

DSM-5 Diagnosis and Brief Pathophysiology:
 Bipolar disorder manifested by cycles of mania and depression

DSM-5 Criteria for your patient's diagnosis: A distinct period of abnormally and persistently elevated, expansive, or irritable mood lasting at least 1 week.
 1. inflated self-esteem or grandiosity
 2. decreased need for sleep
 3. distractibility

Psychosocial Stressors (Legal, Environmental, Relational, Developmental, Educational, Substance Use, etc.)
 Family distance
 feeling of fear
 Feeling of having to be the best at things

Therapeutic Communication & Nurse Patient Relationship:

Communication strategy:
 • Introduce self to pt.
 • Ask pt about physical comfort
 • observe pt. actions

Stage of nurse-patient relationship:

Working stage

Therapeutic communication techniques appropriate for this patient:

• make eye contact; avoid turning away
 • use a respectful tone of voice
 • question the pt. about symptoms

Communication approaches to avoid: r/t mental illness

• Avoid words such as never, always
 • Avoid statements that exaggerate the truth
 • Avoid issues that are irrelevant

Plan of Care:

Disturbed thought process
 Patient problem: Bipolar disorders.
 Related to (etiology):

Psychotic process
 As evidenced by (signs & symptoms)

Impaired ability to make decisions, solve problems

Outcome/Goal: Client will be able to recognize & verbalize thinking

Current Treatment & Intervention

1. convey acceptance of clients need for false belief

Rationale: positive response

2. do not argue or deny the belief, understand the belief

Rationale:

3. Reinforce & focus on reality. talk about real events.

Rationale:

4. Give positive reinforcement as client is able to differentiate between reality-based &

reality-based &

non-reality based thinking

PMH Critical Thinking Sheet

s & symptoms):

Interventions:

Rationale 1: positive response would convey to the client that you accept the delusion as reality

Rationale 2: Arguing with the client or denying the belief serves no useful purpose because delusional ideas are not eliminated by this approach

Rationale 3: Focus reinterrepts the patient on reality, helping the pt. focus on real life situations

Rationale 4: Positive reinforcement enhances self esteem & encourages repetition of desirable behaviors

Student name:

NURSING SHIFT ASSESSMENT
 DATE: 2/10/20

SHIFT: Day(7A-7P) Night(7P-7A)

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

REVIEW OF SYSTEMS

Cardio/Pulmonary:
 M/WNL Elevated B/P D1 B/P
 Chest Pain upper lower
 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 Dimmobile
 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
 BBR light ambulate with assist
 Call bell Clear path
 Bed to call for assist Bed alarm
 Chair alarm 1:1 observation level
 Assist with ADLs Geri Chair
 Ensure assistive devices near
 Other _____

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 Illogical Delusions: (type) _____ Indecisive

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** 5-10 **Locations** RA/L

Is pain causing any physical impairment in functioning today? No Yes explain _____

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

DOCUMENT ABNORMAL OCCURRENCES IN MULTIDISCIPLINARY NOTES (Violence, suicide, elope, fall, physical health) **DAILY SUICIDE RISK ASSESSMENT** Note - for frequent assessment purposes, Question 1 has been omitted

Ask Question 2*	Since Last Contact	NO	YES
2) Have you actually had thoughts about killing yourself?	LOW	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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."		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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."		<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Level: Low Risk Moderate Risk High Risk

Nurse Signature(s) _____ Date: _____ Time: _____

Mood Disorder Questionnaire (MDQ)

Name: VICTORIA

Date: 2/10/20

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 checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input 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 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 checked="" type="radio"/> Minor problem <input 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 type="checkbox"/>	<input checked="" 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.

Student Name: Victoria T.

Unit: _____
Date: 2/10/20

Pt. Initials: _____

Medication Worksheet – Current Medications & PRN for Last 24 Hours

Allergies: penicillins, shellfish

Primary IV Fluid and Infusion Rate (ml/hr)	Circle IVF Type	Rationale for IVF	Lab Values to Assess Related to IVF
	Isotonic/ Hypotonic/ Hypertonic		

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	Appropriateness
Propranolol	Beta Blocker	Anxiety	20Mg PO 1 tab.	<input checked="" type="radio"/> N	N/A	fatigue dizziness slowed HR	1. 2. 3. 4.
Quetiapine Fumarate	Antipsychotic	Bipolar disorder	50Mg PO 1 tab.	<input checked="" type="radio"/> N	N/A	Dry mouth increased appetite dizziness	1. 2. 3. 4.
hydroxyzine PAMOATE	Anti-histamine	anxiolytic	25Mg PO 1 tab.	<input checked="" type="radio"/> N	N/A	extreme drowsiness HA dry mouth	1. 2. 3. 4.
				Y N			1. 2. 3. 4.
				Y N			1. 2. 3. 4.

Propranolol / Nursing Interventions / Assessment: Hydroxyzine:

- 1. DO NOT STOP abruptly prevent rebound HTN
- 2. Monitor BP & HR
- 3. Educate just treats symptoms of anxiety not the underlying cause
- 4. Monitor for elevation of trembling, palpitations

- 1. Advise pt to call for help getting up due to drowsiness
- 2. AVOID alcohol
- 3. suggest frequent mouth rinses due to dry mouth
- 4. Take as directed, can be taken with or without food

Quetiapine Fumarate:

- 1. Assess for any EPS symptoms (tardive dyskinesia)
- 2. Monitor for suicidal ideation
- 3. AVOID rapid abrupt discontinuation
- 4. Monitor cholesterol levels in blood

NURSING SHIFT ASSESSMENT

DATE: 2/11/20 MISSISSAUGA

SHIFT: Day (7A-7P)



- 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 Content**
- Obsessions
 - Hallucinations
 - Compulsions
 - Suicidal thoughts
 - Auditory
 - Visual
 - Olfactory
 - Tactile
 - Gustatory
 - Logical
 - Hopeless
 - Somatic
 - Assaultive Ideas
 - Logical
 - Helpless
 - Homicidal thoughts

Locations

Is pain causing any physical impairment in functioning today No Yes expain

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

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3) 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."	MOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	MOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) As opposed to "I have the thoughts, but I definitely will not do anything about them."	MOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Have you done anything, started to do anything, or prepared to do anything to end your life?	MOD	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.

Low Risk Moderate Risk High Risk

Nurse Signatures) _____ Date: _____ Time: _____

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

REVIEW OF SYSTEMS

Cardio/Pulmonary: B/P B/P

Respiratory/Breath sounds: Wheezing Crackles Other: _____

Neurological/L.O.C.: Sedated Seizures Headache Other: _____

Musculoskeletal/Safety: Full ROM Unsteady gait Pressure ulcer Risk for pressure ulcer Reddened areas(s)

Nutrition/Fluid: Dehydrated Other: _____

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

Elimination: Catheter Diarrhea OTHER _____

Hours of Sleep: _____ Day Night

At Risk for Falls: Yes No

At Risk for FALL Precautions:

Arm Band Nonskid footwear Call bell Clear path Bed alarm Chair alarm 1:1 observation level Assist with ADLs Geri Chair Ensure assistive devices near Other _____

HAMILTON DEPRESSION RATING SCALE (HAM-D)

(To be administered by a health care professional)

Patient Name melissa

Today's Date 2/11/20

The HAM-D is designed to rate the severity of depression in patients. Although it contains 21 areas, calculate the patient's score on the first 17 answers.

- 2** 1. **DEPRESSED MOOD**
(Gloomy attitude, pessimism about the future, feeling of sadness, tendency to weep)
0 = Absent
1 = Sadness, etc.
2 = Occasional weeping
3 = Frequent weeping
4 = Extreme symptoms

- 0** 2. **FEELINGS OF GUILT**
0 = Absent
1 = Self-reproach, feels he/she has let people down
2 = Ideas of guilt
3 = Present illness is a punishment; delusions of guilt
4 = Hallucinations of guilt

- 1** 3. **SUICIDE**
0 = Absent
1 = Feels life is not worth living
2 = Wishes he/she were dead
3 = Suicidal ideas or gestures
4 = Attempts at suicide

- 2** 4. **INSOMNIA - Initial**
(Difficulty in falling asleep)
0 = Absent
1 = Occasional
2 = Frequent

- 2** 5. **INSOMNIA - Middle**
(Complains of being restless and disturbed during the night. Waking during the night.)
0 = Absent
1 = Occasional
2 = Frequent

- 2** 6. **INSOMNIA - Delayed**
(Waking in early hours of the morning and unable to fall asleep again)
0 = Absent
1 = Occasional
2 = Frequent

- 3** 7. **WORK AND INTERESTS**
0 = No difficulty
1 = Feelings of incapacity, listlessness, indecision and vacillation
2 = Loss of interest in hobbies, decreased social activities
3 = Productivity decreased
4 = Unable to work. Stopped working because of present illness only. (Absence from work after treatment or recovery may rate a lower score).

- 1** 8. **RETARDATION**
(Slowness of thought, speech, and activity; apathy; stupor.)
0 = Absent
1 = Slight retardation at interview
2 = Obvious retardation at interview
3 = Interview difficult
4 = Complete stupor

- 1** 9. **AGITATION**
(Restlessness associated with anxiety.)
0 = Absent
1 = Occasional
2 = Frequent

- 2** 10. **ANXIETY - PSYCHIC**
0 = No difficulty
1 = Tension and irritability
2 = Worrying about minor matters
3 = Apprehensive attitude
4 = Fears

HAMILTON DEPRESSION RATING SCALE (HAM-D)

(To be administered by a health care professional)

- 3** 11. ANXIETY - SOMATIC
Gastrointestinal, indigestion
Cardiovascular, palpitation, Headaches
Respiratory, Genito-urinary, etc.
0 = Absent
1 = Mild
2 = Moderate
3 = Severe
4 = Incapacitating

- 2** 12. SOMATIC SYMPTOMS - GASTROINTESTINAL
(Loss of appetite, heavy feeling in abdomen; constipation)
0 = Absent
1 = Mild
2 = Severe

- 2** 13. SOMATIC SYMPTOMS - GENERAL
(Heaviness in limbs, back or head; diffuse backache; loss of energy and fatigability)
0 = Absent
1 = Mild
2 = Severe

- 1** 14. GENITAL SYMPTOMS
(Loss of libido, menstrual disturbances)
0 = Absent
1 = Mild
2 = Severe

- 0** 15. HYPOCHONDRIASIS
0 = Not present
1 = Self-absorption (bodily)
2 = Preoccupation with health
3 = Querulous attitude
4 = Hypochondriacal delusions

- 1** 16. WEIGHT LOSS
0 = No weight loss
1 = Slight
2 = Obvious or severe

- 0** 17. INSIGHT
(Insight must be interpreted in terms of patient's understanding and background.)
0 = No loss
1 = Partial or doubtful loss
2 = Loss of insight

TOTAL ITEMS 1 TO 17: **29**
0 - 7 = Normal
8 - 13 = Mild Depression
14 - 18 = Moderate Depression
19 - 22 = Severe Depression
≥ 23 = Very Severe Depression

- 1** 18. DIURNAL VARIATION
(Symptoms worse in morning or evening. Note which it is.)
0 = No variation
1 = Mild variation; AM () PM ()
2 = Severe variation; AM () PM ()

- 2** 19. DEPERSONALIZATION AND DEREALIZATION
(feelings of unreality, nihilistic ideas)
0 = Absent
1 = Mild
2 = Moderate
3 = Severe
4 = Incapacitating

- 0** 20. PARANOID SYMPTOMS
(Not with a depressive quality)
0 = None
1 = Suspicious
2 = Ideas of reference
3 = Delusions of reference and persecution
4 = Hallucinations, persecutory

- 0** 21. OBSESSIVE SYMPTOMS
(Obsessive thoughts and compulsions against which the patient struggles)
1
0 = Absent
1 = Mild
2 = Severe