

Bipolar Activity

Psychiatric Nursing 2025

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 is known to trigger manic episodes is Antidepressants (SSRIs and SNRIs).

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

Pressured Speech, which is loud, rapid, and difficult to understand and interrupt. This can be considered as a flight of ideas.

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

Cyclothymic disorder is chronic mood swings between hypomanic symptoms but does not meet full criteria of MDD or manic episodes.

Bipolar disorder includes distinct episodes of mania/hypomania and MDD which is often more severe.

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

The level of lithium has a narrow range to reach therapeutic levels and without careful monitoring you can become toxic very easily. The blood draws will help determine where and how safe you're being.

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?

0.6-1.2 mEq/L for maintenance

1.0-1.5 mEq/L for acute mania

S / S:

N/V, Diarrhea, tremors muscle weakness, Ataxia, slurred speech, lethargy or confusion.

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

Monitor lithium blood levels

Encourage high fluid and sodium intake

Teach patients on how to recognize signs of toxicity and to report them to the HCP.

Avoid NSAIDs

Take with meals to avoid GI issues

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 of self	Priority Problem 2: Impaired judgment and impulse control
Nursing intervention: <ul style="list-style-type: none">• Ensure a safe environment• Set limits on behaviors• Supervise all activities.	Nursing intervention: <ul style="list-style-type: none">• Redirect to safe structured, low stim environments• Administer mood stabilizers• Provide clear and therapeutic levels of communication.