

Christine Nlandu

Sim clinical

Bipolar Depression/Mania

SKINNY Reasoning



Brenden Manahan, 35 years old

Primary Concept	
Mood and Affect	
Interrelated Concepts (In order of emphasis)	
	<ul style="list-style-type: none">• Psychosis• Clinical Judgment• Patient Education

NCLEX Client Need Categories	Percentage of Items from	Covered
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© 2018 Keith Rischer/www.KeithRN.com SKINNY Reasoning	Each Category/Subcategory	in Case Study
Part I: Recognizing RELEVANT Clinical Data History of Present Problem: Safe and Effective Care		
Evident Brenden Mathan is a 35-year-old male, who has been admitted to the crisis intervention unit for exacerbation of his bipolar disorder. He was admitted on a 501 (involuntary inpatient		
Management of Care admission, patient has been deemed either dangerous to elf or others) and brought to the hospital by police because his mother feared for his safety. In the past few weeks, he stopped	17-23%	
✓ Safety and Infection Control taking his medication because he feared that his mother was poisoning him.	9-15%	✓
Brenden has not slept in the past four days due to racing thoughts. He believes that he is the		
head of the CIA and told his mother that he needed her car to go to CIA headquarters in	6-12%	
Manassas, Virginia, and fire everyone. When the police arrived, they noted that Brenden was		
speaking at a very rapid rate and pace and was becoming increasingly agitated. He began		
yelling that the police where there to poison him and prevent him from returning to his job.	6-12%	
Psychosocial Integrity He has been admitted to the locked mental health unit for evaluation of his mental capacity and		
Physical Integrity status. Brenden will participate in the following education groups: medication education,		
and bipolar illness education. The goal is to resume lithium carbonate and divalproex sodium.		
✓ Basic Care and Comfort Personal/Social History:	6-12%	✓
Brenden was diagnosed at 19 with bipolar I, and subsequently has been admitted six times due	12-18%	✓
to non-adherence to the medication regimen. Brenden is divorced and has a 3-year-old son		
who lives with his mother. He was recently in court to have his visitations reduced to one		
supervised visit a week. He lives with his mother, who is supportive.	9-15%	✓
✓ Reduction of Risk Potential What data from the histories is important and RELEVANT and has clinical significance for the		
nurse?	11-17%	✓
RELEVANT Data from Present Problem: 1. Exacerbation of his bipolar disorder 2. He is dangerous to himself or others, and his mother' fear. 3. Stopped taking medication for weeks (non-adherence to medication regimen). 4.. He didn't sleep for 4 days. 5. Delusion (thinking his mother posing him,	Clinical Significance: 1. Chief complaint. 2. Priority for the nurse will take care of. 3. Result in exacerbation of his bipolar disorder. 4. Decreased sleep is a manic characteristic.	

<p>thinking of CIA stuff).</p> <p>6. Speaking rapidly, pacing, yelling, and agitated.</p>	<p>5. Behaviors some pt. will exhibit during manic episodes.</p> <p>6. These are typical behaviors for pt experiencing mania.</p>
RELEVANT Data from Social History:	Clinical Significance:
<ol style="list-style-type: none"> 1. Diagnosis at 19 with Bipolar. 2. Has been admitted six times due to non-adherence of medication regime. 3. Divorced with a 3-year-old that lives with ex-wife. Parental visitations down to once a week. 4. Brenden lives with his mother; she is supportive. 	<ol style="list-style-type: none"> 1. Onset of disorder 2. History of non-adherence to med regime. 3. Could be a safety risk to his child. Past social history of divorce. 4. He has a support system.

Current VS:	WILDA Pain Assessment (5th VS):	
T: 99.1 F/37.3 C (oral)	Words:	Patient denies
P: 110 (regular)	Intensity:	
R: 28 (regular)	Location:	
BP: 142/84	Duration:	
O2 sat: 99% room air	Aggravate: Alleviate:	

Patient Care Begins:

What VS data are RELEVANT and must be recognized as clinically significant by the nurse?

RELEVANT VS Data:	Clinical Significance:
<p>His blood pressure is elevated, 142/84.</p> <p>His pulse is slightly elevated at 110.</p> <p>Respirations slightly elevated at 28.</p>	<p>His blood pressure may be elevated because he is stressed and agitated.</p> <p>Pulse and respirations may be elevated because of agitation and anxiety.</p>

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Current Assessment:	
GENERAL APPEARANCE:	Is disheveled, and according to his mother, he has not showered in several days.
NEURO:	Oriented to person and place but not to time, impaired ability to concentrate, labile emotions, has not slept for four days
RESP:	Breath sounds clear however, patient is breathing rapidly and deeply
CARDIAC:	Pink, warm and dry, no edema, heart sounds regular with no abnormal beats, pulses strong, equal with palpation at radial/pedal/post-tibial landmarks
GI:	Abdomen soft/nontender, bowel sounds audible per auscultation in all four quadrants, has adequate appetite.
GU:	Voiding without difficulty, urine clear/yellow
SKIN:	Skin integrity intact

CHEMICAL USE:	Denies both use/abuse of ETOH or other street drugs
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What assessment data is RELEVANT and must be recognized as clinically significant by the nurse?

RELEVANT Assessment Data:	Clinical Significance:
<ol style="list-style-type: none"> 1. Disheveled appearance; hasn't showered in days. 2. Not oriented to time with an inability to concentrate. 3. Hasn't slept in four days: labile emotions. 	<ol style="list-style-type: none"> 1. A lack of personal hygiene is linked to mental illness. 2. Patient isn't in a right state of mind, unaware of the time of day and isn't able to concentrate. 3. Patient has unstable emotions which are worsened by a lack of sleep and mania.

Mental Status Examination:	
APPEARANCE:	Is disheveled, and according to his mother he has not showered in several days. He is unshaven, and has a significant odor coming from his body and or clothes. His clothes are not consistent with the weather, it is 95 degrees and is wearing multiple layers of clothing and has winter boots on.
MOTOR BEHAVIOR:	Psychomotor agitation present, appears restless; he is unable to sit still
SPEECH:	Talking fast with pressured speech.
MOOD/AFFECT:	Appears ecstatic, bright affect
THOUGHT PROCESS:	Delusional, flight of ideas/ jumping from one idea to another
THOUGHT CONTENT:	Believes that the CIA is controlling the nurses' actions and following

	him and that he must get to the CIA headquarters immediately.
PERCEPTION:	Denies hallucinations
INSIGHT/JUDGMENT:	Has lack of insight into current condition and reason for inpatient hospitalization
COGNITION:	Oriented to person and place but not to time, his immediate and recall were intact but remote memory is not.
INTERACTION:	Approaches others, but does not engage in lasting conversation
SUICIDAL/HOMICIDAL:	Denies homicidal/suicidal ideation

What MSE assessment data is RELEVANT that must be recognized as clinically significant to the nurse?

RELEVANT Assessment Data:	Clinical Significance:
<ul style="list-style-type: none"> -Ungroomed -Inappropriate clothing -Restless/agitation -Talking fast/pressured speech -Flight of ideas -Believes CIA is controlling actions -Denies hallucinations -Lack of insight -Oriented to person and place but not time -Does not engage in 	<ul style="list-style-type: none"> -Patient is not mentally stable enough to provide hygiene to himself. -Patient is wearing winter clothes in 95-degree weather. -During the manic phase of bipolar there is above average energy levels, agitation could come from lack of sleep, irritability, and the high energy levels. - Pressured speech is commonly seen as a symptom of bipolar disorder, it is also part of a manic episode. The speech will come out rapidly and does not stop at appropriate intervals. -Flight of ideas can be from manic episode of bipolar -Bipolar delusions are common during episodes of mania -Denying hallucinations when he is having bipolar delusions - Lack of insight happens during manic episodes of bipolar

lasting conversation	-cannot engage in lasting conversations because of flight of ideas.
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Diagnostic Results:

Basic Metabolic Panel (BMP)					
	Na	K	Gluc.	Creat.	
Current:	142	4.0	102	1.0	
Complete Blood Count (CBC)					
	WBC	% Neuts	HGB	PLTs	
Current:	8.9	70	12.9	325	
MISC.					
	Lithium				
Current:	0.2				

What data must be interpreted as clinically significant by the nurse? (Reduction of Risk Potential/Physiologic Adaptation)

RELEVANT Diagnostic Data:	Clinical Significance:
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0.2 Lithium	Lithium range is low. Lithium stabilizes bipolar disorders by reducing the degree and frequency of cycling or eliminating manic episodes. Therapeutic ranges for lithium are 0.5-1.2 mmol/L.
12.9 Hgb	<p>Hgb is slightly low. Hgb is important to monitor for lithium therapeutic levels and the suppression of white blood cells.</p> <p>All other labs are within normal limits</p>

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Part II: Put it All Together to THINK Like a Nurse! 1. After interpreting relevant clinical data, what is the primary problem?

(Management of Care/Physiologic Adaptation)

Problem:	Pathophysiology in OWN Words:
Mania brought on by bipolar disorder and lack of adherence to medical regimen.	The patient is in a state of mania that worsened during the non-adherence of his medicine.

Collaborative Care: Medical Management

2. State the rationale and expected outcomes for the medical plan of care. (Pharm. and Parenteral Therapies)

Medical Management:	Rationale:	Expected Outcome:

<p>Admit to unit and engage patient in milieu.</p> <p>Urine drug screen</p> <p>Lithium 600 mg PO BID Depakote 375 mg PO BID</p> <p>Trazodone 100 mg PO PRN sleep</p> <p>Lorazepam 1 mg PO BID</p>	<p>Admission to the unit will provide a safe place for the client to be. Engagement in milieu therapy will encourage routines, coping mechanisms, and therapeutic behaviors.</p> <p>A drug screen will tell us if there are drugs in the system making the mania worse, or if his RX medications are at appropriate levels.</p> <p>Lithium is used as a TX of bipolar disorder.</p> <p>Depakote is used as a mood stabilizer.</p> <p>Trazodone promotes sleep.</p> <p>Lorazepam will reduce the anxiety and promote sleep from bipolar.</p>	<p>Client will become less manic and adhere to medications while getting therapy.</p> <p>Lithium levels are low, positive screening for other drugs.</p> <p>Less mania will occur with lithium.</p> <p>Less mania will occur with Depakote.</p> <p>Patient will sleep with the use of Trazadone.</p> <p>Patients will be less anxious and have fewer racing thoughts with Lorazepam.</p>
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Collaborative Care: Nursing

3. What nursing priority (ies) will guide your plan of care? (Management of Care)

<p>Nursing PRIORITY: safety</p>		
<p>PRIORITY Nursing Interventions:</p>	<p>Rationale:</p>	<p>Expected Outcome:</p>

<p>1. Safety</p> <p>Provide a safe environment.</p> <p>Decrease stimulation without isolating the pt.</p> <p>Assess him for suicidal thoughts.</p> <p>2. Maintenance of physical health</p> <p>Monitoring sleep, fluid intake, and nutrition.</p> <p>Providing portable snacks.</p> <p>3. Communication</p> <p>Calm, firm, matter of fact, specific approach.</p> <p>Listen to and act on legitimate client grievance.</p> <p>Reinforce non manipulative behaviors.</p>	<p>During the acute manic episode phase, the focus is safety and maintaining physical health.</p> <p>His behavior, pacing, yelling, speaking rapidly, and his vital signs, elevated blood pressure (142/84), elevated respiratory rate (28/min), and elevated heart rate (110/min), indicate his body needs energy.</p> <p>Therapeutic communication will help the patient feel cared for, establish a relationship in which the patient feels free to express his concerns.</p>	<p>No injury events happen, including the patient and others.</p> <p>Reduced BP, P, RR.</p> <p>The patient will show self-care knowledge and cooperate with the treatment regimen.</p>
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4. What psychosocial/holistic care PRIORITIES need to be addressed for this patient?
(Psychosocial Integrity/Basic Care and Comfort)

Psychosocial PRIORITIES:		
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:
CARING/COMFORT:	Spending even short periods of	Establish a balance of

<p><i>How can you engage and show that this pt. matters to you?</i></p> <p>Spend time with the client.</p> <p>Show acceptance of the client as a person.</p> <p>Use a firm, calm, relaxed approach.</p> <p>Physical comfort measures: Speaking slowly, calm, less anxiety</p>	<p>time with them helps them feel less isolated.</p> <p>The patients are acceptable as a person despite their behaviors.</p> <p>The presence of caregiver's manner will help the client communicate well, increase the interest, and expectations.</p>	<p>rest, sleep, and activities.</p> <p>Will evaluate personal qualities realistically.</p> <p>Patients will demonstrate a decrease in demanding and provocative behavior.</p>
<p>EMOTIONAL SUPPORT:</p> <p><i>Principles to develop a therapeutic relationship.</i></p> <p>Encourage the client's appropriate expression of feelings about treatment or discharge plans.</p>	<p>Support the client positively reinforce their healthy expression of feelings, realistic plans, and responsible behavior.</p>	<p>Will demonstrate adequate cognitive functioning.</p>
<p>SPIRITUAL CARE/SUPPORT:</p> <p>Encourage the client to participate in ritual practice or the yoga, meditation program.</p>	<p>Support the client to keep a calm environment and encourage them to participate in the programs that will help the client's spiritual practice.</p>	<p>Recovery from depression, reducing risk from suicide, lessening feelings of anxiety and fear.</p>
<p>CULTURAL CARE/SUPPORT: (If Applicable)</p>		

5. What educational/discharge priorities need to be addressed to promote health and wellness for this patient and/or family? (Health Promotion and Maintenance)

The patient needs to be educated on the importance of medical adherence. The patient's mother can be educated on interventions to implement when Brenden becomes manic. Brenden may benefit from the teaching of coping mechanisms, and the importance of sleep and the promotion of daily hygiene tasks (showering, healthy diet, exercise).