NAME: Hannah Winn BOX;_____SCORE: /15

T.H. Brigum

"Let me go! Let me go! You have no right to treat a man of MY stature this way! Do you KNOW who you're dealing with? ME! T.H. Brigum! If you don't let me loose I will call the Governor! She is a PERSONAL friend of mine. All I have to do is call, just mention my name, and she will get me out of here ... dear, near, beer, blear, drear, cheer ... ah, yes! Cheerful I am, I am, I am, I am. Come on! Smile dearie! Not to worrrrry! You're not worried are you? Look at me! I'm not! No, sir, not ME! I'm the picture of health, wealth, and happiness ... now, let me go! Let me GO!"
This is your introduction to the new patient on your psychiatric unit, Mr. T.H. Brigum, being brought to your unit, struggling and kicking, by security officers. Other staff members on your unit say he's been a patient before.

T.H. is immediately taken to the seclusion room, as ordered by the Emergency Department (ED) physician.

Sixty-eight years old and obese, T.H. is being involuntarily committed with a diagnosis of Bipolar Disorder, Manic. His medical record reveals a 20-year history of bipolar disorder.

Bipolar disorder is a mood disorder that often includes recurring episodes of both mania and depression.

T.H. also has bilateral cataracts, hypertension, and hearing impairment.

T.H.'s clothes are baggy, giving the impression that he has lost weight, which is confirmed by other staff members.

You are able to determine from your pharmacy that T.H. has not taken his prescribed medication, lithium, for three months.

1. You introduce yourself to T.H. and attempt conversation. Which approach is best?

- ○ **Friendly and gentle**
- ○ **Firm and matter-of-fact**
- ○ **Passive and low key**
- ○ **Powerful and domineering**

Because T.H. has bilateral cataracts, you face him directly when you speak to him, to be sure he sees you.
You know that T.H. is hearing-impaired, so you try to determine if he hears better in one ear than the other.

2. Given T.H.'s manic state, it is not possible to complete an entire nursing admission assessment at this time. However, information about which of the following is important to determine now? Select all that apply (4 correct answers)

- ☐ **History of events leading to this admission**
- ☐ **Family history of emotional disorders**
- ☑ **T.H.'s orientation**
- ☑ **T.H.'s current hydration status**
- ☑ **Current physical debilities or limitations**

☑ **Any homicidal/suicidal tendencies**

T.H.'s hyperactive state has also probably prevented him from getting much rest. Exhaustion is a very real possibility for T.H.

T.H. looks tired and debilitated, in spite of his high energy level and continual pacing.

3. You record T.H.'s admission data. His speech on admission, in which he listed similar sounding words together, is recorded as including:

- ○ **neologisms**
- ○ **clang associations**

4. T.H.'s thought process is not organized. This is reflected in his speech. He jumps from one topic to another in his conversation, yet you are able to follow his rapid conversation to some extent. This is documented as:

Multiple choice question

- ○ **thought blocking**
- ○ **ideas of reference**
- ○ **loose associations**
- ○ **flight of ideas**

5. Nutrition is a priority for T.H., and food choices need to be ordered. Which food choices are best for T.H. during this manic episode?

Multiple choice question

- ○ **Spaghetti with sauce, salad, bread, custard, coffee**
- ○ **Milkshakes, fruits, raw vegetables, sandwiches**
- ○ **Steak, potato, beans, ice cream**

To reduce T.H.'s symptoms, the psychiatrist has ordered Haldol (haloperidol).

Haldol (haloperidol) is a typical, high-potency, antipsychotic medication that works quickly to control the agitation of a manic episode.

6. Haldol (haloperidol) oral solution has been ordered stat for T.H. Which of the following do you know to be TRUE about Haldol (haloperidol) oral solution?
Select all that apply (3 correct answers)

- ☐ **It is classified as an anxiolytic drug**
- ☑ **It should be given with juice, milk, or semisolid food**
- ☑ **It can cause a rapid shift in mood from a manic episode to depression**
- ☐ **It can be addicting**
- ☑ **It can cause uncomfortable extrapyramidal side effects**

Despite the administration of Haldol (haloperidol), T.H. continues to pace and verbalize in the seclusion room. From time to time, he beats on the wall with his fist, kicks the door, and shouts aggressive comments.

T.H. is unable to contract for safety or appropriate behavior, saying, "I'm going to get out of here. NOBODY has the right to keep me here ... even someone as attractive and helpful as you are ... You KNOW that I need to be in Washington by this afternoon to meet with the senators ... It's a very secret project that we're working on and they really need my help ... I'm really an expert in this field ... If you promise not to tell anyone, I'll let you know what it is ... "

7. T.H.'s erroneous belief that he is an important person in the government is a:

- **delusion**
- **hallucination**

More Haldol (haloperidol) is ordered for T.H. as you prepare to leave work for the day.

When you return to work the following day, T.H. is still in seclusion, although he is much calmer.

T.H. has had large doses of Haldol (haloperidol), been started on lithium, and slept in half-hour intervals for a total of three hours.

T.H. is no longer physically aggressive, and contracts to keep himself and others safe.

At the moment, T.H. is looking out the window. As you enter the seclusion room, he immediately turns to you and begins talking.

No longer physically threatening, T.H. is slower in his speech and more easily interrupted.

T.H. cooperates with you as you take him to the bathroom and shower. T.H. needs reminders while showering to complete each step and to stay focused on his task.

T.H.'s urine remains concentrated. His skin and mucous membranes are still dry.

8. You make plans to move T.H. from seclusion to a room that is close to the nurses' station. Which of the following bed choices is best?

- **A room with a patient admitted two weeks ago with control and anger issues**
- **A room with a patient who is withdrawn and dealing with passivity issues**
- **A room with a patient with dependency and intimacy issues who is being discharged tomorrow**
- **A room with a patient with trust issues, active hallucinations, and delusions**

9. Substantial data has been collected on T.H. Preliminary work is done on his care plan. Which of the following nursing diagnoses are appropriate for T.H. at this time?

- [x] **Risk for Injury**
- [x] **Deficient Fluid Volume**

- [ ] **Impaired Home Maintenance**
- [ ] **Disturbed Sensory Perception**
- [x] **Anxiety**

Despite T.H.'s improvement, he spends much of his time dominating conversations and intruding into other patients' interactions.

In the milieu, you see other patients withdrawing from T.H. or leaving the room when he enters.

10. In your role as a milieu nurse, which approach is best when T.H. is intrusive to others?

- ○ **Avoid interfering**
- ○ **Reprimand T.H. for being intrusive**
- ○ **Take T.H. to a quiet area to regain control**
- ○ **Explain to the other patients that T.H. cannot control himself**

11. How can you best help other patients cope with T.H.'s domineering, intrusive behavior?

- ○ **Discuss the topic as a group when all nursing staff and patients meet together**
- ○ **Have each patient discuss the matter individually with his/her therapist**

12. T.H. is still hyperactive and intrusive. What types of activities might help to divert his energy into esteem-building opportunities? Select all that apply (4 correct answers)

- [x] **Playing basketball with a staff member**
- [ ] **Drawing pictures of how he is feeling**
- [ ] **Listening to quiet, soothing music**
- [x] **Riding an exercise bike at a moderate speed**
- [x] **Working with clay in recreational therapy**
- [x] **Taking a walk with a staff member**

In spite of the staff's best efforts, T.H. continues to have intrusive manic behavior.

13. One evening, T.H. walks into the unit kitchen wearing only a bathrobe. He opens the bathrobe to expose himself to three female patients sitting at a table. After helping T.H. close his robe, what should you do next?

- ○ **Engage all four persons in a discussion about proper social behavior**
- ○ **Calm the three upset women**
- ○ **Talk with T.H. about his behavior**
- ○ **Walk T.H. to his room**

You talk with T.H. about his behavior of exposing himself. He admits to feeling left out of unit activities and relationships. He confides that he feels terrible about himself, and answers "Yes" to your question about having low self-esteem.

T.H. tells you, "I wanted to show myself to those women to get back at them for ignoring me. And, I wanted them to know that I have what it takes to be a man. I guess that was a dumb thing to do. Now, nobody will talk with me."

T.H. is no longer receiving Haldol (haloperidol), but he is still receiving lithium.

Lithium is a mood-stabilizing drug often used for treatment of patients with bipolar disorder. It is used to treat both manic and depressive episodes, and helps to control aggressive behavior.

Lithium is also used as long-term treatment for bipolar disorder, to prevent recurrent manic episodes.

Risperdal (risperidone) is added to T.H.'s medication treatment plan. Lithium is often supplemented with another drug to help control symptoms of bipolar disorder.

Risperdal (risperidone) is an atypical antipsychotic medication that is effective in treating symptoms of mania and preventing recurring manic episodes.

The atypical antipsychotic medications generally have fewer or less severe side effects than the typical antipsychotic drugs, like Haldol (haloperidol), especially with regard to extrapyramidal side effects (EPS).

14. The atypical antipsychotic medications do have side effects, however. Risperdal (risperidone) can cause which of the following side effects? Select all that apply (4 correct answers)

- [x] **Postural hypotension**
- [x] **Weight gain**
- [x] **Gynecomastia in men**
- [ ] **Agranulocytosis**
- [x] **Drowsiness**

Within a week, T.H. is calmer. Pressured speech, flight of ideas, hypersexual activity, and intrusiveness have stopped.

T.H. has now started group therapy. In addition, he is learning about his medication in a discussion group, and leading the morning community group meetings.

Peers have begun to enjoy T.H.'s creativity, intelligence, and leadership ability. He is frequently asked to join in conversations and activities. T.H. responds by being cordial and considerate of other people's feelings.

15. In planning with T.H. for his discharge, what issues are important to address? Select all that apply (4 correct answers)

- [x] **Reasons for repeated past noncompliance with medications**

- [x] **How to maintain self-esteem**
- [x] **How to identify and maintain things he values**
- [ ] **Ways to avoid sexual promiscuity**
- [x] **Early signs of mood changes**

T.H. is earnest about "getting better and staying better." "I'm getting too old for all of these ups and downs. I've learned so much this time; and, I am feeling better about who I REALLY am."

T.H. is learning how to help himself. You have noticed him using relaxation breathing when he becomes anxious.

Hand tremors, frequent need for blood tests, and the need to drink a lot of fluids, made compliance with lithium difficult for T.H.

Currently, T.H. is only taking Risperdal (risperidone). Monotherapy with this drug seems to be working for T.H. So far, this drug has controlled symptoms, and T.H. has not experienced any side effects.

T.H. knows, however, that side effects may occur, and that he should seek help if he has problems handling these effects, or if he finds that the drug does not keep his mood stable.

At his last group meeting, peers tell T.H. that they are sad that he is leaving. He has given them hope and motivation to continue working on their problems. "If I can do it, YOU can do it." With those words, T.H said his good-byes.