

Dover Behavioral Health
Clinical Assignment
2025

Student Name: Olivia Morales Date: 11/5/2025

Patient's Initials: N/A (Tommy) Age: N/A Sex: Male

Psychiatric Diagnosis(es): **Bipolar disorder.**

Pathophysiology of the main Psychiatric Diagnosis:

Neuroanatomical Factors:	The prefrontal cortex can have thinner gray matter and reduced volume in bipolar disorder leading to issues with decision making and emotional regulation. The amygdala is also smaller which can cause dysfunction with emotions. The hippocampus has also been found to have decreased gray matter leading to issues with memory and learning. The thalamus has a smaller volume in bipolar disorder, and the ventricles are also usually enlarged.
Neurotransmitters:	Low levels of serotonin are associated with depression leading to issues with mood, sleep, appetite, and memory. There are usually high levels of dopamine during many episodes leading to euphoria, hyperactivity, and impulsivity. With manic episodes norepinephrine is also increased leading to increased energy, agitation, and anxiety. There is also reduced GABA in bipolar disorder which can help contribute to manic episodes instead of calming the brain like normal.
Course/ characteristics of illness:	<p>Characteristics: mood swings, increased energy and activity, grandiosity, and inflated self-esteem, racing thoughts, rapid speech, impulsivity, reckless behavior, depression, and psychosis.</p> <p>Course:</p> <ol style="list-style-type: none"> 1. Early onset. 2. Rapid cycling. 3. Chronic course. 4. Treatment and management.

Medications

Medication Name What is this for?	Classification & Action	Side Effects	Nursing Implications
Lithium	Classification: mood stabilizer.	ECG changes, hypothyroidism, abdominal pain, anorexia, bloating,	-Administer with food to decrease GI irritation.

	Action: alters cation transport in nerves and muscle.	diarrhea, nausea, polyuria, leukocytosis, muscle weakness, fatigue, headache, memory impairment, tremor, serotonin syndrome.	-Explain importance of periodic lab tests to monitor for lithium toxicity. -Advise to drink enough water and maintain a moderate sodium intake.
Fluoxetine	Classification: Antidepressant/SSRI Action: inhibits serotonin reuptake in the CNS.	Sweating, pruritus, diarrhea, anxiety, drowsiness, headache, insomnia, tremor, nervousness, serotonin syndrome, flushing, dry mouth, dizziness, constipation, anorexia, decreased libido, back pain, fatigue, hypomania, mania.	-Administer as a single dose in the morning. -Administer with food to minimize GI irritation. -Do not give with an MAOI. -Educate to wear protective clothing and sunscreen outside. -Caution to move slowly due to r/f dizziness.

Mental Status Exam:

	Subjective Data	Objective Data
Appearance	“A good-looking man like me.”	-Well-groomed/good hygiene. -Constantly washing hair and combing it. -Tall in height, average weight. -No visible body piercings or tattoos.
Behavior	N/A	-Pacing in and out of room. -Couldn't sit still. -Very consistent eye contact.
Speech	“I have another question, why is the state of the world so hostile.”	-Rapid and loud speech. -Kept cutting people off to speak. -Got off track frequently with questions. -Tangentiality.

Mood	“Tell her to stop touching my stuff. F* this, I’m done with this.” Stormed out of group.	-Mood flip flopped between happy and angry. -Animated affect, made lots of facial expressions.
Disorders of the Form of Thought	“My family friend was the guy to knock out Muhammad Ali.” “I own a house right in Lewes past the Dairy Queen, it’s worth 7 million.”	-Many delusions of grandeur. -Flight of ideas.
Perceptual Disturbances	N/A	-No hallucinations/illusions.
Cognition	“I hate the saying cool beans, beans shouldn’t be cold.” “Also why does everyone say the bees’ knees, I’ve never seen a bee with knees.”	-Oriented to time, place, and person. -Alert. -Appropriate memory. -Big issue with abstraction. -Issues with judgment, does things before thinking them out.
Ideas of harming self or others	N/A	-No evidence of self-harm.

Problem #1: Ineffective coping.

Priority Patient Goal:

1. Will identify their stressors and identify when to ask for help during my time of care

Assessments:

- Assess mood and affect q2hrs.
- Assess support systems q shift.
- Assess readiness and motivation to change q shift.
- Assess stressors in patient’s life q shift.
- Assess understanding of their situation and withdrawal process q shift.
- Assess family structure q shift.

➤ Assess sleep schedule q shift.

Top 2 Interventions with rationale:

1. Approach the patient with empathy and be nonjudgmental to build trust q shift. By doing this the patient is more likely to open up to you and this can help you gain insight into what stressors are making them use substances.
2. Encourage involvement in support groups q2hrs. This can help them become more involved in their care and it can also help them relate to their peers and feel less alone.

Problem #2: Disturbed thought process.

Priority Patient Goal:

1. Will communicate clearly with others during my time of care.

Assessments:

- Assess for any hallucinations/delusions and their content q2hrs.
- Assess for disorganized speech, loose associations, word salad, neologisms, or pressured speech q2hrs.
- Assess overall grooming and personal hygiene q shift.
- Monitor for increasing agitation or anxiety q2hrs.
- Assess for effective coping strategies q shift.
- Assess orientation, memory, concentration, and focus q2hrs.

Top 2 Interventions with rationale:

1. Use clear, simple, and concise language when communicating with patient prn. This can help prevent the patient from becoming overwhelmed on top of their own disturbed patterns of speech.
2. Promote putting energy into other activities such as gym time, walking, or art prn. This can help prevent any escalations of situations when the patient isn't thinking clearly and at risk for becoming agitated.

Patient Teaching

List 2 teaching topics that you taught a client.

1. Educated that his drowsiness might be a side effect from any new medications he may have been put on during his stay.
2. Educated that sometimes it's better to just walk away when upset with someone instead of engaging with them and making it worse.

Growth & Development

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

Tommy is in the middle adult stage of his life right now, which has a heavy focus on work and family. During group therapy he emphasized that he wanted to get discharged so he could check up on work and get back to it. Another big part of this stage is becoming financially stable and set up a life to leave to younger generations. I am not sure how truthful the stuff he was telling me was, but he said his family owns a lot of land, and he was concerned with checking his financial accounts when he got out. So even though he is committed right now, he is still focused on his work/career and financials which is in line with his developmental stage.

2. Discuss any deviations of growth and development.

Another big part of the middle adult stage is a focus on friendships and love. This is where Tommy deviated from, never once during my whole time talking to him, did he mention any family/significant other. Along with that he seemed to have a very hard time getting along with the other patients and didn't seem to form any friendships during his stay like the other patients had. So, while he did match his developmental age with the work aspect, he was lacking in the family/connection aspect.

Self-Evaluation: Answer the following question.

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 today I did a lot better with communication and connecting with the patients. Yesterday I had a really hard time connecting with anyone but today this group was very talkative and multiple people were trying to talk to me at a time. I was able to connect with multiple patients and listen to them speak many times. I was also better at being more involved and not just standing off to the side as much. I think I could have done better at asking questions of the patients, but they kind of just led the conversation and I didn't want to interrupt. But this made it hard for me to pick up personal details about them such as their diagnosis/history. Overall, I think today went a lot better and I thoroughly enjoyed the unit.