Carlota

PMH Critical Thinking Sheet

DSM-5 Diagnosis and Brief Pathophysiology:
Bipolar Disorder
- recurrent bouts of major depression w/ the episodic occurence of hypomania

DSM-5 Criteria for your patient's diagnosis: Hypomanic Episode
- talkative
- thoughts are racing
- distractibility
- not severe enough to cause marked impairment

Psychosocial Stressors (Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.)
environmental
relational

Therapeutic Communication & Nurse Patient Relationship:

Communication strategy:
Interact w/ the patient on a regular basis & check back frequently.

Stage of nurse-patient relationship:
Pay close attention to the patient's reactions.

Therapeutic communication techniques appropriate for this patient:
Apologize for miscommunication.
Avoid blaming the patient directly or indirectly for miscommunication.

Communication approaches to avoid:
Refrain from suggesting that the patient's feelings are inappropriate or unacceptable.

Plan of Care:

Patient problem: Risk For Injury

Related to (etiology): increased, agitation & lack of control over purposeless, & potentially injurious, movements.

As evidenced by (signs & symptoms):

Outcome/Goal:
Client will experience no physical injury.

Current Treatment & Interventions:
1. Reduce environmental stimuli.
in hyperactive state, client is extremely distractable.

Rationale: Remove Hazardous objects.
2. Client's rationality is impaired.

Rationale: provide structured schedule of activities.
3. A structured schedule provides a feeling of security for the client.

Rationale: Limit Group Activities.
4. She feels more secure in one-on-one.

Rationale:
Stay with the client to offer support & provide a feeling of security as agitation grows.

Student name:

NURSING SHIFT ASSESSMENT

DATE: 10/21

-carlota-DAY1

SHIFT: ☐ Day(7A-7P) ☐ Night(7P-7A)

Label
Name: carlota
MR#: _____ D.O.B. _____

Orientation
☒ Person
☒ Place
☒ Time
☒ Situation

Affect
☒ Appropriate
☐ Inappropriate
☐ Flat
☐ Guarded
☐ Improved
☐ Blunted

ADL
☐ Independent
☐ Assist
☐ Partial Assist
☐ Total Assist

Motor Activity
☒ Normal
☐ Psychomotor retardation
☐ Psychomotor agitation
☐ Posturing
☐ Repetitive acts
☐ Pacing

Mood
☐ Irritable
☐ Depressed
☐ Anxious
☐ Dysphoric
☐ Agitated
☐ Labile
☐ Euphoric

Behavior
☐ Withdrawn
☐ Suspicious
☐ Tearful
☐ Paranoid
☐ Isolative
☐ Preoccupied
☐ Demanding
☐ Aggressive
☐ Manipulative
☐ Complacent
☐ Sexually acting out
☒ Cooperative
☐ Guarded
☐ Intrusive

Thought Processes
☐ Goal Directed ☐ Tangential ☐ Blocking
☐ Flight of Ideas ☐ Loose association ☐ Indecisive
☐ Illogical ☐ Delusions:) (type)_____

Thought Content
☐ Obsessions ☐ Compulsions ☐ Suicidal thoughts
☐ Hallucinations: ☐ Auditory ☐ Visual ☐ Olfactory ☐ Tactile ☐ Gustatory
☐ Worthless ☐ Somatic ☐ Assaultive Ideas ☒ Logical
☐ Hopeless ☐ Helpless ☐ Homicidal thoughts

Pain: Yes ☒ No **Pain scale score** 0 **Locations**_____
Is pain causing any physical impairment in functioning today ☒ No ☐ If yes explain_____

Nursing Interventions:
☐ Close Obs. q15
☐ Milieu Therapy
☐ V/S ☐ O2 sat.
☐ Nursing group/session (list topic): _____
☐ ADLs assist
☐ Ind. Support
☐ Monitor Intake
☐ Tx Team
☐ I&O
☐ Reality Orientation
☐ Encourage Disclosure
☐ Wt. Monitoring
☐ Toilet Q2 w/awake
☐ Neuro Checks
☐ Elevate HOB
☐ PRN Med per order_____
☐ 1 to 1 Observation _____ reason (specify)
☐ Rounds Q2
☐ MD notified _____

☐ DOCUMENT ABNORMAL OCCURENCES IN MULTIDISCIPLINARY NOTES (violence, suicide, elope, fall, physical health) DAILY SUICIDE RISK ASSESSMENT* Note – for frequent assessment purposes, Question 1 has been omitted	Since Last Contact	
Ask Question 2*	YES	NO
2) Have you actually had thoughts about killing yourself?	LOW ☒	
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) Have you been thinking about how you might do this?	MOD ☒	
4) Have you had these thoughts and had some intention of acting on them? E.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."	HIGH ☒	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan? As opposed to "I have the thoughts, but I definitely will not do anything about them."	HIGH ☒	
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	HIGH ☒	

☐ Low Risk ☐ Moderate Risk ■ High Risk

Nurse Signature(s) Grace Kamren Date: 10/21/2025 Time: 1020

REVIEW OF SYSTEMS

Cardio/Pulmonary:
☐ WNL ☐ Elevated B/P ☐ L B/P
☐ Chest Pain
☐ Edema: ☐ upper ☐ lower

Respiratory/Breath sounds:
☐ Clear ☐ Rales ☐ Crackles ☐ Wheezing
☐ Cough ☐ S.O. B ☐ Other: _____
☐ O2 @ ____ l/min ☐ Cont. ☐ PRN
Via ☐ nasal cannula ☐ face mask

Neurological / L.O.C.:
☐ Unimpaired ☐ Lethargic ☐ Sedated
☐ Dizziness ☐ Headache ☐ Seizures
☐ Tremors ☐ Other_____

Musculoskeletal/Safety:
☐ Ambulatory ☐ MAE ☐ Full ROM
☐ Walker ☐ W/C ☐ Immobile
☐ Pressure ulcer ☐ Unsteady gait
☐ Risk for pressure ulcer
☐ Reddened area(s)

Nutrition/Fluid:
☐ Adequate ☐ Inadequate ☐ Dehydrated
☐ Supplement ☐ Prompting ☐ Other_____
new onset of choking risks assessed

Skin:
☐ Bruises ☐ Tear ☐ No new skin issues
☐ Wound(s) (see Wound Care Packet)
☐ Abrasion ☐ Integumentary Assess
☐ Other: _____

Elimination:
☐ Continent ☐ Incontinent ☐ Catheter
☐ Diarrhea ☐ OTHER_____

Hours of Sleep: ____ ☐ Day ☐ Night

At Risk for Falls: ☐ Yes ☐ No

At Risk for FALL Precautions:
☐ Arm Band ☐ Nonskid footwear
☐ BR light ☐ ambulate with assist
☐ Call bell ☐ Clear path
☐ Edu to call for assist ☐ Bed alarm
☐ Chair alarm ☐ 1:1 observation level
☐ Assist with ADLs ☐ Geri Chair
☐ Ensure assistive devices near
☐ Other _____

Mood Disorder Questionnaire (MDQ)

Name: Carlota - Day 1 Date:

Instructions: Check (Ø) 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?	○	Ø
...you were so irritable that you shouted at people or started fights or arguments?	Ø	○
...you felt much more self-confident than usual?	○	Ø
...you got much less sleep than usual and found you didn't really miss it?	Ø	○
...you were much more talkative or spoke faster than usual?	Ø	○
...thoughts raced through your head or you couldn't slow your mind down?	Ø	○
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?	Ø	○
...you had much more energy than usual?	○	Ø
...you were much more active or did many more things than usual?	○	Ø
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?	Ø	○
...you were much more interested in sex than usual?	○	Ø
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?	○	Ø
...spending money got you or your family in trouble?	○	Ø
2. If you checked YES to more than one of the above, have several of these ever *happened during the same period of time? Please check 1 response only.*	○	○
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? *Please check 1 response only.* ○ No problem ○ Minor problem Ø Moderate problem ○ Serious problem		
4. Have any of your blood relatives (ie, children, siblings, parents, grandparents, aunts, uncles) had manic-depressive illness or bipolar disorder?	Ø	○
5. Has a health professional ever told you that you have manic-depressive illness or bipolar disorder?	Ø	○

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.

Coping Skills Education Check-Off Form

Participant Initials: ___

Date: 10/22/25 Student name: Gracie Harrison

Topics Covered

(*Check each item as it is completed or discussed*)

*talked about all of them only X ones she actually used

#	Topic	Completed	Comments
1	Deep Breathing	☐	
2	Journaling	☐	
3	Take a shower	☐	
4	Music	☒	only coping skill that helps
5	Exercise	☐	
6	Draw/color	☐	
7	Count to 10	☐	
8	Dance	☐	
9	Meditate/pray	☐	
10	Watch a funny movie	☐	
11	Read a book	☐	
12	Do a puzzle	☐	
13	Talk to someone	☐	
14	Clean something	☐	

Participant Understanding

Question	Yes	Somewhat	No
Demonstrated understanding of topic	☒	☐	☐
Actively participated in discussion	☒	☐	☐
Asked questions when needed	☒	☐	☐
Expressed confidence in applying what was learned	☒	☐	☐

Educator Notes / Recommendations

talking seemed to help her as well.

NURSING SHIFT ASSESSMENT

DATE: 10/22

SHIFT: ☒ Day(7A-7P) ☐ Night(7P-7A)

Name: Shalie Label

MR#: _____ D.O.B. _____

Orientation
☒ Person
☒ Place
☒ Time
☒ Situation

Affect
☒ Appropriate
☐ Inappropriate
☐ Flat
☐ Guarded
☒ Improved
☐ Blunted

ADL
☒ Independent
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☐ Partial Assist
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Motor Activity
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Thought Content
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Is pain causing any physical impairment in functioning today ☐ No ☐ If yes explain _____

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☐ Close Obs. q15 ☐ Ind. Support ☐ Reality Orientation ☐ Toilet Q2 w/awake ☐ 1 to 1 Observation _____ reason (specify)
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☐ V/S ☐ O2 sat. ☐ Tx Team ☒ Wt. Monitoring ☐ Elevate HOB ☐ MD notified _____
☐ Nursing group/session (list topic): _____
☐ ADLs assist ☐ I&O ☐ PRN Med per order _____

☐ ***DOCUMENT ABNORMAL OCCURENCES IN MULTIDISCIPLINARY NOTES*** *(violence, suicide, elope, fall, physical health)* ***DAILY SUICIDE RISK ASSESSMENT* Note – for frequent assessment purposes, Question 1 has been omitted***	***Since Last Contact***	
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4) ***Have you had these thoughts and had some intention of acting on them?*** ***E.g., "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."***	~~HIGH~~	
5) ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*** ***As opposed to "I have the thoughts, but I definitely will not do anything about them."***	~~HIGH~~	
6) ***Have you done anything, started to do anything, or prepared to do anything to end your life?*** ***Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.***	~~HIGH~~	

☐ ***Low Risk*** ☐ ***Moderate Risk*** ■ ***High Risk***

Nurse Signatures) Grace Samson ***Date:*** 10/22/25 ***Time:*** 1030

REVIEW OF SYSTEMS

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☐ Ensure assistive devices near
☐ Other _____

Shalie - Day 2

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.

1 Anxious mood [0] [1] [2] [3] [4]

Worries, anticipation of the worst, fearful anticipation, irritability.

2 Tension [0] [1] [2] [3] [4]

Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.

3 Fears [0] [1] [2] [3] [4]

Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.

4 Insomnia [0] [1] [2] [3] [4]

Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.

5 Intellectual [0] [1] [2] [3] [4]

Difficulty in concentration, poor memory.

6 Depressed mood [0] [1] [2] [3] [4]

Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.

7 Somatic (muscular) [0] [1] [2] [3] [4]

Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.

8 Somatic (sensory) [0] [1] [2] [3] [4]

Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.

9 Cardiovascular symptoms [0] [1] [2] [3] [4]

Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.

10 Respiratory symptoms [0] [1] [2] [3] [4]

Pressure or constriction in chest, choking feelings, sighing, dyspnea.

11 Gastrointestinal symptoms [0] [1] [2] [3] [4]

Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.

12 Genitourinary symptoms [0] [1] [2] [3] [4]

Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.

13 Autonomic symptoms [0] [1] [2] [3] [4]

Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.

14 Behavior at interview [0] [1] [2] [3] [4]

Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.

Aspire, AA and Oceans Reflection (300 word minimum)

Safety & Quality Describe anything you accomplished to maintain a safe, quality environment	This week I focused on maintaining a safe and high-quality environment by taking the time to really get to know my patients and understand their individual needs. I became more comfortable asking questions and seeking clarification to ensure that the care I provided was accurate and safe. As I connected with my patients, I realized how much we all have more in common, which helped me build trust and deliver more compassionate care.
Clinical Judgment As you listened during group, how were you able to integrate classroom knowledge with what the patient/therapist were discussing: • What can you apply to this situation from your previous knowledge? • Can you apply these learnings to other events? How can you use this to further improve your practice in the future? • What have you learned from clinical?	During group, I loved seeing how engaged the patients were in the activities and discussions. They showed a lot of trust and comfort with both the group leader and each other, which made the environment feel open and supportive. It was inspiring to see how much they valued sharing and listening to one another. Although we haven't learned much about psych yet, getting to experience being in a mental health hospital has taught me so much. Interacting with the patients helped me understand mental health care on a deeper level and connect what little classroom knowledge I have to real-life situations. It's been an eye-opening and valuable . learning experience. I think I can apply a lot from this experience from caring for patients on floors in the hospital as well as everyday life. It's a reminder that everyone is dealing with something, and that open communication and empathy make a huge difference. Talking about your feelings can bring connection and understanding, and this experience gave me more compassion not only for psych patients but for all patients in general. Going into Oceans, I was nervous and unsure of what to expect, but I really enjoyed it. The patients were amazing, as well as all of the staff, and I learned so much just by listening to them talk or even observing their movements and how they interacted with one another. It turned out to be very meaningful and insightful experience, that I honestly didn't expect.
Patient Centered Care Identify one client in the group, what concerns, recommendations/interventions would you suggest?	The patient I am focusing on could really benefit from continuing to do activities that make her happy once she leaves Oceans, as this can help support her mental health and sense of purpose. I would also recommend that she stay consistent with her medications and find someone she trusts to talk to about her feelings so she doesn't feel alone in her journey.
Professionalism How did you maintain professionalism? You can review your clinical evaluation for ideas (What has this taught you about professional practice? About yourself?	I maintained professionalism by always putting the patient first—being mindful of what I said and did, and making sure they were open to talking before starting any conversation or asking questions. This experience taught me the importance of observing patients closely and recognizing cues when they become overstimulated or anxious, so I can adjust my approach with empathy and respect.

Communication & Collaboration Describe how you utilized therapeutic communication/collaboration	I utilized therapeutic communication by allowing the patient to build trust with me first—listening and engaging in casual conversation before "digging" too deeply into their personal story, which helped create a safe and comfortable space for them to open up.
Feelings • How were you feeling at the beginning? • What were you thinking at the time? • How did the event make you feel? • What did the words or actions of others make you think? • How did this make you feel? • How did you feel about the outcome? • What is the most important emotion or feeling you had?	Before going into Oceans, I had no idea what to expect and felt pretty nervous about how the day would go. By lunchtime on the first day, I started to realize how much I truly enjoyed talking with the patients and learning more about each of them. At first, some interactions made me a little uneasy since I had never been around psychiatric patients before, but I soon understood that many of them can't always control what they say or how they act. As the day went on, I became more comfortable and grateful for the opportunity to connect and learn from them. Overall, this experience helped me grow in my ability to support patients emotionally and respond with understanding and compassion in future situations.
Evaluation What stood out the most about Aspire, AA, or Oceans	The staff are absolutely amazing and really know how to give each patient the best care for them as individuals and to be successful when they leave Oceans!

Generic Name	Pharmacologic Classification	Therapeutic Reason	Dose, Route & Schedule	Correct Dose? If not, what is correct dose?	IVP – List solution to dilute and rate to push. IVPB – List mL/hr and time to give	Adverse Effects	Appropriate Nursing Assessment, Teaching, Interventions (Precautions/Contraindications, Etc.)
Bupropion	Norepinephrine-dopamine reuptake inhibitors (NDRI's)	Major Depression Disorder	300 mg PO Daily 1-tab	Y N		More common: dry mouth, headache, nausea, constipation, tachycardia, insomnia Serious adverse effects: seizures, suicidal thoughts, HTN	1.Avoid administering doses too close together to minimize seizure risk. 2. Educate on taking it in the morning to reduce insomnia. 3. Instruct the patient to not take double doses if one is missed. 4.Avoid abruptly stopping.
Divaloprex Sodium	Antimanic drug	Mania Associated with Bipolar Disorder	500 mg /100mg PO BID 2-tabs	Y N		More common: N/V, dizziness, tremor, weight gain, hair loss Serious adverse effects: hepatotoxicity	1.Take medication with food to help reduce stomach upset or nausea. 2. Report any signs of liver problems (such as yellowing of the skin or eyes, dark urine, or severe fatigue). 3. Do not stop taking the medication suddenly as this can trigger seizures or mood changes. 4. Avoid drinking alcohol while taking, as it can increase drowsiness and put extra strain on your liver.
Lorazepam	Benzodiazepine	Anxiety	1mg PO TID 1-tab	Y N		More common: drowsiness, lightheadedness, weakness, confusion, blurred vision, HA Serious adverse effects: respiratory depression, withdrawal symptoms	1. Use caution when driving or operating machinery, as lorazepam can cause drowsiness and impair coordination. 2. Report any unusual mood changes, confusion, or excessive sleepiness to your healthcare provider right away. 3. Take lorazepam exactly as prescribed, this can cause withdrawal symptoms. 4. Rise slowly from sitting or lying positions, as lorazepam can cause dizziness or lightheadedness.
Hydroxyzine Pamoate	Antihistamine	Anxiety	50 mg PO q8hrs 1-cap	Y N		More common: blurred vision, dizziness, dry mouth, HA, constipation, urinary retention Serious adverse effects: confusion, hypersensitivity, QT prolongation	1. Drink plenty of water or chew sugar-free gum to help with dry mouth. 2.Take the medication at bedtime if it makes you sleepy during the day. 3. Avoid prolonged sun exposure, as it can make your skin more sensitive to sunlight. 4. Take with food if it upsets your stomach.