

## Case Study 142

Name \_\_\_\_\_ Class/Group \_\_\_\_\_ Date \_\_\_\_\_

Group Members \_\_\_\_\_

### ► Scenario

You are working the day shift on a medical inpatient unit. You are discussing discharge instructions with J.B., an 86-year-old man who was admitted for mitral valve repair. His serum blood glucose had been averaging 250 mg/dL or higher for the past several months. During this admission, his dosage of insulin was adjusted and he was given additional education in managing his diet. While you are giving these instructions, J.B. tells you his wife died 9 months ago. He becomes tearful when telling you about that loss and the loneliness he has been feeling. He tells you he just doesn't feel good lately, feels sad much of the time, and hasn't been involved in his normal activities. He has few friends left in the community because most of them have passed away. He has a daughter in town, but she is busy with her work and grandchildren. He tells you that he has been feeling so down the past few months that he has had thoughts about suicide.

1. What other information should you ask J.B. regarding his thoughts of suicide?
2. What characteristics of J.B. put him at high risk for suicide?
3. Which psychiatric disorders can result in suicidal ideations or gestures? Name at least three.
4. What questions would you ask J.B. to determine whether he is clinically depressed? Name at least six.

### PART 3 PSYCHIATRIC AND ALTERNATIVE THERAPIES CASES

5. Ill people often have trouble sleeping, experience a change in appetite, reduce their level of activity, and have thoughts of death. How can you tell the difference between old age with illness and depression?
  
  
  
  
  
  
  
  
  
  
6. List five of the most common signs of depression in the older adult.

#### CASE STUDY PROGRESS

You use the SAD PERSONS scale to assess J.B.'s potential for suicide and find that he is at a 4 on the 10-point scale. J.B. tells you that he has just had general thoughts of suicide, but has not really thought about how he would do it. You recall that there are two types of suicide methods based on lethality: higher-risk or hard methods, and lower-risk or soft methods.

7. Which of these would be considered soft methods of suicide? Select all that apply.
  - a. Using a gun
  - b. Slashing one's wrist
  - c. Hanging
  - d. Poisoning with carbon monoxide
  - e. Ingesting pills
  - f. Inhaling natural gas
  
  
  
  
  
  
  
  
  
  
8. What immediate interventions would you carry out for J.B.?



### PART 3 PSYCHIATRIC AND ALTERNATIVE THERAPIES CASES

13. What important information needs to be conveyed to J.B.'s daughter about the first few weeks of therapy with the SSRI?

#### CASE STUDY OUTCOME

J.B. is discharged to home with a psychiatric home health nurse scheduled to visit him twice a week for 4 weeks. J.B.'s daughter also plans to check in on him daily and makes an effort to include him in more family activities. He also is considering a move to an assisted living facility.

## Case Study 143

Name \_\_\_\_\_ Class/Group \_\_\_\_\_ Date \_\_\_\_\_

Group Members \_\_\_\_\_

### ► Scenario

You are the registered nurse case manager in an outpatient mental health clinic. S.T. is here today for her outpatient mental health appointment. She has a diagnosis of bipolar disorder and has been stable for the past year. Her last episode was one of mania that required hospitalization. She is 29 years old, married, with two children aged 2 and 4. She reports that her mood is better than it has been in a long time and she has lots of energy. When asked whether she thinks this is a recurrence of mania, she says no, she thinks that things are just finally getting better.

1. It is common for patients with bipolar illness to deny the onset of mania because it feels good. What other information would be important to ask S.T.?
2. What other information would help determine whether S.T. is experiencing the onset of a manic or hypomanic episode?
3. Bipolar disorder is a disorder of mood, characterized by episodes of depression, mania, or hypomania. What symptoms might you see if S.T. is experiencing mania or hypomania?

### PART 3 PSYCHIATRIC AND ALTERNATIVE THERAPIES CASES

4. How is hypomania different from mania?

#### CASE STUDY PROGRESS

Lithium (Eskalith) is commonly used to treat bipolar disorder. S.T. has been taking lithium for several years.

5. When S.T. first started taking lithium, she would have been cautioned to report side effects. Which are common side effects of lithium? Select all that apply.
- a. Thirst
  - b. Nausea
  - c. Constipation
  - d. Tremor
  - e. Dizziness
6. Lithium toxicity can occur in patients taking lithium. What are the symptoms of early lithium toxicity? Select all that apply.
- a. Vomiting
  - b. Insomnia
  - c. Dyspnea
  - d. Diarrhea
  - e. Lethargy
7. S.T.'s maintenance lithium level results are reported as 1.0 mEq/L. Interpret these results.
8. What other laboratory examinations should be routinely performed while S.T. is taking lithium?
9. What instructions should have been given to S.T. when she began lithium therapy?

10. Aside from lithium, what other medications are used to treat bipolar disorder?
11. Even though she has been taking lithium for a year, you review some teaching about drug therapy with S.T. Which statement by S.T. reveals a need for further education?
- "I will call my doctor if I have severe vomiting or diarrhea."
  - "I need to be careful because lithium is addictive."
  - "I take the lithium tablets with meals."
  - "I will keep my appointments to have my drug levels checked."
12. Given her history of bipolar disorder, what should you teach S.T. to minimize mood swings?

**CASE STUDY OUTCOME**

S.T. is told that her lithium level is within normal limits, and states, "I feel better than I've felt in ages!" She expresses hope that this will last a long time.