

CSUCI NURSING PATHOPHYSIOLOGY FORM

Patient V.P. 27 year old female

Axis I and Axis II Diagnoses

Axis I- Bipolar disorder

Axis II- Deferred

Pathophysiology -- describe for each diagnosis

Bipolar disorder is characterized by periods of alternating mania, or hypomania, and depression. This disorder is chronic and cyclic. Manic periods are defined as periods of unusually and consistently elevated, expansive, or irritable moods lasting at least one week. The depressive phase of the disorder is similar to that of a patient with depressive disorder. Although no exact cause has been identified, it is believed that both genetic predisposition and psychosocial stressors contribute to the development of bipolar disorder. The chronobiologic theories argue that alterations in the normal circadian rhythm underlie the sleep-wake cycle disturbances of bipolar disorder. This theory is supported by the fact that sleep deprivation induces mania in some patients with bipolar disorder, and changes in light exposure seasonally can trigger depressive episodes in the winter and mania in the summer.

Genetic factors seem to play a role in the development of this disorder as it is highly heritable, and the risk of developing bipolar disorder increases greatly if a first degree relative is affected. The kindling theory suggests that as genetically predisposed individuals are subjected to repetitive, subthreshold stressors at vulnerable times, mood symptoms intensify and increase in duration until a full blown episode occurs. Each episode then increases the person's vulnerability. Psychological and social theories tend to focus on the environment and stressors. These theories focus on the importance of reducing environmental stress and trauma for those who are at an increased risk due to genetics. It has been accepted that environmental stressors contribute to the timing of an episode of mania or depression rather than cause the actual disorder.

Source(s): Boyd, M.A. (2012). *Psychiatric Nursing: Contemporary Practice*. Philadelphia, PA: Lippincott Williams & Wilkins.

Assessment Findings -- related to diagnoses

When I first approached the patient in the morning she appeared to have been crying. Her appearance was unkempt and her clothes did not fit appropriately. The patient was sitting in a chair with her knees pulled to her chest and her head looking down. During the initial group meeting, the patient maintained some eye contact when speaking to others. The patient stated that she felt extremely anxious and depressed. When the group leader questioned as to why she felt this way, her voice was elevated and she became slightly agitated. Later that morning I reassessed the patient and asked how she was feeling. The patient stated she still felt extremely anxious and sad. She disclosed that she often used cutting as a way of coping with her feelings. When asked if she currently had any thoughts of harming herself she stated she did not. The patient began to cry and stated she just wanted to get better.

The patient and I spoke for some time throughout the morning and continued our conversation later in the afternoon. Later in the afternoon the patient had combed her hair and put on some makeup. She stated she spoke to her boyfriend which eased her anxiety. The patient stated her boyfriend was the only person she could rely on.

How does the client's Axis III and/or Axis IV affect the client's condition and recovery?

Axis III- None

Axis IV- Problems with primary support, Problem with social environment

The patient's Axis IV diagnosis of problems with primary support could negatively impact her condition and recovery. The patient stated she does not have any contact with her family, has few close friends, and her only source of support is her boyfriend. Without proper support, the patient could face additional struggles in managing her illness outside of the hospital. Problems with her environment and lack of support can also act as stressors and thereby exacerbate periods of mania or depression. Lacking a healthy environment and primary support system may cause the patient to use other unhealthy coping skills in order to deal with her illness.

Nursing Diagnoses and Outcomes

Risk for self-mutilation related to inadequate coping and depression.

Interventions* – includes nursing practice, meds, orders, etc

1. Establish trust, listen to client, convey safety, and assist in developing positive goals for the future.
2. Help the client identify cues that precede self-injurious behaviors.
3. Reinforce other ways of dealing with depression and anxiety such as exercising, engaging in unit activities, or talking about feelings.

Outcomes:

1. Client will state two alternative ways of coping with stressors by the end of the shift.
2. Client will refrain from self-injury throughout the shift.

Rationale – indicate rationale for each intervention

1. Clients expressed the need to be listened to and emphasized that staff relationships were important to help cope with emotions, daily stressors, and urges to self-injure.
2. Behavioral chain analysis was found to reduce self-harm behaviors by processing events that precipitate self-mutilation.
3. Goal direction enhances self-efficacy, an important antecedent of empowerment.

Source: Ladwig, G.B., Ackley, B.J. (2011). *Mosby's Guide to Nursing Diagnosis*. Maryland Heights, MO: Mosby Elsevier.

Evaluation-

The goal of the patient stating two alternatives ways of coping with stressors was met. The patient identified several alternative coping mechanisms she would be willing to try. The goal of refraining from self-injury throughout the shift was met. The patient did not participate in any self-harm activities.

Modifications

Modification to the care plan should include continuing to assist the client in identifying new coping mechanisms to help manage stress. The care plan should also include client education about resources in the community to use for additional support such as support groups and meetings. The care plan should continue to include interventions to keep the client free from self-injury throughout the hospital stay.

Patho rubric	Total Points	Earned Points
Axis I and Axis II Diagnoses Stated according to the DSM-IV format	1	
Pathophysiology Addresses the different theories when looking at the possible causes of the illness	1	
Assessment Findings findings are specific to student's patient and show a clear and concise assessment; able to relate assessment to patho	2	
How does the client's Axis III and/or Axis IV affect the client's condition and recovery? Using critical thinking addresses how these stressors are affecting the person's recovery.	2	
Nursing Diagnoses* Addresses the priority diagnosis	1	
Outcome and Interventions* with Rationales- Include 1 Outcome and 2 interventions specific to nursing diagnosis	2	
Evaluation and modification	1	
Total points	10	