

Dover Behavioral Health  
Clinical Assignment  
2025

Student Name: Riley Taylor Date: 10/28/25

Patient's Initials: C Age: 75 Sex: F

Psychiatric Diagnosis(es): Bipolar

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	Decreased gray matter and decreased size of hippocampus and increased size of amygdala
Neurotransmitters:	Dopamine high, norepinephrine low, and glutamate high
Course/ characteristics of illness:	Episodes of mania and depression with intervening periods of normalcy

**Medications**

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Lithium Used to treat bipolar	Mood Stabilizer Reduces dopamine and glutamate, increases GABA neurotransmission	Weight gain, fine hand tremors, nausea	Potential for toxicity, watch out for coarse tremors, a lot of dilute urine, seizures... low therapeutic window
Abilify Used to treat mental disorders like schizophrenia and bipolar	Atypical Antipsychotic Balances the level of dopamine and serotonin in the brain to regulate mood and thoughts	Headache, dizziness, constipation, restlessness, weight gain, metabolic syndrome	Risk for falls, monitor for any muscle stiffness or abnormalities, risk of seizures..

### Mental Status Exam:

	Subjective Data	Objective Data
Appearance	n/a	Well groomed, bathed, age and appearance correlate, pupils reactive, appropriate facial expressions when communicating like smiling and laughing, received a new conditioner while we were present and was happy that she had it
Behavior	n/a	Easily focuses on conversations, faces towards you when talking, no tremors, eye contact is consistent when communicating but not so steady that she is staring at you, legs crossed when seated talking
Speech	“Hi, how is your morning?”	Speech was clear and normal speed. Soft spoken, no disturbances like stuttering or mumbling
Mood	“I feel good and motivated”	Smiling and laughing with peers, not withdrawn and alone, was happy and joyful throughout the day
Disorders of the Form of Thought	“I need to gather my things now before they lock me out of my room” “I usually bring coloring books and a book to read during the day”	Thought content was appropriate and organized, thought process was organized as well Was able to recognize her routine and when tasks needed to be done in an organized way
Perceptual Disturbances	n/a	No hallucinations/ illusions
Cognition	“I knew I was getting to a point, so I went to the psychiatrist, but they didn’t answer so now I’m here. “I needed immediate help”	Is able to recognize time, place, person, very alert and has a good memory (short and long term), Is able to follow simple directions

		during activity and group meetings, is aware of why she is in the facility and was able to recognize that she knew she needed help
Ideas of harming self or others	n/a	n/a

**Problem #1:** \_\_\_\_\_ Risk for Impaired thought Process \_\_\_\_\_

Priority Patient Goal:

1. \_\_\_ Client will be able to recognize when they are feeling anxious or upset and verbalize it PRN \_\_\_\_\_

Assessments:

- \_\_\_ Assess for presence of any hallucinations or illusions q shift or PRN & \_\_\_ Assess the client's mood and thought process q shift or PRN \_\_\_\_\_

Top 2 Interventions with rationale:

1. \_ Use clear and simple communication to ensure the client does not misunderstand \_\_\_\_\_
2. \_\_\_ Acknowledge the patients feelings PRN to allow the client to know that you care about their feelings and establish trust \_\_\_\_\_

**Problem #2:** \_\_\_\_\_ Risk for Injury \_\_\_\_\_

Priority Patient Goal:

1. \_ Client will not harm self or others during my care \_\_\_\_\_

Assessments:

- \_\_\_ Assess mood and behaviors q shift or PRN \_\_\_ & Assess sleep patterns q morning or shift \_\_\_\_\_

Top 2 Interventions with rationale:

1. \_\_\_ Maintain a calm and quiet environment with low stimuli PRN. This helps to decrease the risk of overstimulation that can cause someone to act out and leads to risk for injury \_\_\_\_\_

2. \_\_Educate the importance of a full night's sleep and ways to ensure a good sleep q shift or PRN to help the client maintain energy for the day. Being tired may cause drowsiness and contribute to injuries
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### Patient Teaching

List 2 teaching topics that you taught a client.

1. Coping Strategies
2. When to walk away when you feel yourself getting upset and mad

### Growth & Development

1. Discuss norms of growth and development for your patient, including development stage.

Ego integrity vs Despair, this is when the client is looking back at life and finding acceptance with life. The client was cognitively appropriate for this stage. She was able to do critical thinking, communicate with peers, take care of herself, and acknowledge her feelings.

2. Discuss any deviations of growth and development.

The only deviation I think would be the bipolar disorder which sets her back in the episodes of depression and mania. I believe that she may have come in from the depressive episode and was overwhelmed with taking care of her son that she has been taking care of for the last 40 years.

### **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 think that I did well today. I went in feeling very nervous about being able to communicate with the clients and how to start conversations, but I soon learned that there was no need to worry. Most of the clients wanted to talk anyway so all you had to do was say hi or how are you doing, and they would start talking about anything. I feel that I could have talked to more people than I did, but I feel that for my first day at DBH, actually sitting and talking to four people and having good conversations with them was good.

