

Bipolar Depression/Mania

SKINNY Reasoning



Brenden Manahan, 35 years old

Primary Concept

Mood and Affect

Interrelated Concepts (In order of emphasis)

- Psychosis
- Clinical Judgment
- Patient Education

NCLEX Client Need Categories	Percentage of Items from Each Category/Subcategory	Covered in Case Study
Safe and Effective Care Environment		
✓ Management of Care	17-23%	✓
✓ Safety and Infection Control	9-15%	✓
Health Promotion and Maintenance	6-12%	✓
Psychosocial Integrity	6-12%	✓
Physiological Integrity		
✓ Basic Care and Comfort	6-12%	✓
✓ Pharmacological and Parenteral Therapies	12-18%	✓
✓ Reduction of Risk Potential	9-15%	✓
✓ Physiological Adaptation	11-17%	✓

Part I: Recognizing RELEVANT Clinical Data

History of Present Problem:

Brenden Manahan 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 admission, patient has been deemed either dangerous to self or others) and brought to the hospital by police because his mother feared for his safety. In the past few weeks he stopped taking his medication because he feared that his mother was poisoning him.

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 McLean, 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 were there to poison him and prevent him from returning to his job.

He has been admitted to the locked mental health unit for evaluation of his mental capacity and stabilization. Brenden will participate in the following education groups: medication education, and bipolar illness education. The goal is to resume lithium carbonate and divalproex sodium.

Personal/Social History:

Brenden was diagnosed at 19 with bipolar I, and subsequently has been admitted six times due 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.

What data from the histories is important and RELEVANT and has clinical significance for the nurse?

RELEVANT Data from Present Problem:	Clinical Significance:
RELEVANT Data from Social History:	Clinical Significance:

Current VS:	WILDA Pain Assessment (5 th 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:

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

*What assessment data is **RELEVANT** and must be recognized as clinically significant by the nurse?*

RELEVANT Assessment Data:	Clinical Significance:

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:

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:

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:

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:
Admit to unit and engage patient in milieu Urine drug screen Lithium 600 mg PO BID Depakote 375 mg PO BID Trazodone 100 mg PO PRN sleep Lorazepam 1 mg PO BID		

Collaborative Care: Nursing

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

Nursing PRIORITY:		
PRIORITY Nursing Interventions:	Rationale:	Expected Outcome:

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: <i>How can you engage and show that this pt. matters to you?</i> Physical comfort measures:		
EMOTIONAL SUPPORT: <i>Principles to develop a therapeutic relationship</i>		
SPIRITUAL CARE/SUPPORT:		
CULTURAL CARE/SUPPORT: (If Applicable)		

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