCLEX IV *(8)*: Physiological Integrity/Physiological Adaptation

Anatomy and Physiology
Normal Structures

Central Nervous System
- Brain
- Spinal cord

Peripheral Nervous System
- Somatic (voluntary control of muscles)
- Autonomic (involuntary functions; HR)

Brain- divided into 4 lobes

Frontal lobe: Executive function, judgment, decision-making, impulse control, and personality
Temporal Lobe: Auditory processing, language, memory
Parietal Lobe: Sensory integration, spatial reasoning
Occipital Lobe: Visual processing

Brainstem- 3 parts
Midbrain**:** visual and auditory reflexes, motor movement.
Pons**:** connects cerebellum to cerebrum; regulates breathing.
Medulla oblongata**:** vital centers for heart rate, respiration, blood pressure.

Subcortical Structures

Thalamus: relay station for sensory input
Hypothalamus: regulates hormones, hunger, sleep, and emotions
Hippocampus: memory function
Amygdala: emotion processing; fear and aggression

NCLEX IV *(7)*: Reduction of Risk

Pathophysiology of Disease

Bipolar Disorder is a mood disorder characterized by episodes of mania and depression. This cycling emotions are due to a neurobiological dysregulation.

It is thought to be due to an imbalance of dopamine, serotonin, norepinephrine, glutamate, and GABA.

Dopamine
- Increased dopamine results in mania
- Decreased dopamine is linked to depression. Leading to lack of motivation, anhedonia, and cognitive slowing.

Serotonin
- Low serotonin levels are linked to depression

Norepinephrine
- Increased norepinephrine is linked to mania, contributing to arousal, irritability, and insomnia.
- Lowered levels are linked to depression, leading to fatigue, low energy, and attention issues.

Glutamate & GABA Imbalance
- Glutamate may be elevated during mania, contributing to increased neuronal activity.
- GABA may be reduced, leading to poor regulation of excitatory signals.

There is also a very strong genetic link having an estimated 85% chance there is a first generation relative who also has bipolar disorder. In some studies, it also showed there to

Basal Ganglia: movement and reward processing The spinal cord has grey matter that contains the cell body, dendrites, and interneurons and it has white matter that contains the sensory and motor tracts. **Neurotransmitters** Dopamine: motivation, reward, attention Glutamate: excitatory neurotransmitter Serotonin: mood, sleep, emotion GABA: Main inhibitory neurotransmitter **Input and Output** Sensory (afferent) neurons bring the signal from the body to the CNS to be processed in specific areas. The thalamus acts as a gatekeeper, directing sensory input to appropriate cortical areas. • Visual: occipital lobe • Auditory: temporal lobe • Touch/proprioception: parietal lobe Motor (efferent) neurons carry commands from CNS to muscles/glands. **Homeostasis** Meninges (dura mater, arachnoid mater, pia mater): Protect CNS. Cerebrospinal fluid (CSF): Cushions brain/spinal cord, maintains pressure, removes waste. Blood-brain barrier (BBB**)**: Tight endothelial junctions regulate substance passage into brain.		be a hypoactivity in the prefrontal cortex during depressive episodes leading to impaired decision-making, impulse control, and emotional regulation. Those diagnosed with this disease have also shown to have reduced grey matter volumes.

To Be Completed Before the Simulation

Anticipated Patient Problem: Risk for Injury

Goal 1: Will remain free from self-harm evidence by participating in group or self-activities during my time of care.

Goal 2: Will verbalize feelings of hopelessness or suicidal thoughts to staff during my time of care.

Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include timeframes	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Assess for suicidal ideation once per shift, prn	Initiate suicide precautions- 1:1 sitter, remove all tools that can be used as weapons/for self-harm prn
Monitor for changes in mood or behavior q 2hrs, prn	Encourage patient involvement in planning to identify triggers and warning signs prn
Assess hx of previous suicide attempts once per shift	Contact psychologist, social worker, psychiatrist for a safety plan prn
Monitor for any signs of access to self-harm- sharp objects, hidden items once per shift, prn	Administer prescribed antidepressants prn
Evaluate coping strategies once per shift, prn	Teach coping mechanisms- group therapy, deep breathing, walking, support person prn
Evaluate sleep patterns and nutritional status twice per shift	Encourage rest periods and offer finger foods and fluids frequently

To Be Completed Before the Simulation

Patient Problem: Disturbed thought process

Goal 1: Will demonstrate improved thought organization and verbalize decreased delusions by the end of my care.

Goal 2: Will verbalize and understanding that their thoughts may not reflect reality by the end of my care.

Relevant Assessments (Prework) What assessments pertain to your patient's problem? Include timeframes	**Multidisciplinary Team Intervention** (Prework) What will you do if your assessment is abnormal?
Assess presence of delusions or paranoia q 2hrs	Reorient to reality using clear, calm statements prn
Assess speech patterns – flight of ideas, mumbling to self q 2hrs	Reorient, therapeutic communication- avoiding validation of false beliefs prn
Monitor ability to concentrate and follow conversation q 4hrs	Provide structured routine daily
Assess orientation to person, place, time, and situation twice per shift, prn	Use simple language to reorient and promote understanding to surroundings prn
Monitor responses to surrounding people or sounds q 4hrs	Offer a quiet space with minimal stimulus prn
Evaluate knowledge of illness twice per shift, prn	Provide activities that improve thought process- puzzles, coloring, painting, music prn

To Be Completed During the Simulation:

Actual Patient Problem #1: Risk for Injury (self-harm)
Goal: Will remain free from self-harm evidence by participating in group or self-activities during my time of care. Met: ☐ Unmet:■

Goal: Will verbalize feelings of hopelessness or suicidal thoughts to staff during my time of care
Met: ■ Unmet:☐

Actual Patient Problem #2: Deficient Knowledge
Goal: Patient and/or family member will express willingness to participate in the education process and ask questions about bipolar disorder during my time of care. Met: ■ Unmet:☐
Goal: Patient and/or family member will state at least one common side effects of prescribed medications during my time of care. Met: ■ Unmet:☐

Additional Patient Problems:
#3- Disturbed Thought Process
#4- Imbalanced nutrition less than body requirements
#5- Self Care Deficit
#6- Ineffective Coping

Below will be your notes, add more lines as needed. **Relevant Assessments:** Indicate pertinent assessment findings. **Multidisciplinary Team Intervention:** What interventions were done in response to your abnormal assessments? **Reassessment/Evaluation:** What was your patient's response to the intervention?

Patient Problem (#)	Time	Relevant Assessments	Time	Multidisciplinary Team Intervention	Time	Reassessment/ Evaluation
Disturbed Thought Process/ Self Care Deficit	0700	mismatching clothing, abstract makeup, hair unbrushed, grandiosity	0700	Brought patient and family member into an isolated room	0700	Using clang associations "right, light, fight", magical thinking
Deficient Knowledge	0710	Mother questioning why her daughter is experiencing the manic/depressive episodes	0710	Educated on a strong genetic link that can predispose bipolar disorder	0710	"my father had similar episodes of depression"
Disturbed Thought Process	0800	Behaving seductively, "this can be your room too"	0800	Set clear expectations and limits "is it expected that there is no inappropriate physical contact. I need you to stop"	0805	Patient stepped away, did not further the inappropriate conversation
Risk for Injury	0900	Agitated, aggressively exercising alone in room, abstract	0905	Educated on importance of receiving medication to feel	0930	Decreased agitation, calmer affect

		makeup worn, refusing IM olanzapine		better. Administered 2mg Olanzapine		
Disturbed Thought Process/Risk for Injury	1100	Loudly speaking in group activity, interrupting others, getting into others face and throwing hands around	1100	Asked CNA to assist client out into the hallway	1100	Client willfully agreed to tour the unit and left the room to tour the unit
Deficient Knowledge	1300	Client asking "why did they take so much blood from me? Did you tell them I have AIDS!"	1300	Softly spoke to client ensuring that her information is not able to be shared and educated on the importance of watching lithium levels through bloodwork	1310	Clients body posture more relaxed, verbalized understanding "oh okay"
Deficient Knowledge	1400	Client not attentive to discussion with parent about med compliance and lifestyle changes	1400	Reoriented client, educated on drinking 2-3 liters of water, maintain salt intake, and taking medication with meals	1410	Client making eye contact, mother asking questions on salt intake and verbalized understanding to why it can lead to toxicity and common side effects "decreased urinary output"
Imbalanced nutrition less than body requirements	1430	Pacing, unable to sit still or keep attention, BMI 19.5	1430	Offered PBJ sandwich and chips, educated parent on importance of finger foods, high calorie/protein meals	1430	Client walking around eating sandwich, mother verbalized understanding
Risk for Injury	0800	5th admission in 13 months, "I want it to all be over, I feel like I'm in a big, dark, black hole"	0800	Brought client into room, softly speaking, "do you have a plan for how you would like to end your life?"	0805	"I took a bottle of acetaminophen out of my mom's purse"
Risk for Injury/Ineffective Coping	1100	Recent attempt on suicide, withdrawn behavior, crying inconsolably	1100	Prepared client for ECT therapy, emptied bladder, attached client to cardiac monitoring	1300	Client is well groomed, matching clothing, pleasant affect

To Be Completed After the Simulation

The orange boxes should be filled out with your simulation patient's actual results, assessments, medications, and recommendations

NCLEX IV *(7)*: Reduction of Risk

Actual Labs/ Diagnostics
Sodium: 140
Potassium: 4.6
BUN: 15
T3: 110 T4: 7 TSH: 3
Drug screen clear
Negative pregnancy test

NCLEX II *(3)*: Health Promotion and Maintenance

Signs and Symptoms
- Mismatching clothing
- Increased psychomotor activity
- Easily distractable
- Pressured speech
- Grandiose thinking
- Eccentric makeup

NCLEX II *(3)*: Health Promotion and Maintenance

Contributing Risk Factors
- 2nd generation depression hx
- Dysregulation of neurotransmitters
- Sleep deprivation

NCLEX IV *(7)*: Reduction of Risk

Therapeutic Procedures
Non-surgical
ECT
Lithium therapy
Group activities

Surgical

Prevention of Complications
(Any complications associated with the client's disease process? If not what are some complications you anticipate)
- Self-harm
- Dehydration/weight loss
- Med side effects
- Violence/aggression
- Relapse
- Med compliance

NCLEX IV *(6)*: Pharmacological and Parenteral Therapies

Medication Management
- Lithium
- Fluoxetine
- Olanzapine
- Lorazepam
- Multivitamin
- Zolpidem

NCLEX IV *(5)*: Basic Care and Comfort

Non-Pharmacologic Care Measures
- High calorie, high protein meals
- Monitoring lithium levels
- Setting limits
- Daily routines
- Involving family

NCLEX III *(4)*: Psychosocial/Holistic Care Needs

Stressors the client experienced?
- Manic episode
- Major depressive episode

Client/Family Education

Document 3 teaching topics specific for this client.
• Bipolar Disorder pathophysiology
• Frequent high calorie + protein meals
• Lithium side effects

NCLEX I *(1)*: Safe and Effective Care Environment

Multidisciplinary Team Involvement
(Which other disciplines were involved in caring for this client?)
Psych, PCP, Pharmacy, CNA

Patient Resources
- NAMI
- MHA
- Suicide Hotline

- Therapy
- Support Groups
- Books
- Apps

Reflection Questions

Directions: Write reflection including the following:

1. **What was your biggest "take away" from participating in the care of this client?**
   My biggest take away is seeing the cycling between mania and depression and how unpredictable this illness is. Seeing the need to continually assess the client for alterations in behavior and emotional state was very necessary.

2. **What was something that surprised you in the care of this patient?**
   I was surprised how quickly the client switched from seemingly well to a major depressive state. It showed how important it is to encourage med compliance and surrounding yourself with a good support system is for these clients.

3. **What is something you would do differently with the care of this client?**
   If I could go back, I think educating the client and especially her mother would be most important during discharge planning.

4. **How will this simulation experience impact your nursing practice?**
   This has shown how important it is to be vigilant about post mania depression and suicide. And how ensuring the client has effective coping mechanisms and proper resources is.

5. **Discuss norms or deviations of growth and development that was experienced during the simulation, including developmental stage.**

The client was in the Intimacy vs. Isolation stage and showed to have trouble forming relationships due to her impulsivity and being withdrawn. She showed to have feelings of hopelessness which contributed to her suicide attempt. It was not shown but with the frequency of hospitalization and level of mania and depression she experiences she may not have been able to achieve a stable job either.