

Dover Behavioral Health  
Clinical Assignment  
2025

Student Name: Destiny Romano Date: 10/22/25

Patient's Initials: Jayvan Age: 21 Sex: Male

Psychiatric Diagnosis(es): Bipolar Disorder

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Decrease in gray matter and size of hippocampus and amygdala. The amygdala has an increase in activity causing heightened emotional responses and mood swings. The hippocampus decreases in volume which causes problems with memory and stress regulation.
Neurotransmitters:	<b>Dopamine</b> increases during mania and decreases during depression. <b>Norepinephrine</b> increases during mania and decreases during depression. <b>Glutamate</b> increases which causes an excess excitatory activity leading to mood swings and mania.
Course/ characteristics of illness:	Characterized by mood swings from profound depression to extreme euphoria with intervening periods of normalcy. First manic episodes occur in teens, 20s or 30s with recurrent episodes throughout life. There is a high risk of relapse without medication adherence. The different types of Bipolar are Bipolar I and II, cyclothymic disorder, and rapid cycling.

**Medications**

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
<b>Aripiprazole (Abilify)</b> used to decrease symptoms of mania, depression, agitation, and schizophrenia (both positive and negative)	Class: Second-gen Atypical Antipsychotic  Action: Works as a dopamine D2 receptor partial agonist and serotonin 5-HT1A agonist, which antagonizing 5-HT2A	Metabolic syndrome: weight gain, inc blood glucose, triglycerides Few EPS symptoms (TD, akathisia, dystonia) Constipation, drowsiness, dizziness, tremors, N/V, depression, fatigue, cramping	-Monitor for EPS symptoms -Assess mental status, mood, and behavior changes -Monitor weight, blood glucose and lipid levels -Avoid alcohol and other CNS depressants -Caution pt to rise slowly -Medication may take several weeks to reach full effect

<b>Lithium</b> used to stabilize depression and mania in bipolar	Class: Mood stabilizer Action: alters sodium transport in nerve and muscle cells and influence reuptake of serotonin and norepinephrine	Fine hand tremor, polyuria, weight gain, N/V Toxicity: coarse hand tremors, hypotension, ataxia, seizures, dehydration	Monitor serum lithium levels Range: 0.6-1.2 Encourage adequate fluids and consistent sodium intake Monitor renal and thyroid function Avoid use with diuretics or NSAIDs
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**Mental Status Exam:**

	Subjective Data	Objective Data
Appearance	Reports fasting as part of his spiritual practice	Appears age stated, appropriately dressed, mild weight loss notes, fair hygiene
Behavior	Reports rarely participating in group activities, states feeling "blessed"	Slightly restless and mild agitation. Scanning the environment. Fidgeting and pacing noted at times. Cooperative but easily irritated with redirection. Maintains good eye contact
Speech	Denies hearing voices but describes "talking with God" through a special form of communication.	Speech is clear with flight of ideas, normal tone and slightly rapid rate. Mumbling at times and talks to self.
Mood	States "I'm in a great mood, I'm blessed."	Appeared euphoric, Affect elevated congruent with stated mood
Disorders of the Form of Thought	Describes thoughts as "racing" and has a lot of ideas at once. "I have a special connection with God, its different from what other people have."	Flight of ideas changing from topic to topic and delusions of grandeur
Perceptual Disturbances	Denies auditory or visual hallucinations. States he "communicated directly with	At times preoccupied with internal experiences

	God” nonverbally and sometimes verbally responds	
Cognition	Reports feeling mentally sharp	Alert and oriented x4. Distractible and concentration slightly impaired due to tangential thought process
Ideas of harming self or others	Denies suicidal or homicidal thoughts or intent	No verbal or behavioral indicators of self-harm or aggression observed

**Problem #1:** Risk for injury r/t hyperactivity and agitation with bipolar disorder

Priority Patient Goal:

1. During my time, client will remain free from injury and demonstrate decreased movements and agitation.

Assessments:

- Assess for increased psychomotor activity, restlessness, and impulsive behavior PRN
- Monitor for changes of escalating agitation, irritability or verbal outbursts PRN
- Assess sleep patterns, nutrition, and hydration status daily

Top 2 Interventions with rationale:

1. Maintain close observation and set clear, consistent limits on behavior to set boundaries, ensure safety, and prevent impulsive actions.
2. Provide a calm, structured environment with minimal stimulation to help decrease agitation and prevent injury.

**Problem #2:** Disturbed thought process r/t flight of ideas and delusions of grandeur

Priority Patient Goal:

1. Client will demonstrate organized thought patterns and decreased delusional thinking by making reality-based statements during my time of care.

Assessments:

- Assess thought content for flight of ideas, delusions or preoccupation with religious or grandiose beliefs prn
- Monitor for changes in speech patterns, reality orientation, and response to redirection prn
- Assess for willingness to engage in treatment and medication regimen daily

Top 2 Interventions with rationale:

1. Present reality-based statements and avoid challenging delusional beliefs directly to help maintain trust while preventing increased defensiveness or agitation.
2. Encourage medication compliance and participation in therapy sessions to help regulate neurotransmitter imbalances and improve thought organization and perception.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Encouraged participation in therapy sessions such as guided imagery to manage racing thoughts and restlessness.
2. Encouraged eating high-protein, high-calorie foods to improve nutrition.

### **Growth & Development**

1. Discuss norms of growth and development for your patient, including development stage. Jayvan is in the Intimacy vs Isolation stage of development. The main task is forming meaningful relationships and establishing independence. Jayvan engages with others and expresses strong beliefs due to mania. He expressed losing quite a few friends to his change which may put him at risk for isolation.

2. Discuss any deviations of growth and development.

Manic and psychotic symptoms interfere with normal emotional regulation and social relationships. His grandiosity may prevent him from maintaining stable relationships or connections.

**Self-Evaluation: Answer the following question.**

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 feel like I remained calm and nonjudgemental towards others. I was always finding an opportunity to start a conversation with those around me who looked a bit more closed off. Something I could have done better was redirecting the conversation when it was overly focused on delusional content, such as spirituality because he would at times ask how I felt about God.