

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 are steroids. Those whose first episode of mania occurred during steroid therapy have reported a reoccurrence of manic symptoms two years later. A few other medications that have a potential to trigger a manic episode include amphetamines, antidepressants, and high doses of anticonvulsants and narcotics.

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

The speech pattern of an individual experiencing a manic episode is represented as a continuous flow of accelerated, pressured speech (loquaciousness). This gets to the point where trying to speak with the individual may be extremely difficult. As the flight of ideas severity increases, speech becomes disorganized and incoherent.

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

Cyclothymic disorder is a chronic mood disturbance of at least two years duration, involving numerous periods of elevated mood (hypomanic symptoms). The individual is never without symptoms for more than two months. In bipolar disorder, the person experiences mood swings from depression to extreme euphoria (mania) with intervening periods of normalcy. Cyclothymic mood swings are milder ups and downs, whereas bipolar disorders are full/hypo- manic episodes with major depression.

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 when exceeding therapeutic range of more than 0.6-1.2 mEq/L, toxic side effects and fatality can occur.

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 carbonate is 0.6-1.2 mEq/L. Symptoms include persistent nausea and vomiting, severe diarrhea, ataxia, blurred vision, tinnitus, excessive output of urine, increasing tremors, or mental confusion. Notify the physician if any of these occur.

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

Educate the client to maintain adequate sodium intake, avoiding "junk" foods. Monitor for signs and symptoms of lithium toxicity like vomiting and diarrhea. This can result in sodium loss, leading to toxicity. Be prepared to notify the physician if lithium levels become fatal. Educate the patient to avoid operating dangerous machinery until the lithium levels are stabilized. Drowsiness and dizziness can be common.

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

<p>Priority Problem 1: Risk for violence towards self-and/or others</p>	<p>Priority Problem 2: Risk for Injury</p>
<p>Nursing intervention:</p> <ul style="list-style-type: none"> • Maintain a calm attitude when speaking and responding to Noreen, experiencing a manic episode. • Have sufficient staff available in the chance that she becomes combative. • The use of restraints may be necessary if Noreen is not calmed down through therapeutic communication. 	<p>Nursing intervention:</p> <ul style="list-style-type: none"> • Remove any hazardous objects such as her high-heeled shoes and bottle of champagne. • Always stay with the patient during manic episodes until they are calmed down and not at a risk of injuring themselves or others. • During the manic episodes, provide safe activities for Noreen to redirect her time towards.