## Simulation Scenario
Mood/Affect: Bipolar

### Overview

<table>
<thead>
<tr>
<th>Title:</th>
<th>Concept: Mood/Affect</th>
<th>Target Group: Second Year Nursing Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bipolar</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


**Time Allotment (each simulation is designed to be run in a two hour block of time which equals four clinical hours):**

- **Prep:** Campus specific (see preparation requirements).

- **Prebriefing:** Campus specific (first year students should be longer than second year students according to evidence-based practice [EBP] standards).

- **Simulation:** 15-20 minutes (no longer than 30 minutes).

- **Debriefing:** Campus specific (first year students shorter than second year students according to EBP standards).

If the simulation episode runs less than two hours faculty should consider running the simulation again, creating concept maps, creating teaching plans, performing webquests, or implementing other activities that would be beneficial to the students’ learning.

**DocuCare Information:**

This is a 23-year old female who was diagnosed with Bipolar Disorder one and a half years ago. She discontinued taking her medication three weeks ago and is being admitted to an acute psychiatric unit due to manic behavior.
## Curriculum Alignment

**AACN Essentials:** I, VII, VIII, IX

**Population:** Adult

<table>
<thead>
<tr>
<th>Concepts</th>
<th>Exemplar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mood/Affect</td>
<td>Bipolar Disorder</td>
</tr>
</tbody>
</table>

## Objectives and Outcomes

<table>
<thead>
<tr>
<th>Area</th>
<th>Scenario Objectives</th>
<th>Course Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge</td>
<td>Student will demonstrate an understanding of nursing care related to Bipolar Disorder.</td>
<td>3.1, 5.1, 5.2</td>
</tr>
<tr>
<td>Skills</td>
<td>Student will demonstrate safe medication administration practices and completion of a psychiatric assessment.</td>
<td>1.2, 5.3</td>
</tr>
<tr>
<td>Attitudes</td>
<td>Student will demonstrate use of therapeutic communication techniques with the patient and family.</td>
<td>4.1</td>
</tr>
</tbody>
</table>

## Student Preparation

**Prerequisite assignment (the following information should be sent to the students prior to the scheduled simulation).**

Students are expected to bring their laptop, drug book, and primary text. The following prep should be completed prior to coming to simulation.

*Mood Bipolar_Student Prep*

http://www.dhs.state.or.us/spd/tools/cm/aps/assessment/mini_mental.pdf

### Simulation Setup

<table>
<thead>
<tr>
<th>Manikin Settings:</th>
<th>Patient Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Initial Vital Signs</strong></td>
<td><strong>Clothing:</strong> Disheveled, wearing tight fitting, bright colored clothing and a baseball cap.</td>
</tr>
<tr>
<td>Pulse:</td>
<td>Props: Huge purse or bag containing a women's fashion magazine, bright red lipstick, compact mirror, wallet with numerous credit cards, crumpled up papers.</td>
</tr>
<tr>
<td>Blood pressure:</td>
<td>Moulage: Heavy makeup like blue eye shadow, red lipstick, lots of blush. Hair braided on one side.</td>
</tr>
<tr>
<td>Pulse ox:</td>
<td></td>
</tr>
<tr>
<td>Respiratory rate:</td>
<td></td>
</tr>
<tr>
<td>Temperature:</td>
<td></td>
</tr>
<tr>
<td>Cardiac rhythm:</td>
<td></td>
</tr>
<tr>
<td>Lung sounds:</td>
<td></td>
</tr>
<tr>
<td>Bowel sounds:</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Change in Vital Signs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How many minutes until change?</td>
<td>NA</td>
</tr>
<tr>
<td>Pulse:</td>
<td>NA</td>
</tr>
<tr>
<td>Blood pressure:</td>
<td>NA</td>
</tr>
<tr>
<td>Pulse ox:</td>
<td>NA</td>
</tr>
<tr>
<td>Respiratory rate:</td>
<td>NA</td>
</tr>
<tr>
<td>Temperature:</td>
<td>NA</td>
</tr>
<tr>
<td>Cardiac rhythm:</td>
<td>NA</td>
</tr>
<tr>
<td>Lung sounds:</td>
<td>NA</td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Equipment List</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vital signs equipment</td>
<td></td>
</tr>
<tr>
<td>Table and chairs</td>
<td></td>
</tr>
<tr>
<td>Medications in med drawer</td>
<td></td>
</tr>
<tr>
<td>Medication cup</td>
<td></td>
</tr>
<tr>
<td>Medication book/resource</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario Setting:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Setting: Acute Psychiatric Unit</td>
<td></td>
</tr>
<tr>
<td>Time of day of scenario: 1300</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Roles for Students</th>
<th>Student Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary nurse</td>
<td>Faculty or student – if student, give he/she the script prior to simulation day in order to practice role.</td>
</tr>
<tr>
<td>Amanda (patient)</td>
<td></td>
</tr>
<tr>
<td>Amanda’s mother</td>
<td></td>
</tr>
<tr>
<td>Amanda’s father</td>
<td></td>
</tr>
<tr>
<td>Mental health tech</td>
<td></td>
</tr>
<tr>
<td>Secondary nurse</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Documents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication administration record (will need to create one if using hard copy documentation)</td>
<td></td>
</tr>
<tr>
<td>Mini Mental Status Exam</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>Dosage</td>
</tr>
<tr>
<td>---------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Lithobid</td>
<td>600 mg BID</td>
</tr>
<tr>
<td>Multivitamin</td>
<td>1 tab daily</td>
</tr>
<tr>
<td>Haldol</td>
<td>5 mg q 4 hr PRN</td>
</tr>
<tr>
<td>Ativan</td>
<td>2 mg q 4 hr PRN</td>
</tr>
<tr>
<td>Ortho Novum</td>
<td>1 tab daily</td>
</tr>
<tr>
<td>Ambien</td>
<td>10 mg HS PRN</td>
</tr>
</tbody>
</table>

**Concentration – Package**

<table>
<thead>
<tr>
<th>Medication</th>
<th>Concentration or Package Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lithobid (Lithium Carbonate, USP) Extended-Release Tablets</td>
<td>300 mg tablets</td>
</tr>
<tr>
<td>Haloperidol Oral Solution USP (Concentrate)</td>
<td>2 mg/mL</td>
</tr>
<tr>
<td>Haloperidol Injection, USP For IM use <em>single use 1 mL vial</em></td>
<td>5 mg/mL</td>
</tr>
<tr>
<td>Ativan (Lorazepam)</td>
<td>2 mg tablets</td>
</tr>
<tr>
<td>Lorazepam Injection, USP <em>1 mL sterile vial for IM or IV injection</em></td>
<td>2 mg/mL</td>
</tr>
<tr>
<td>Ambien (Zolpidem) 10 mg tablets</td>
<td>10 mg tablets</td>
</tr>
</tbody>
</table>
## Patient Background

### Patient Demographics

<table>
<thead>
<tr>
<th>Last Name: Faraday</th>
<th>First Name: Amanda</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender: Female</td>
<td>Age: 23</td>
</tr>
<tr>
<td>Religion: NA</td>
<td>Language: English</td>
</tr>
</tbody>
</table>

### Other:

History of present illness: This is Ms. Amanda Faraday, a 23 y/o female who was diagnosed with Bipolar Disorder one and a half years ago. She has been living in an apartment, attending college as a psychology major, and has a full time job at a coffee shop. Today, she presented at the Behavioral Health Outpatient Center. Her parents were with her and they are concerned about her increased mania. She is being admitted to an acute psychiatric unit. She quit taking her medications three weeks ago and has begun exhibiting manic behavior. She has stopped attending her college classes and has missed several shifts at her workplace. Her roommate called Ms. Faraday’s parents because Ms. Faraday has not slept in the last 48 hours.

### Primary Medical Diagnosis:

<table>
<thead>
<tr>
<th>Axis I: Bipolar Disorder – manic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Axis II: Deferred</td>
</tr>
<tr>
<td>Axis III: No diagnosis</td>
</tr>
<tr>
<td>Axis IV: Psychosocial stressors moderate: full time student, full time work, relationship problems</td>
</tr>
<tr>
<td>Axis V: GAF 40</td>
</tr>
</tbody>
</table>

### Central nervous system

- WNL

### Cardiovascular

- WNL

### Pulmonary

- WNL

### Renal/Hepatic

- WNL

### Gastrointestinal

- WNL

### Musculoskeletal

- WNL

### Integument

- WNL

### Developmental history

- WNL

### Psychological history

Diagnosed with Bipolar Disorder one and a half years ago and placed on Lithium. Lithium levels have been maintained in safe range. At the time of diagnosis patient had charged large amounts of money on multiple credit cards and was arrested for indecent exposure when she disrobed at a mall and jumped into a water fountain.

### Social history

Patient single with no dependents, working a full time job, and attending college full time. She has lived independently from her parents and has had a roommate for the past six months. Denies use of alcohol and recreational drugs. States she smokes “only when I need to calm down.”

### Surgical/Procedure history

Appendectomy when patient 13 years old. Tonsillectomy and Adenoidectomy when patient four years old. Patient diagnosed with precancerous cells of the cervix one year ago and underwent ablative therapy.
<table>
<thead>
<tr>
<th>Allergy Type</th>
<th>Allergen</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication allergies</td>
<td>Toradol</td>
<td>Rash</td>
</tr>
<tr>
<td>Food/other allergies</td>
<td>NKA</td>
<td></td>
</tr>
</tbody>
</table>
Prebriefing

Give students the opportunity to discuss their feelings and fears (can use the round table approach) and then have discussion.

1. Describe the presentation of Bipolar Disorder.
2. Discuss disease progression if left untreated.
3. Discuss the treatment regimen for Bipolar Disorder.
4. Discuss the medication regimen for Bipolar Disorder and related nursing care.
5. Identify topics that should be included in patient education.
6. Describe how you think the patient may be presented to you during this simulation.
7. Explain how you might care for this patient.
8. Any questions?

The above items are listed to assist faculty in leading a prebriefing discussion with students. Feel free to use some or all of the items depending on the needs of the student group.
Change of shift report to students (if applicable):

Ms. Amanda Faraday is a 23-year old single female presenting at the Behavioral Health Facility. The admission nurse will do the initial assessment of Ms. Faraday.

She was diagnosed with Bipolar Disorder one and a half years ago. She is a junior in college majoring in psychology. She works at a coffee shop 36 – 40 hours per week. She lives in a two bedroom apartment with a high school classmate. She has been dating Tim, whom she met at school, for the past eight months. Amanda has been experiencing a lot of stress lately. She had two major papers due in the past two weeks with three midterm exams. She has also been working extra hours at the coffee shop due to a staff vacancy. She has not been able to spend as much time with Tim so two weeks ago after an argument he told her that maybe they should see other people. Amanda had so much to do and felt that the mood stabilizer for her Bipolar Disorder was “slowing me down” and making it too difficult to complete things. She discontinued her medication three weeks ago. Her parents have noticed changes in her in the past week. They are concerned and brought her to the hospital for assessment. Amanda doesn’t think she needs to be hospitalized.

Dr. Winters reports Amanda was quite manic during her last admission which was an involuntary hospital stay. She had a lot of difficulty on the unit and required “psych emergency” medication on two separate occasions for aggression towards staff. Current home medicine includes Lithium 600mg BID, Multivitamin 1 daily; and Ortho Novum once daily.

The physician ordered routine admission orders with Haldol, Ativan, and Ambien PRN in addition to above meds.

<table>
<thead>
<tr>
<th>Timing</th>
<th>Patient/Nurse actions live faculty</th>
<th>Expected interventions</th>
<th>May use the following cues:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 minutes</td>
<td>Amanda is pacing around room and sits for only short periods of time. She takes items out of her purse at times. She is angry about being admitted to the unit and ignores her parent's presence in the room. Mr. and Mrs. Faraday are sitting at the table visually upset and anxious.</td>
<td>Nurse will: Introduce self. Correctly identify patient. Explains nursing care. Obtain vital signs. Complete head to toe assessment. Use therapeutic communication.</td>
<td>Role member providing cue: Parents can ask, “What’s going to happen? How are you going to help her? Look at her! She can’t even sit still for 5 minutes!” if nurse does not explain the admission process.</td>
</tr>
</tbody>
</table>
| 10 minutes | Amanda sits down while talking with the nurse but is extremely fidgety. Continues to avoid eye contact with parents and will not acknowledge their presence. Towards the end of the assessment Amanda becomes extremely agitated and angry and shoves a chair across the room. | Nurse will:  
Complete MMSE.  
Use therapeutic communication.  
Safe administration of medication related to patient agitation. | Amanda can ask, "Why are you asking me to do all of these stupid things!? I don't have time for this! Look at this magazine! I've decided to be a model and I've been reading these magazines so I know what I have to do but if I have to sit here and waste my time I'll never get a magazine cover!" if nurse doesn't explain MMSE.  
Parents can ask, “Aren’t you going to give her something to calm her down!” if nurse does not offer medications for agitation. |
Start by asking students about their feelings/thoughts related to the experience. It is alright to let the students lead the discussion at first. Utilize the questions below at your discretion.

Debriefing / Guided Reflection Questions for this Simulation:

Major symptoms related to bipolar disorder are sleep disturbance, manic behaviors such as rapid pressured speech, flight of ideas, and grandiosity. The goal of therapy is to provide patient and unit safety, provide a calm environment, decrease psychomotor agitation of patient, increase fluid and food intake, increase sleep, stabilize mood, and rule out any possible medical reason for presenting problem.

**Background:**
1. Did you miss anything on the patient history that would affect her care?
2. What risk factors from the patient’s history are pertinent to her care today?
3. How does the patient’s medication regimen affect her health or wellness?
4. What lab results or diagnostics are relevant? Any additional ones needed?

**Noticing:**
1. What did you notice about your patient upon entering her room?
2. Did you notice anything in regards to her family or visitor?

**Interpreting:**
1. Did you have sufficient knowledge to interpret and respond to this situation?
2. Based on your observations, what is of highest priority for the patient?
3. What other concerns do you have about this patient?

**Reflection-in-Action:**
1. What were your priorities in responding to the patient? How did you prioritize your care?
2. Did you adhere to safe medication administration practices?
3. How can the nurse partner with the patient/family to improve the health status?

**Reflection-on-Action:**
1. What went well in this scenario?
2. If you were able to do this again, what would you like to see done differently?
3. What is the most important thing you learned from this case?
4. Other two players lead the group in completing a concept map for patient disorder.

The above items are listed to assist faculty in leading a debriefing discussion with students. Feel free to use some or all of the items depending on the needs of the student group.
Supporting Documents

<table>
<thead>
<tr>
<th>Forms</th>
<th><a href="http://www.dhs.state.or.us/spd/tools/cm/aps/assessment/mini_mental.pdf">http://www.dhs.state.or.us/spd/tools/cm/aps/assessment/mini_mental.pdf</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Information/Forms</td>
<td></td>
</tr>
</tbody>
</table>

Script/Roles

Mood Bipolar_Script

Recommendations For Online Use

This simulation could be performed in the mobile simulation unit and streamed to distance students. Students at a distance could participate in the pre-briefing and debriefing sessions using webinar. Distance students could also play the role of the patient’s parents if a speaker phone were available.