

Nursing Diagnosis: Risk For Violence:
Self-Directed or Other Directed r/t bipolar disorder
a.e.b dermatillomania, decreased verbal
communication, and irritation

Expected Outcome: Patient displays nonviolent
behavior toward oneself and others in the hospital
until discharge.

Intervention

1. Decrease environmental stimuli and keep a calm environment
2. Educate the patient and parent about safety precautions for when violence occurs
3. Remove any unnecessary items in the room that could be used for harming
4. Reassess skin every hour for evidence of dermatillomania and skin integrity

Evaluation: Goal met. Patient displayed nonviolent behavior toward oneself and others in the hospital by discharge.

Nursing Diagnosis: Constipation r/t immobility
a.e.b decreased bowel sounds, less than 2 bowel
movements a week, and abdominal distension

Expected Outcome: Patient has a bowel
movement at least once every two days

Intervention

1. Encourage the patient to drink at least 8-10 glasses of water per day
2. Encourage patient to regularly engage in physical activity or exercise
3. Reassess abdomen every 4 hours
4. Educate and parent the importance of a balanced diet, increased fiber, and daily exercise

Evaluation: Goal met. Patient had a bowel movement at least once every two days.

Medication

- Claritin 10 mg PO QID
- Thorazine 25 mg PO TID PRN
- Eucerin topical PRN
- Miralax QID

Diagnostic Tests

- N/A

Medical Diagnosis

Aggressive Behavior

Medical History

- Bipolar
- Eczema
- Primary Nocturnal Enuresis

Assessment

- A&O x 3
- Breathing easy unlabored
- RRR, Normal S1 and S2, No JVD
- No cyanosis or edema on extremities
- DP 1+ bilaterally, capillary refill <3 seconds, warm to touch, negative Homan sign
- Hard, distended, non-tender + BS in all quadrants w/ hypoactive
- Normal skin color and turgor, warm to touch, skin intact, dry with some scabs

Nursing Diagnosis: Self-care deficit r/t bipolar disorder
a.e.b poor hygiene, body odor, and unkempt appearance,

Expected Outcome: Patient safely performs self-care tasks to the best of his ability by discharge.

Intervention

1. Encourage the patient to perform self-care and offer help as needed
2. Give patient different time, situations, toys used for shower
3. Reassess skin and hair every 4 hours for any hygiene-related deficiencies
4. Educate the patient the importance and benefits of personal hygiene

Evaluation: Goal met. Patient safely performed self-care tasks to the best of his ability by discharge.

Nursing Diagnosis: Imbalanced Nutrition: More Than Body Requirements r/t unhealthy food choices
a.e.b BMI 35.9, excessive caloric intake, physical inactivity

Expected Outcome: Patient demonstrates improved eating patterns by discharge.

Intervention

1. Educate patient and parents about healthy nutritional intake and well-balanced diets
2. Encourage patient to regularly engage in physical activity or exercise
3. Provide resources for proper nutrition and refer to dietician or nutrition specialist
4. Reassess intake and output every 4 hours

Evaluation: Goal not met. Patient did not improve eating patterns by discharge.