Clinical Assignment Topic: Bipolar I, most recent manic

**Assignment**: Develop a Case Study similar to those found in your textbook (NOT the same scenario, you will make up your own). *See example Care Plans in your textbook or utilize the Internet to visualize the appearance of a care plan. Put your case study on the page following the instructions.

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**Part I: Develop the Case**

**Scenario**: A detailed patient description. Tell a thorough, descriptive story about the patient and the problem(s) they are having. Include descriptions of the environment, patient actions, family involvement, communication, and nurse actions. Include assessment data from below. This should be a minimum of 2 paragraphs and will likely be longer depending on your attention to detail. *You will find the more detailed your scenario the easier it will be to complete the remainder of the assignment.

**Assessment data**: Next clearly list (A) Objective data and (B) Subjective data based upon your scenario. Identify associated pathophysiology related to the topic. Include at least two ways that the patient is using defense mechanisms in their disease process. Include ABCT assessment guidelines when describing your patient: Appearance (age, posture, body movements, dress, grooming), Behavior (LOC, speech, mood, affect), Cognition (orientation, concentration, recent and remote memory, judgment, insight), and Thought Processes (content, process, perception). *Be sure to use mental health based describing words for patient behaviors/assessment and quote what the patient with that disease might say.

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**Part II: Develop the Plan of Care**

**Nursing diagnosis:** Provide two priority nursing diagnosis including supporting data from your assessment.

**Goals:** Develop two goals for each nursing diagnosis above.

**Interventions:** Next develop three interventions you will implement to meet each goal (*in your overall plan of care for this patient, your interventions must include each of the following: medications most commonly utilized for the disorder, communication techniques, teaching point(s), major safety issue(s), and continuing assessment).

**Rationale:** You need to have a rationale (including source) for each intervention you develop.

***Sources:** You must use a different source for each intervention rationale per goal. For example, for one goal with three interventions you can use (1) your textbook, (2) evidence-based article, and (3) the Internet. You can use the same three sources for your other goal interventions, but there is a minimum total

number of three sources for this assignment. *At least 2 sources on your reference list must be EBP articles.

**Reference page:** Include your references in APA format.

**Part III:**

Last, you will develop **three** exam questions based upon your scenario. DO NOT copy an exam question from a NCLEX book or your textbook (I can tell, trust me). Your questions should be specific to your scenario (the answer should be discernible from your assessment data, nursing diagnosis, goals, interventions, or rationale). *Include the correct answer **and** the rationale for the correct answer (including a source) after each question you develop.

**PART I**

**Scenario:** Amy is a 28-year-old female with history of Bipolar I disorder who was involved in a 2-car collision in a residential neighborhood. Police report indicated that she was driving at a speed of 70 miles per hour in a 35-mph zone and failed to completely stop in a 4-way stop intersection. Upon questioning, she told the police officers that she was being chased by a man in black coat and black shades she believed was her admirer. After all, Amy said that her physical beauty and her brilliance always attracted men of dubious backgrounds. The police officers described Amy as irritated, fidgety and distracted. She was said to be talkative, almost defensive when trying to explain her behavior. Dressed in tank top, leggings and large hoop earrings, and wearing heavy make-up and bright red lipstick, she said she was on her way to the gym for her daily work-out. She told them that she has been awake for three days straight but only requires 3 hours of sleep daily anyway. She said she did not feel tired and insisted that she was competent to drive a car. She was immediately tested for blood alcohol level using a Breathalyzer, which came back negative.

Amy told the police officers that she lived alone and did not have an immediate family member in the locality. Because the police officers could not endorse her care to a family member, they decided to bring her to the emergency psychiatric and mental health center. There Amy told the nurse that she has actually ran out of her bipolar medications, lithium and Abilify, for 3 weeks now because she has not been able to see her psychiatrist due to insurance issues. On her history, Amy reported that she was first diagnosed with Bipolar I when she was 20 years old. She has been on Lithium and Abilify since. She said that both her mother and older brother are suffering from Bipolar disorder.

**Subjective Data:**

She told them that she has been awake for three days straight but only requires 3 hours of sleep daily anyway.

She said she was not tired and insisted she was competent to drive a car

PMH: Bipolar I diagnosed at 20 years old, off Lithium and Abilify for 3 weeks now

Not seen her psychiatrist

Mother and brother both with Bipolar disorder

**Objective Data:**

Driving at a speed of 70 mph in a residential neighborhood, Amy clearly had poor insight and decision-making.

She had inflated self-esteem and grandiosity as evidenced by her statement: "physical beauty and her brilliance always attracted men of dubious backgrounds"

Police officers described her being as irritated, fidgety, and talkative.

Dressed in tank top and leggings, big hoop earrings, and wearing thick make-up for the gym

Negative breathalyzer test

**PART II**

**Plan of Care:**

1. **Nursing Diagnosis:** Ineffective health maintenance related to lack of ability to make good judgments regarding ways to obtain help.

| | **Immediate** | **During Hospitalization** | **Community** |
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| **Goal 1.1:** The client will follow mutually agreed on health care maintenance plan. | 1. Assess the client's feelings, values, and reasons for not following the prescribed plan of care. *A factor to assess when examining client responsibility is the level of* | 1. Explain the regimen properly yet easy to understand by the client. Suggest long-acting medications and eliminate unnecessary medications. *Clients are more likely to disregard* | 1. Refer the client to social services for financial assistance. *Information-seeking behavior is a strategy that many people use as a means of dealing with and reducing stress when coping with* |

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| | *dissatisfaction with current lifestyle and readiness f*or change *(Ackley, 2019).* | *medications if they are taken multiple times daily (Reinares, 2014).* | *an illness such as Bipolar (Morriss, 2010).* |
| | 2. Assess for economic issues and cultural patterns that influence compliance with a given medical regimen. *Responsiveness to clients enables the nurse to gain an understanding of clients' lives and to cultivate their connections to a responsive community, encouraging clients to not get into "receiving" behaviors (Ackley, 2019).* | 2. Tell the client about the advantages of adhering to the prescribed regimen. *Clients who understand the effectiveness of the suggested treatment to reduce risk or to promote health are more likely to engage in it (Reinares, 2014).* | 2. Identify complementary healing modalities such as herbal remedies, acupuncture, healing touch, yoga, or cultural shamans that the client uses in addition to or instead of prescribed allopathic regimen. *Alternative medical therapies (Morriss, 2010).* |
| | 3. Assess the client's ability to absorb or recognize the desired health-related activity. *Cognitive impairments need to be recognized so a suitable alternative plan can be devised. Once problems are classified, alternative actions can be initiated (Morriss, 2010).* | 3. Explain that side effects or negative side effects of the treatment can be managed or eliminated. *This determines if something needs to be revised (Reinares, 2014).* | 3. Make a plan for regular appointments with a counselor. *Counselors offer guidance to individuals who are dealing with issues that affect their mental health and well-being (Ackley, 2019).* |
| **<u>Goal 1.2</u>:** Client exhibits continuous adherence to | 1. Develop a trusting, therapeutic relationship with the client. | 1. Allow the client's participation in planning the treatment | 1. Make a plan for regular follow-up appointments. *The client brings to the learning* |

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| treatment plan. | *The interview process itself can be therapeutic (Morriss, 2010).* | program. *Clients who participate in their care have a greater chance of obtaining a positive result (Reinares, 2014).* | *situation a unique personality, established social interaction patterns, cultural norms and values, and environmental influences (Ackley, 2019).* |
| | 2. Assess the client's ability to manage her own medications. *To see if the client can perform care activities independently (Ackley, 2019).* | 2. Observe for signs of lithium toxicity – N/V, diarrhea, drowsiness, muscle weakness, tremor, lack of coordination, blurred vision, or ringing in ears. *There is a small margin of safety between therapeutic and toxic doses (Reinares, 2014).* | 2. Attend Support Groups. *These groups provide an opportunity for people to share personal experiences, feelings, and coping strategies (Morriss, 2010).* |
| | 3. Evaluate the patient's individual thoughts of health problems. *Based on the Health Belief Model, the patient's perceived susceptibility to and perceived seriousness and threat of disease influence compliance with the treatment program (Reinares, 2014).* | 3. Obtain or design material that is appropriate for the client' use pictures if possible. *Verbal reinforcement of personalized written instructions appears to be the best intervention. In one study the use of computer-generated, personalized improved adherence when compared with the use of handwritten instructions (Ackley, 2019).* | 3. Sign up for a Medicare Saving Program. *The MSP are for people with limited income and resources and help pay some or all their Medicare premiums, deductibles, copayments, and coinsurance (Williams, 2015).* |

2. **Nursing Diagnosis:** Risk for self- or other-directed violence related to hallucinations, delusions.

| | **Immediate** | **During Hospitalization** | **Community** |
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| **Goal 2.1:** The client will be free of hallucinations or delusions. | 1. Asses for the presence of hallucinations. *Command hallucinations may direct the client to behave violently, and assessment of their presence is important when evaluating the risk for violence in clients with major mental disorders (Ackley, 2019).* | 1. Channel the client's need for movement into socially acceptable motor activities. *Clients lose the ability to control their behaviors and engage in risky activities (Videbeck, 2020).* | 1. Attend Group Psychoeducation. *This group session reduces feelings of isolation that often comes with mental illness (Morriss, 2010).* |
| | 2. Assess client for substance abuse/ misuse. *Drugs can have direct effects on the brain, or have side effects, does-related effects, and/or cumulative effects that alter thought patterns and sensory perception (Reinares, 2014).* | 2. Provide a consistent, structured environment. Let the client know what is expected of her. *Consistency and structure can reassure the client. The client must know what is expected before he can work toward meeting those expectations (Videbeck, 2020).* | 2. Attend Dialectical Behavior Therapy. *This therapy teaches mindfulness and acceptance skills. It also teaches distress tolerance, emotion regulation and interpersonal effectiveness (Morriss, 2010).* |
| | 3. Assess attention span/distractibility and ability to make decisions or problem solve. *This determines the ability of the patient to participate in planning/executin* | 3. Decrease environmental stimuli whenever possible. Respond to cues of increased agitation by removing stimuli and perhaps isolating the | 3. Attend cognitive behavioral therapy. *CBT teaches people to identify negative assumptions and thinking patterns, challenge themselves to* |

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| | *g care (Reinares, 2014).* | client; a private room may be beneficial. *The client's ability to deal with stimuli is impaired (Videbeck, 2020).* | *rehearse more adaptive ways of thinking, and are not overly stretched when manic (Morriss, 2010).* |
| **<u>Goal 2.2</u>:** The client will verbalize knowledge of her illness and treatment. | 1. Search the client and her belongings for weapons or potential weapons on admission to the hospital as appropriate. *Clients prone to violence may carry a weapon routinely. Weapons should be removed for safety of clients and staff (Ackley, 2019).* | 1. Set and maintain limits on behavior that is destructive or adversely affects others. *Limits must be established by others when the client is unable to use internal controls effectively. The physical safety and emotional needs of other clients are important (Videbeck, 2020).* | 1. Make a plan for regular appoints with a therapist. *To address unresolved feelings, traumas, and mental health problems (Morriss, 2010).* |
| | 2. Assess the client for risk factors of violence including those in the following categories: psychiatric disorders, neurological disorders, psychological precursors, coping difficulties, and personal history. *All these risk factors have been implicated in aggressive, agitates, or violent behavior (Ackley, 2019).* | 2. Maintain a calm attitude in response to the client. *Anxiety is contagious (Reinares, 2014).* | 2. Attend group therapy. *Group therapy is focused on specific topic that everyone in the group is working in on – dealing with Manic Disorder, Bipolar I (Morriss, 2010).* |
| | 3. Assess mood coping abilities, | 3. Teach stress-relieving | 3. Attend Psychotherapy. |

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| | personality style that may result in carelessness. *Clients in the manic phase often intrude into others' space, take others' belongings without permission, or appear aggressive in approaching others (Videbeck, 2020).* | techniques – deep breathing, progressive muscle relaxation, meditation, imagery, problem solving. *Body-mind training resulted in an improved capability for physical and mental relaxation (Ackley, 2019).* | *Allows a person/group to discuss their issues with a therapist who can help them process their feelings and learn new coping skills (Morriss, 2010).* |

**APA References:**

Ackley, B. J. (2019). *Nursing Diagnosis Handbook: An Evidence-Based Guide to Planning Care*. Elsevier.

Morriss, R. (2010). Psychosocial interventions in bipolar disorder: Theory, evidence base, prevention and management of comorbidity. *Journal of Affective Disorders, 122*, S23-S24. https://doi.org/10.1016/j.jad.2010.01.049

Reinares, M., Sánchez-Moreno, J., & Fountoulakis, K. (2014). Psychosocial interventions in bipolar disorder: What, for whom, and when. *Journal of Affective Disorders, 156*, 46-55. https://doi.org/10.1016/j.jad.2013.12.017

UpToDate. (n.d.). *Acute bipolar mania and hypomania in adults: General principles of pharmacotherapy*. https://www.uptodate.com/contents/acute-bipolar-mania-and-hypomania-in-adults-general-principles-of-pharmacotherapy?search=bipolar%20manic&source=search_result&selectedTitle=2~150&usage_type=default&display_rank=2#H2229954920

Videbeck, S. L. (2020). *Psychiatric-mental health nursing* (8th ed.). Wolters Kluwer.

Williams, K. (2015). Medicare and Medicaid. *Journal of the American College of Cardiology, 66*(7), 861-863. https://doi.org/10.1016/j.jacc.2015.06.1316

**PART III**

**NCLEX Questions with Rationale:**

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**Question #1**: All of the following are features of mania that Amy possesses, ***except*** (SELECT ALL)

A. Has a flamboyant, attention-getting, and sexually suggestive appearance.
B. Hallucinations
**C. Fatigue** – *Mania is reflected in periods of euphoria, exuberant activity, grandiosity, and false sense of well-being (Videbeck, 2020).*
D. Irritated, fidgety, and distracted
**E. Low self-esteem** – *Clients with mania often have exaggerated self- esteem (Videbeck, 2020).*

**Question #2:** Which of the following medications does Amy need to help control her manic episodes?

A. citalopram
**B. Lithium** – *Lithium can stabilize bipolar disorder by reducing the degree and frequency of cycling or eliminating manic episodes (Videbeck, 2020).*
C. fluvoxamine
D. vilazodone

**Question #3:** Amy, a 28-year-old, is admitted for bipolar illness, manic phase, after driving at a speed of 70 mph in a residential neighborhood because she believed that she was being chased by her admirer. Amy stayed up all night worrying about her admirer following her to the hospital. Amy is hyperactive, irritated, and fidgety. Which of the following nursing actions is the most necessary to use?

**A. Providing client safety by setting and maintaining limits on her behavior.** – *Limits must be established by others when the client is unable to use internal controls effectively. The physical safety and emotional needs of other clients are important (Videbeck, 2020).*
B. Consulting an order for a hypnotic from the psychiatrist.
C. Allowing the client to roam around the unit until she gets tired.
D. Restraining the client in case of violent outburst.