

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.

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.

__d__ 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?

The most common medication that has been known to trigger manic episodes is steroids which are frequently used to treat chronic illnesses like MS and SLE. Some clients experience their first manic episode with the use of steroids.

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

A person experiencing a manic episode has an accelerated thinking process with racing thoughts. They have an overconnection of ideas and a flight of ideas. They have pressured speech, in which having a conversation with this individual is very difficult. They become very distracted with a low attention span and can hallucinate and experience delusions.

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

The severity and duration of cyclothymic disorder and bipolar disorder are the main components of the difference between the two. Cyclothymic disorder is a mood disturbance that is chronic for at least 2 years with many periods of hypomanic symptoms and depressed moods. Their hypomanic symptoms do not meet the criteria for a hypomanic episode, and their depressed mood is insufficient for a major depressive episode. This individual will never be without these hypomanic and depressive symptoms for longer than 2 months. With bipolar disorder, the client experiences manic episodes and also episodes of depression. Their mood episodes are more intense, with bipolar I having full manic episodes with depressive episodes, and bipolar II with hypomanic episodes and major depressive episodes. Bipolar disorder does not have a specific time frame for the symptoms to occur, but they must meet the specific criteria for diagnosis.

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

A person on lithium therapy should have their blood levels drawn regularly because lithium has a small therapeutic range. The therapeutic range is 0.6-1.2 mEq/L. Above this range, the client could have toxic side effects, which could be potentially fatal. Below this level will not be therapeutic for the client and will not give the full effect. Drawing the client's blood levels regularly will help the physician increase and decrease the dose as needed per lab draw.

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?

The therapeutic range for lithium is 0.6-1.2 mEq/L. The initial signs and symptoms of lithium toxicity is persistent nausea and vomiting, severe diarrhea, ataxia, blurred vision, tinnitus, excessive output of urine, increasing tremors, and mental confusion.

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

When a client is on lithium therapy, the nurse should administer the medication regularly and not discontinue unless ordered. They should be aware that lithium can cause drowsiness and dizziness, so be careful when ambulating the client. Make sure to have fall precautions in place. Ensure that the client maintains adequate sodium intake through their diet. The client should also drink 6-8 glasses of water a day, which promotes urine output. The nurse should notify the provider of vomiting and diarrhea, which can result in fluid and sodium loss, increasing the client's risk for lithium toxicity. Educate the client on the risk of becoming pregnant on lithium therapy. The nurse should be aware of the side effects of lithium

toxicity including nausea, vomiting, diarrhea, blurred vision, ataxia, excessive urine output, tremors, and tinnitus.

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: Disturbed Thought Process
Nursing intervention: <ul style="list-style-type: none">• Ensure the client is placed in a safe environment by removing harmful objects and frequently checking on the client• Assess the client's symptoms routinely to ensure safety, medication effectiveness, etc.• The nurse should create a low-stimulus environment with low noise level and dimmed lights.	Nursing intervention: <ul style="list-style-type: none">• Ensure to communicate with the client in simple terms and short sentences.• Identify the cause of the disturbance by assessing the patient regularly• Create a safe environment for the client by removing harmful objects by checking the client on admission and completing frequent visual checks on the client