

NURSING PROCESS FOCUS Clients Receiving Lithium (Eskalith)

| Assessment | Potential Nursing Diagnoses |
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| <p>Prior to administration:</p> <ul style="list-style-type: none"> ▪ Obtain complete health history including allergies, drug history, and possible drug interactions. ▪ Assess mental and emotional status, including any recent suicidal ideation. ▪ Obtain cardiac history (including ECG and vital signs); renal and liver disorders, and blood studies: glucose, BUN, creatinine, electrolytes, and liver enzymes. | <ul style="list-style-type: none"> ▪ Violence: Self-directed, Risk for ▪ Thought Processes, Disturbed ▪ Sleep Pattern, Disturbed ▪ Fluid Volume, Imbalanced, Risk for ▪ Self-Care Deficit: Dressing/Grooming |
| Planning: Client Goals and Expected Outcomes | |
| <p>The client will:</p> <ul style="list-style-type: none"> ▪ Demonstrate stabilization of mood, including absence of mania and suicidal depression. ▪ Remain safe from self-harm or harm directed toward others. ▪ Engage in normal activities of daily living and report subjective improvement in mood. ▪ Report ability to fall and stay asleep. ▪ Demonstrate an understanding of the drugs' action by accurately describing drug side effects and precautions. | |
| Implementation | |
| Interventions and (Rationales) | Client Education/Discharge Planning |
| <ul style="list-style-type: none"> ▪ Monitor mental and emotional status. Observe for mania and/or extreme depression. (Lithium should prevent mood swings.) | <ul style="list-style-type: none"> ▪ Instruct client to keep a symptom log to document response to medication. |
| <ul style="list-style-type: none"> ▪ Monitor electrolyte balance. (Lithium is a salt affected by dietary intake of other salts such as sodium chloride. Insufficient dietary salt intake causes the kidneys to conserve lithium, increasing serum lithium levels.) | <p>Instruct client to:</p> <ul style="list-style-type: none"> ▪ Monitor dietary salt intake; consume sufficient quantities, especially during illness or physical activity. ▪ Avoid activities that cause excessive perspiration. |
| <ul style="list-style-type: none"> ▪ Monitor fluid balance. (Lithium causes polyuria by blocking effects of antidiuretic hormone.) | <p>Instruct client to:</p> <ul style="list-style-type: none"> ▪ Increase fluid intake to 1 to 1.5 L per day. ▪ Limit or eliminate caffeine consumption (caffeine has a diuretic effect, which can cause lithium sparing by the kidneys). |
| <ul style="list-style-type: none"> ▪ Measure intake and output. Weigh client daily. (Short-term changes in weight are a good indicator of fluctuations in fluid volume. Excess fluid volume increases the risk of HF; pitting edema may signal HF.) | <ul style="list-style-type: none"> ▪ Instruct client to notify healthcare provider of excessive weight gain or loss, or pitting edema. |
| <ul style="list-style-type: none"> ▪ Monitor renal status, CBC, differential, BUN, creatinine, uric acid, and urinalysis. (Lithium may cause degenerative changes in the kidney, which increases drug toxicity.) | <p>Instruct client to:</p> <ul style="list-style-type: none"> ▪ Immediately report anuria, especially accompanied by lower abdominal tenderness, distention, headache, and diaphoresis. ▪ Inform healthcare provider of nausea, vomiting, diarrhea, flank pain or tenderness, and changes in urinary quantity and quality (e.g., sediment). |
| <ul style="list-style-type: none"> ▪ Monitor cardiovascular status, vital signs including apical pulse, and status. (Lithium toxicity may cause muscular irritability resulting in cardiac dysrhythmias or angina. Use with caution in clients with a history of CAD or heart disease.) | <p>Instruct client to:</p> <ul style="list-style-type: none"> ▪ Immediately report palpitations, chest pain, or other symptoms suggestive of myocardial infarction. ▪ Monitor vital signs properly using home equipment. |

(Continued)

NURSING PROCESS FOCUS Clients Receiving Lithium (Eskalith) *(Continued)*

Implementation

Interventions and (Rationales)

- Monitor gastrointestinal status. (Lithium may cause dyspepsia, diarrhea, or metallic taste.)
- Monitor metabolic status. (Lithium may cause goiter with prolonged use and false-positive results on thyroid tests.)

Client Education/Discharge Planning

- Instruct client to take drug with food to reduce stomach upset and report distressing GI symptoms.
- Instruct client to report symptoms of goiter or hypothyroidism: enlarged mass on neck, fatigue, dry skin, or edema.

Evaluation of Outcome Criteria

Evaluate effectiveness of drug therapy by confirming that client goals and expected outcomes have been met (see “Planning”).

- The client demonstrates stabilization of mood, including absence of mania and suicidal depression.
- The client remains safe from self-harm or harm directed to others.
- The client initiates normal activities of daily living and reports an improvement in mood.
- The client reports being able to fall and stay asleep.
- The client demonstrates an understanding of the drug’s action by accurately describing drug side effects and precautions.