ACTIVE LEARNING TEMPLATE: System Disorder

STUDENT NAME Shivani Patel

DISORDER/DISEASE PROCESS Bipolar Disorder

REVIEW MODULE CHAPTER 14

Alterations in Health (Diagnosis)

The diagnosis is bipolar disorder

Pathophysiology Related to Client Problem

Bipolar disorder consists of recurrent episodes of depression and mania. An individual with bipolar disorder may experience extreme mood swings that cause emotional highs and lows. When an individual gets depressed, they may feel sad or hopeless. They may also lose interest in activities when the mood shifts to mania. They may feel full of energy or may experience irritability. Mood swings affect sleep, energy, and behavior (Holman et al., 2019).

Health Promotion and Disease Prevention

The client should participate in psychotherapy to develop coping skills and recognize warning signs of manic or depressive episodes. Adhering to the medication regimen and participating in continuous treatment helps to reduce the risk of bipolar disorder. Other factors like regular exercise, a healthy diet, writing in mood journals, and avoiding alcohol and drugs also contribute to the decrease in symptoms (Holman et al., 2019).

ASSESSMENT

Risk Factors

The risk factors include genetics, neurobiological disorders, and increased environmental stress (Holman et al., 2019).

Expected Findings

Manic characteristics of bipolar disorder include labile mood with euphoria, agitation, irritability, manipulative behavior, and poor judgment. The depressive characteristics include a lack of energy, difficulty concentrating, tearfulness, self-destructive behavior, and decreased personal hygiene (Holman et al., 2019).

Laboratory Tests

Lab tests for bipolar include a thyroid function test and urine analysis. These tests can help determine if other conditions are causing the symptoms (Holman et al., 2019).

Diagnostic Procedures

Diagnostic imaging tests are not a diagnostic tool for diagnosing bipolar disorder. A CT scan and MRI rule out any underlying pathology. A mood disorder questionnaire is provided to the patient to determine the extent of the disorder (Holman et al., 2019).

SAFETY CONSIDERATIONS

The patient should avoid the use of alcohol and illicit drugs. The patient should be provided with a safe environment during the acute phase and assess the client's frequent suicidal ideations (Holman et al., 2019).

PATIENT-CENTERED CARE

Nursing Care

The nurse should decrease stimulation without isolating the client. They should implement frequent rest periods and provide outlets for physical activity. It is important to use therapeutic communication when interacting with the patient (Holman et al., 2019).

Medications

Nurses will provide mood stabilizers to patients. An example includes lithium carbonate. Also, the nurse may provide first-gen and second-gen antipsychotic medications. Examples of such medications include loxapine, olanzapine, and risperidone. Also, the nurse provides antidepressants to manage depressive episodes (Holman et al., 2019).

Client Education

The patient can participate in psychotherapy to improve problem-solving and interpersonal skills. The client must also maintain a regular sleep schedule and medication regimen (Holman et al., 2019).

Therapeutic Procedures

Electroconvulsive therapy moderates extreme manic behavior. Patients who are suicidal can also benefit from electroconvulsive therapy (Holman et al., 2019).

Interprofessional Care

Case management should provide a follow-up for the patient and family. Group, family, and individual psychotherapy can help improve the symptoms (Holman et al., 2019).

Complications

Complications include physical exhaustion and possible death. The patient in an actual manic state will not stop moving and stops eating, drinking, and sleeping. The complications can lead to a medical emergency (Holman et al., 2019).