

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 are steroids frequently used to treat chronic illnesses. Some clients whose first episode of mania occurred during steroid therapy have reported spontaneous recurrence of manic symptoms years later. Amphetamines, antidepressants, and high doses of anticonvulsants and narcotics.

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

May have pressured speech to the point of trying to converse with the individual may be extremely difficult. Flight of ideas is severe, speech may disorganized and incoherent.

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

Cyclothymic disorder is a chronic mood disturbance of at least 2 years duration, involving numerous periods of elevated mood that do not meet the criteria for a hypomanic episode and numerous periods of depressed mood of insufficient severity or duration to meet the criteria for major depressive episode.

Bipolar disorder is a recurrent bout of major depression with episodic occurrence of hypomania.

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

It is important for the person to get blood drawn because of the notably its therapeutic range of 0.6-1.2 mEq/L can have toxic side effects and its potentially fatal when exceeded.

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 of Lithium carbonate is 0.6-1.2 mEq/L. The side effects are persistent nausea and vomiting, severe diarrhea, ataxia, blurred vision, tinnitus, excessive output of urine, increasing tremors, or mental confusion.

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

Educating the client to refer to written materials furnished by health-care providers while receiving self-administration maintenance therapy. Keeping appointments for outpatient follow-ups and have serum lithium levels checked every 1 to 2 months or as advised by physician.

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 violence	Priority Problem 2: Risk for injury
Nursing intervention: • Maintain low level of stimuli in the patient's environment. • Assess for concomitant substance use issue • Remove all sharp objects, glass or	Nursing intervention: • Reduce environmental stimuli. Assign private room with simple décor on quiet unit and keeping lighting and noise level low. • Stay with the patient who is

mirrored items, belts, ties, and smoking materials from patient's environment.	hyperactive and agitated. • Administer tranquilizing medication as ordered by physician.
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