

Name: Savannah Willis 😊

Case Study: Bipolar Mania

Noreen, age 32, had always been described as “moody.” Depending on what was happening in her life at the time, she could be very sad and depressed or very lighthearted and happy. During her “down” times she would feel tired, experience loss of appetite, and sleep a lot. During her “happy” times, she would party a lot, be very outgoing, and have a remarkable amount of energy. Noreen did well in college and graduated at age 26 with an MBA. Since that time, she has been employed in the administration department of a large corporation, in which she has had several promotions. Two weeks ago, management was to make the announcement of who would be fulfilling the position of vice president of corporate affairs. Noreen and a male colleague, Ted, were vying for the position. It was a choice position that Noreen desperately wanted. She became very depressed when the announcement was made that Ted had been chosen. She stayed at home, in bed, and slept a lot for several days. On about the fourth day, she got up, feeling exhilarated, and decided to go shopping. She spent over \$1,000 on clothing. She then decided to have a party for several hundred people, ordered the catering, and planned all the details. Tonight, was the party. Noreen wore a new, very expensive dress, drank a lot of champagne, was very jovial and seductive, and bragged to everyone who would listen that she would soon be getting a new job and that the people at her old organization would be sorry they had failed to promote her. She left the party with a man she hardly knew. At 3 a.m., she was picked up by the police under the grandstand at the local baseball stadium, wearing only her underclothes and high-heeled shoes and carrying a half-filled bottle of champagne. She was alone and speaking very loudly and rapidly. The police brought her to the emergency department, where she was admitted to the psychiatric unit with a diagnosis of Manic Episode.

***List two priority problems for Noreen and 3-4 nursing interventions per problem for this patient's plan of care.**

Defensive Coping:

- Determine what coping strategies were used.
- Establish therapeutic relationship to gain trust .
- Teach therapeutic coping such as deep breathing, self affirmation, and mindful meditation in times of stress.
- Ask patient when would be a good time to use different coping strategies.

Risk for disturbed personal identity:

- Ask patient what they think of themselves and note any withdraw from the question.
- Promote self growth and acceptance.
- Discuss changes that may occur due to diagnosis or traumatic event
- Discuss causes of manic episode and patients view on the situation.

Symptoms of Bipolar Disorders

Next to each of the behaviors listed below, write the letter that identifies the disorder in which the behavior is most prevalent.

- a. Cyclothymic disorder
- b. Bipolar I disorder
- c. Bipolar II disorder
- d. Manic episode
- e. Delirious mania

__E__ 1. Clouding of consciousness occurs.

__C__ 2. Characterized by mood swings between hypomania and mild depression.

__E__ 3. Paranoid and grandiose delusions are common.

__E__ 4. Excessive interest in sexual activity.

__D__ 5. Accelerated, pressured speech.

__B__ 6. Frenzied motor activity, characterized by agitated, purposeless movements.

__C__ 7. Recurrent bouts of major depression with episodes of hypomania.

__A__ 8. Recurrent bouts of mania with episodes of depression.

Please read the chapter and answer the following questions:

1. What is the most common medication that has been known to trigger manic episodes?

Steroids for chronic illnesses have been found to trigger more manic episodes. They can even lead to a susceptibility of future manic episodes if taken in the past.

2. What is the speech pattern of a person experiencing a manic episode?

Usually someone in a manic episode speaks in a rushed pattern that is hard to understand or interrupt and it is very loud as they make their point known.

3. What is the difference between cyclothymic disorder and bipolar disorder?

Bipolar disorder can be diagnosed if the patient has one or a history of one or more manic events. However, cyclothymic disorder consisting of mood changes over 2 years that range from multiple moments of high or low periods that do not reach the threshold to be diagnosed as other mental disorders. Someone with bipolar disorder can still have hypomania and major depressive disorder but someone with cyclothymic disorder can not because they do not meet the requirements.

4. Why should a person on lithium therapy have blood levels drawn regularly?

Lithium levels are determined in the blood and need to be monitored to determine if they are at acceptable, therapeutic levels. The level determines if the dose is too high or too low and can help determine if the patient is at risk for lithium toxicity.

5. There is a narrow margin between the therapeutic and toxic serum levels of lithium carbonate. What is the therapeutic range? What are the initial signs and symptoms of lithium toxicity?

Therapeutic range is 1.0 to 1.5 mEq/L for acute mania and 0.6 to 1.2 mEq/L for maintenance. Signs of toxicity include loss of appetite, excessive thirst, shaking, twitching, or spasms, frequent urination, and confusion.

6. Describe some nursing implications for the client on lithium therapy.

Nurses should be monitoring the blood levels of lithium and communicating that to the provider. They should implement fall precautions and walk with the patient to prevent falls due to dizziness. Educate on the importance of getting routine blood work done to monitor for lithium toxicity. Nurses should also closely monitor I/Os because lithium is a salt and anything that can deplete sodium has the potential to decrease the effectiveness of lithium.