

Bipolar Activity

Psychiatric Nursing 2025

Chapter Objectives:

1. Identify predisposing factors in the development of bipolar disorder. (1, 2, 4)*
2. Identify symptomatology associated with bipolar disorder. (1, 2)*
3. Formulate priority problems and interventions for a patient with bipolar disorder. (1, 2, 3)*
4. Describe appropriate interventions for a patient with bipolar disorder. (1, 2, 3, 4, 5)*
5. Identify various types of bipolar disorders. (1, 2)*

*Course objectives

Directions:

Please complete the following activity and turn it into the appropriate dropbox on Edvance360. This assignment is due at 0800 on **Monday June 23rd**.

This assignment starts with a case study about Noreen. Please read the case study then classify each behavior that is mentioned on the following page. The final part of the assignment is to answer the seven questions on the last page.

This assignment is worth 1 hour of online content. In order to receive full credit for this assignment, it must be completed in its entirety by the due date/time assigned. Any assignment not completed in its entirety will result in missed theory time and must be made up.

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.

Noreen is exhibiting clear signs of a manic episode, particularly following the disappointment of not receiving the promotion, which went to her colleague Ted. After spending several days in bed feeling depressed (a reflection of a depressive episode) she suddenly experienced a dramatic shift in mood and behavior. This abrupt transition included a surge of high energy, impulsive shopping where she spent over \$1,000, and planning an extravagant party for hundreds of people. These behaviors reflect classic symptoms of mania, including reckless spending, impulsivity, and heightened sociability. Her decision to throw a large party and drink excessively, combined with her flirtatious behavior and leaving the party with a stranger, further highlights her poor judgment and risky decision-making. Additionally, her claims that she would be getting a new job and that her current employer would regret not promoting her suggest grandiose thinking and inflated self-esteem, both hallmark features of mania. Finally, being found by police at 3 a.m. under a baseball stadium, wearing only underclothes, speaking very loudly and rapidly, demonstrates pressured speech and possible racing thoughts, which are core features of a manic episode. Taken together, these behaviors strongly support the diagnosis of a Manic Episode within the context of Bipolar I Disorder.

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.

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

 e 3. Paranoid and grandiose delusions are common.

 d 4. Excessive interest in sexual activity.

 d 5. Accelerated, pressured speech.

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

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

 b 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? Selective serotonin reuptake inhibitors (SSRIs) have been shown to sometimes trigger manic episodes and rapid cycling of mood swings in clients with bipolar disorders.

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

The speech pattern of a person experiencing a manic episode is a continuous flow of accelerated, pressured speech to the point where trying to converse with the individual may be extremely difficult.

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

Cyclothymic disorder is a chronic mood disturbance involving numerous episodes of hypomania and depressed mood of insufficient severity or duration to meet the criteria for bipolar disorder. Bipolar disorder is characterized by mood swings from profound depression to extreme euphoria with intervening periods of normalcy.

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

The therapeutic range for lithium is very narrow and anything that depletes sodium will make more receptor sites available to lithium and increase the 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?

A typical therapeutic range of lithium is from 0.6 to 1.2 mEq/L; when initiating treatment levels should be closer to 1.2 and in maintenance the optimum levels should be closer to 0.6. At blood levels >1.2 mEq/L early signs of toxicity including vomiting and diarrhea occur. At blood levels >1.5 mEq/L increasing nausea, anorexia, diarrhea, muscle weakness, ataxia, coarse tremor, and muscle twitching occur. At blood levels >2 mEq/L increasing disorientation and seizures can occur. Blood levels >3.5 mEq/L are associated with coma, cardiovascular collapse, and death can occur.

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

Some nursing implications for a client on lithium therapy include instructing the patient to report all medications, herbals, and caffeine use to physician or nurse practitioner to evaluate for drug interactions. Another nursing intervention is to encourage the patient to maintain a fluid intake of 2,000-3,000 mL/day and to avoid activities that cause excessive sweating or fluid loss because inadequate fluid intake can impact lithium levels. Instruct the client on the importance of regular monitoring of serum lithium levels as well.

7. What are TWO priority problems for this patient? What are THREE nursing interventions for each of those priority problems?

Priority Problem 1: Risk for injury	Priority Problem 2: Impaired social interaction
Nursing intervention: <ul style="list-style-type: none">• Reduced environmental stimuli. Assign private room with simple décor on	Nursing intervention: <ul style="list-style-type: none">• Recognize the purpose that manipulative behaviors serve for the

<p>quiet unit if possible. Keep lighting and noise levels low</p> <ul style="list-style-type: none">• Remove hazardous objects and substances• Provide structured schedule of activities that includes established rest periods throughout the day; limit group activities as well as providing physical activities	<p>patient: to reduce feelings of insecurity by increasing feelings of power and control</p> <ul style="list-style-type: none">• Set limits on manipulative behaviors. Explain to the patient what is expected and what the consequences are if the limits are violated. Terms of the limitations must be agreed on by all staff who will be working with the patient• Do not argue, bargain, or try to reason with the patient. Merely state the limits and expectations expected; confront the patients as soon as possible when interactions with others are manipulative or exploitative. Follow through with established consequences for unacceptable behavior.
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