

NAME _____

Ineffective Mood Regulation/Bipolar

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	<p>Related To:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Current Diagnosis <input type="checkbox"/> Hx of Inpatient treatment <input type="checkbox"/> Family Hx <input type="checkbox"/> Risk for Injury <input type="checkbox"/> Risk for violence/Self Directed or Other Directed <input type="checkbox"/> Ineffective Coping <input type="checkbox"/> Poor judgment <input type="checkbox"/> Total Self Care <input type="checkbox"/> Other (list) <p>AEB:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mania <ul style="list-style-type: none"> • Irritability • ↑ energy • Excitability • Flight of Ideas • Impulsivity • Agitation <p>Date last noted</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Appropriate Interactions with others daily <input type="checkbox"/> No aggression <input type="checkbox"/> Aware of feelings <input type="checkbox"/> No harm to self or others <input type="checkbox"/> Well hydrated <input type="checkbox"/> Sleep > 5hrs QHS <input type="checkbox"/> Taking meds as ordered QD <input type="checkbox"/> VS WNL QD <input type="checkbox"/> Other (list) 	<p><u>NURSING</u></p> <ol style="list-style-type: none"> 1. Assess psych functioning, including SI/HI _____ (state frequency) 2. Assess environmental factors affecting behavior/sleep 3. Assess I & O and amt. of caffeine intake 4. Assess person's perception of problem 5. Other (state) <p><u>DELEGATE</u></p> <ol style="list-style-type: none"> 1. Assistance with meds as ordered 2. VS QD 3. Encourage ADLs; Monitor I & O 4. Observe for med SE 5. Keep environ as calm as possible 6. Monitor for: <ul style="list-style-type: none"> • aggression • insomnia • lack of ADLs • SI/HI 		<p><i>(Address all items listed in "goal/outcome" column. If goal not met, revise plan)</i></p>	

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	<input type="checkbox"/> Hx of Depression Date last noted _____ <input type="checkbox"/> Mood swings freq _____ <input type="checkbox"/> exhaustion <input type="checkbox"/> dehydration <input type="checkbox"/> Impaired Judgment or thinking <input type="checkbox"/> Sleep <4hr/night <input type="checkbox"/> Current meds <input type="checkbox"/> Other (list)		<ul style="list-style-type: none"> • Lack of good judgment 7. Do not argue with person 8. Redirect aggression with physical outlets: <ul style="list-style-type: none"> • Punching bag • Exercise • Call MAS Nurse for PRN 9. Other (list)			
RN SIGNATURE:			DATE:			