

Care of Patient with Manic episode

Introduction

Bipolar disorder is an illness that leads to extreme and erratic shifts of an individual's mood, thinking, and behavior. The disorder is characterized by alternating periods of depression and mania.

Mania is characterized by a distinct period of an elevated or irritable mood state. The patient commonly experiences an increase in energy and a decreased need for sleep and food. His speech and thoughts are frequently described as racing. The patient typically has a short attention span and can be easily distracted, which can cause him to become impulsive, intrusive, irritable, and argumentative. (See *Diagnostic criteria for a manic episode.*)

DIAGNOSTIC CRITERIA FOR A MANIC EPISODE³

- A. Criteria for a manic episode include:
- B. The individual has a distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week, or any duration if hospitalization is necessary.
- C. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
 - 1. inflated self-esteem or grandiosity
 - 2. decreased need for sleep
 - 3. more talkative than usual or pressure to keep talking
 - 4. flight of ideas or subjective experience that thoughts are racing
 - 5. distractibility
 - 6. increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
 - 7. excessive involvement in pleasurable activities that have a high potential for painful consequences (such as engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments).
- D. The symptoms don't meet criteria for a mixed episode.
- E. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others or to necessitate hospitalization to prevent harm to self or others. Or, there are psychotic features.
- F. The symptoms aren't due to the direct physiological effects of a substance or a general medical condition.

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During a manic episode, the patient's judgment may be impaired and he may engage in behavior that places him at risk for harm. He may also experience psychosis or a break with reality, inflated self-esteem, grandiose or delusional ideas, hallucinations, increased sexual drive, and severe anxiety.

Hypomania is usually a less extreme state than mania. The patient in a hypomanic state typically experiences fewer symptoms of mania than a patient in a manic episode. In addition, the duration is usually shorter than in mania.

Individuals experiencing mania may present in various settings, including primary care settings, schools, and hospitals. Nurses must be aware of symptom management and the adverse effects of medications used to maintain the patient's emotional stability. The nurse must also assess and monitor for risk of injury, risk of violence (self-directed or toward others), imbalanced nutrition: less than body requirements, and impaired social interactions. Additionally, the nurse should ensure that the patient's wishes, needs, and preferences are maintained as much as possible without interfering with the care plan established for the manic episode.

Implementation

1. Review the patient's medical record for the history of his psychiatric illness, his medication history, and any medical disorders that he may have.
2. Confirm the patient's identity using two patient identifiers according to your facility's policy.⁶
3. Introduce yourself to the patient *to begin the process of building a therapeutic relationship.*
4. Assess the stage of the patient's mania by observing his mood, cognition and perception levels, and activity and behavior *to determine what interventions may be needed. (See Stages of mania.)*

| STAGES OF MANIA | | | |
|---|---|--|--|
| Use this chart to help determine what stage of mania a patient is experiencing. | | | |
| Stage of mania | Mood | Cognition and perception | Activity and behavior |
| <i>Hypomania</i> | Cheerful and expansive with an underlying irritability | Increased perceptions of self Increased perception of self-worth Rapid flow of ideas | Increased motor activity Extroverted and sociable behavior |
| <i>Acute mania</i> | Euphoric and elated Subject to frequent variations in mood, from irritability to anger and from sadness and crying to laughing | Fragmented cognition and perception with associated psychosis Rapid thinking, causing racing and flight of ideas Accelerated speech Possible pressured speech, which can lead to incoherent | Increased psychomotor activity Heightened sexual interests Poor impulse control Excessive spending Use of manipulation |

| | | | |
|-------------------------------|---------------------------|---|--|
| | | speech | |
| <i>Delirious mania</i> | Clouding of consciousness | Religiosity Delusions of grandeur or persecution Auditory or visual hallucinations Easily distracted | Purposeless movements Frenzied psychomotor activity |

5. Assess the patient's risk factors for suicide and implement suicide precautions as necessary. *The patient experiencing a manic episode is at high risk for suicide because of his increased energy and potential for hallucinations or delusions.*
6. Assess the physiologic effects of the patient's mania, which include dehydration, inadequate nutrition, alterations in sleep patterns, and weight loss.
7. Praise the patient for alternative behaviors that encourage socialization.
8. Monitor the patient's intake and output.
9. Weigh the patient daily.
10. Assist the patient in identifying negative, self-defeating thoughts.
11. Provide a safe environment for the patient. A patient in a manic phase should be in a calm and highly structured environment *to decrease stimuli that may agitate or excite him.*
12. Administer routine medications, such as lithium, as ordered.
13. Administer as-needed medications judiciously.
14. Provide continuity of care by ensuring that the same nurse is assigned to the patient, *which will improve the long-term outcome.*
15. Provide a consistent schedule for the patient that includes sleeping, eating, physical activity and social and emotional stimulation.
16. Give simple, direct explanations. *A patient in a manic episode may not be able to follow lengthy discussions.*
17. Encourage the patient to verbalize his feelings.
18. Encourage supervised physical activity *to provide a positive outlet for excess energy.*
19. Limit group activity, depending upon the patient's tolerance.
20. Help the patient plan activities within his achievement level.
21. Evaluate how much stimuli the patient can tolerate. *Patients experiencing a manic episode may not be able to tolerate excessive stimuli.*
22. Notify the doctor of any changes in the patient's behavior or indications of suicidal ideation.

23. Document the procedure.⁷

Special Considerations

Pediatric alert: Symptoms in children and adolescents vary, based on the individual's developmental stage.

Patient Teaching

Explain to the patient and his family, if applicable, the importance of taking his medications as ordered by the doctor. Review possible adverse effects and when it may be necessary to contact the doctor. If available, provide medication handouts for all of the patient's prescribed medications. Warn the patient of any possible interactions with over-the-counter medications or herbal substances. Advise the patient's family to observe for extreme behavioral changes or signs of suicidal ideation or aggression and to seek help immediately if any are observed.

Complications

Patients experiencing manic episodes are at risk for injury. They may abuse depressants such as alcohol, stimulants such as cocaine, or sleeping pills. Their behaviors may become aggressive or intrusive, which may cause self-harm or harm to others. They may also become reckless, lacking responsibility and concern for the consequences of their actions. Death could occur without proper intervention.

Documentation

Document your assessment findings, the patient's diagnosis and goals, nursing interventions performed (including medications administered), and the effectiveness of nursing interventions. Record whether the patient's goals were obtained and his response to treatment.

References

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1. Review the patient's medical record.
2. Confirm the patient's identity.
3. Introduce yourself to the patient.
4. Assess the stage of the patient's mania.
5. Assess the patient's risk factors for suicide.
6. Assess the physiologic effects of the patient's mania.
7. Praise the patient for alternative behaviors that encourage socialization.
8. Monitor the patient's intake and output.
9. Weigh the patient daily.
10. Assist the patient in identifying negative, self-defeating thoughts.
11. Provide a safe environment.
12. Administer routine medications as ordered.
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21. Help the patient plan activities within his achievement level.
22. Evaluate how much the patient can tolerate stimuli.
23. Notify the doctor of changes in the patient's behavior or indications of suicidal ideation.
24. Document the procedure.