

Student Name: Chelsie Callisen

Date: 3/28/23

IM6 (Acute Psychiatric) Critical Thinking Worksheet

<p><b>1. DSM-5 Diagnosis and Brief Pathophysiology (include reference):</b>          Bipolar disorder is characterized by dysregulation in the dopamine and serotonin systems and by pathology in the brain systems involved in regulating emotion. It is a highly recurrent and severe illness with high rates of functional impairment and suicidality.</p>	<p><b>2. Psychosocial Stressors (i.e. Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.):</b>          Patient stated that they currently have a turbulent home life and are looking into relocating. Patient also stated that they had recently been sexually assaulted.</p>	<p><b>3. DSM-5 Criteria for Diagnosis (Asterisk or Highlight Symptoms Your Patient Exhibits and Include References)</b>          A person must have experienced at least one episode of mania or hypomania.          To be considered mania, the ↑, expansive, or irritable mood must last for at least one week &amp; be present all day, nearly every day.          • inflated self-esteem or grandiosity          • ↓ need for sleep • ↑ talkativeness          • racing thoughts • Distracted easily</p>
<p><b>4. Medical Diagnoses:</b>          Lumbar radiculitis, hypothyroidism, diverticulitis, dysmenorrhea, GERD, plantar fasciitis, patellar tendinitis, fibromyalgia, bladder hypertonicity</p>	<p><b>6. Lab Values That May Be Affected:</b>          CBC, WBC, TSH, ESR, MRI</p>	<p><b>7. Current Treatment:</b>          Pt is on a daily regimen of abilify and states that is has done well for their bipolar disorder.</p>
<p><b>5. Diagnostic Tests Pertinent or Confirming of Diagnosis</b>          • Physical exam          • History and physical          — Bipolar disorder cannot be seen on a blood test or a scan however, these tests can help rule out anything else.          * In order to be diagnosed, a person must have experienced at least one episode of mania or hypomania</p>		

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<b>8. Focused Nursing Diagnosis:</b>  Risk For Injury	<b>12. Nursing Interventions related to the Nursing Diagnosis in #7:</b> 1. Providing safety	<b>13. Patient Teaching:</b> 1. Take your medications exactly as prescribed. Do NOT stop or change medication without talking with your doctor first.
<b>9. Related to (r/t):</b>  Extreme hyperactivity	<b>Evidenced Based Practice:</b> A primary nursing responsibility is to provide a safe environment for patients and all involved in care. 2. Meeting physiologic needs	2. Get enough sleep. Keep your room dark and quiet. Try to go to bed at the same time every night.
<b>10. As evidenced by (aeb):</b>  Destructive Behaviors	<b>Evidenced Based Practice:</b> decreasing environmental stimulation may assist client to relax. The nurse should provide a quiet environment. 3. Providing therapeutic communication	<b>14. Discharge Planning/Community Resources:</b> 1. Provide patient with information on bipolar disorder support groups.
<b>11. Desired patient outcome:</b>  Patient will no longer exhibit potentially injurious movements after 24 hours with administration of antipsychotics.	<b>Evidenced Based Practice:</b> patients with mania have short attention spans, so the nurse uses simple, clear sentences when communicating.	2. Refer patient to a therapist if they do not already have care established with one. 3. Ensure patient keeps up with follow up appointments to ensure medication regimen.

**WORKS CITED**

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- Bipolar Definition and DSM-5 Diagnostic Criteria*. (2020, September 29). Psycom. Retrieved March 29, 2023, from <https://www.psycom.net/bipolar-definition-dsm-5>
- Bipolar Disorder: Care Instructions*. (2022, February 9). MyHealth.Alberta.ca. Retrieved March 29, 2023, from <https://myhealth.alberta.ca/Health/aftercareinformation/pages/conditions.aspx?hwid=tw12382#abt4062>
- Krans, B. (2022, March 24). *Diagnosis Guide for Bipolar Disorder*. Healthline. Retrieved March 29, 2023, from <https://www.healthline.com/health/bipolar-disorder/bipolar-diagnosis-guide#in-children>

### Adult/Geriatric Medication Worksheet – Current Medications & PRN for Last 24 Hours

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF	Contraindications/Complications
N/A	Isotonic <input type="checkbox"/> Hypotonic <input type="checkbox"/> Hypertonic <input type="checkbox"/>	N/A	N/A	N/A

<b>Student Name:</b> Chelsie Callesen		<b>Unit:</b> S9	<b>Patient Initials:</b> J.J		<b>Date:</b> 3/28/2023	<b>Allergies:</b> Iodinated Contrast Media, Lidocaine, Morphine, Corticosteroids, Latex, Isoflavines, Lactose Intolerance	
Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration  IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching Interventions (Precautions/Contraindications,
Apriprazole (Abilify)	Antipsychotics	Treats schizophrenia, bipolar disorder, and depression	5 mg PO daily	Yes	N/A	Drooling, dysarthria, loss of balance, restlessness, shuffling gait	1. Can increase thoughts of suicide - monitor for changes any in mood 2. May cause drowsiness - call before getting up 3. Monitor for signs of tardive dyskinesia (TD) (lip smacking, puffing of cheeks, ra tongue movements) 4. May make it more difficult for the bo to cool down - monitor fluid intake
Diazepam (Valium)	Anti-anxiety	Treats anxiety, muscle spasms, and seizures	5 mg PO daily	Yes	N/A	Shakiness, unsteady gait, agitation, blurred vision, confusion	1. May cause drowsiness - call before getting up 2. Do NOT suddenly stop taking medication - consult provider first 3. Notify provider of any changes in thoughts or behavior 4. Blood tests may be needed to monit for any unwanted effects

Adopted: August 2016

*Chelsie Callesen*

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Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List diluent solution, volume, and rate of administration  IVPB – List concentration and rate of administration	Adverse Effects	Appropriate Nursing Assessment, Teaching Interventions (Precautions/Contraindications,
Pregabalin (Lyrica)	Anti-convulsant	Treats nerve and muscle pain. Also treats seizures and anxiety	150 mg PO BID	Yes	N/A	Dysarthria, blurred vision, confusion, dry mouth, headache, fever	<ol style="list-style-type: none"> <li>1. May cause agitation - monitor for changes in mood</li> <li>2. Monitor respiratory status - may cause respiratory depression</li> <li>3. May cause edema/weight gain - monitor weight and strict I/O</li> <li>4. Monitor for unexplained pain</li> </ol>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.  Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.  Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Choose an item.  Click here to enter text.	Click here to enter text.	Click here to enter text.	<ol style="list-style-type: none"> <li>1. Click here to enter text.</li> <li>2. Click here to enter text.</li> <li>3. Click here to enter text.</li> <li>4. Click here to enter text.</li> </ol>

Chelsie Callesen

# Mood Disorder Questionnaire (MDQ)

Name: F. J. Date: 3/28/23

Instructions: Check (☑) the answer that best applies to you.  
Please answer each question as best you can.

	Yes	No
1. Has there ever been a period of time when you were not your usual self and...		
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were so irritable that you shouted at people or started fights or arguments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you felt much more self-confident than usual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
...you got much less sleep than usual and found you didn't really miss it?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
...you were much more talkative or spoke faster than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...thoughts raced through your head or you couldn't slow your mind down?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you had much more energy than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were much more active or did many more things than usual?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
...you were much more interested in sex than usual?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
...spending money got you or your family in trouble?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. If you checked YES to more than one of the above, have several of these ever happened during the same period of time? <i>Please check 1 response only.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. How much of a problem did any of these cause you — like being able to work; having family, money, or legal troubles; getting into arguments or fights? <i>Please check 1 response only.</i>		
<input type="radio"/> No problem <input type="radio"/> Minor problem <input checked="" type="radio"/> Moderate problem <input type="radio"/> Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

This questionnaire should be used as a starting point. It is not a substitute for a full medical evaluation. Bipolar disorder is a complex illness, and **an accurate, thorough diagnosis can only be made through a personal evaluation by your doctor.**

Adapted from Hirschfeld R, Williams J, Spitzer RL, et al. Development and validation of a screening instrument for bipolar spectrum disorder: the Mood Disorder Questionnaire. *Am J Psychiatry.* 2000;157:1873-1875.