



## AMALA COLLEGE OF NURSING AQAR (2022-2023)



### CRITERION 2 – TEACHING- LEARNING AND EVALUATION

#### Key Indicator 2.3 – Teaching- Learning Process

Metric No. 2.3.1. - Student-centric methods are used for enhancing learning experiences by:

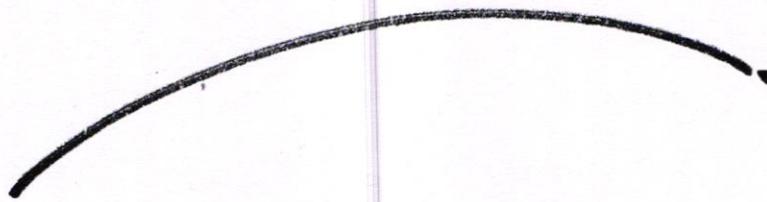
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**National Assessment and Accreditation Council**

# Nursing Care Plan

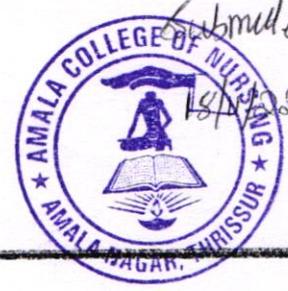
# NURSING CARE PLAN OF MRS. HAFSATH WITH MANIA



Submitted to,  
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22/11/22



Submitted on,

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# HISTORY COLLECTION

## IDENTIFICATION DATA

Name - Mrs. Hafsa.  
 Age - 38 years.  
 Spouse - Mr. Abdul Kabeer.  
 Address - Pulikkal house, Pattambi  
 Occupation - Housewife  
 Language known - Malayalam, Arabic, English  
 Marital status - Married.  
 Religion - Muslim

## PRESENTING CHIEF COMPLAINT

### Patient version:

I have no illness. My family members are brought me here.

### Informant version.

#### • On admission.

Decreased sleep x 2 weeks  
 Increased anger x 2 months  
 Over use of mobile phone x 3 months  
 Over religiosity x 3 months  
 Physical abuse to others when angry x 2 months  
 Increased talk x 3 months.

#### • Present problems.

decreased sleep  
 over religiosity  
 increased talk



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aggressive behaviour

## HISTORY OF PRESENT ILLNESS

Mrs. Hafsa, 38 years old female got admitted in Anwar hospital on 11/11/22 morning involuntarily with her husband and elder daughter. The specific reason for admission was, decreased sleep since 3 weeks, increased anger and physical abuse when angry since 2 months and, increased talk, over religiosity and increased use of mobile phones since 3 months. The patient was last well on 4 months before admission. The precipitating factor for the illness was the financial problems related to marriage of elder daughter. The symptoms of the illness are increased talk, decreased sleep, increased anger, physically attacking others when angry, elevated mood and increased use of mobile phones.

Time of onset of disease was in the middle age. The onset of disease was insidious and continuous. The intensity is the same. The perpetuating factor the illness is not allowing to use the mobile phone. The predisposing factor for the disease is the presence of psychosis in mother and elder sister. She has no negative history of drug use head injury or other organic cause.

The effects of symptoms on the self is giving rise to euphoria. The mental functions such as thinking, memory, attention are intact. Concentration is partially intact. In the biological functions such as sleep is decreased, she has early morning awakeness. Appetite and, bowel and bladder habits, sexual functions are normal. Social functioning such as ability to cook is normal.

175  
She is overfriendly and does not able to form meaningful relationships. She has normal interpersonal relationship with family and the spouse. She has no legal problems arrest and on going cases in the court. At present she is taking medications such as T. Lithosum SR. 400mg, T. adivan 1mg, T. nitrosome 5mg, T-BC - T. SIZODONE 1mg, T-paulane 5mg. She does not undergone the Therapies such as ECT, psychotherapy, family therapy or rehabilitation.

### PAST PSYCHIATRIC AND MEDICAL HISTORY

#### Past Psychiatric History.

Mrs. Hafsa has only one episode of mania. She has no previous psychiatric history. During this episode, she was initially admitted in a hospital in Koppam on 9/11/22 and she was referred to Ansons hospital. on 11/11/22. She has no history of substance use and she has no history of suicidal attempts.

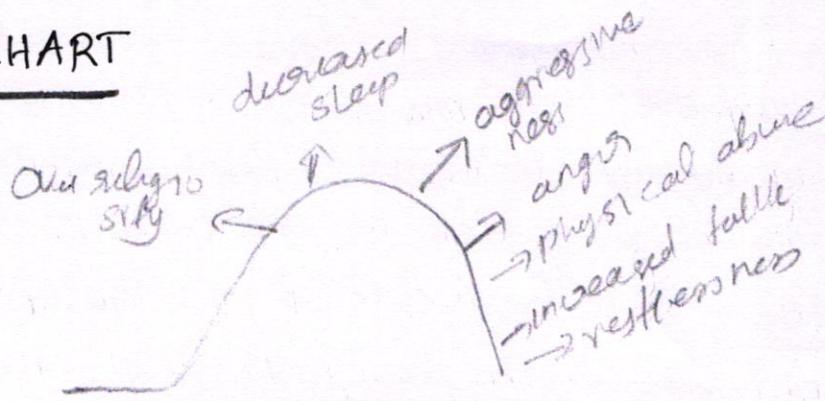
#### Past Medical History.

Mrs. Hafsa has no history of surgical procedures, accidents, head injury, convulsion, unconsciousness, DM, HIV, CAD, venereal diseases, HIV positivity or any other medical conditions.



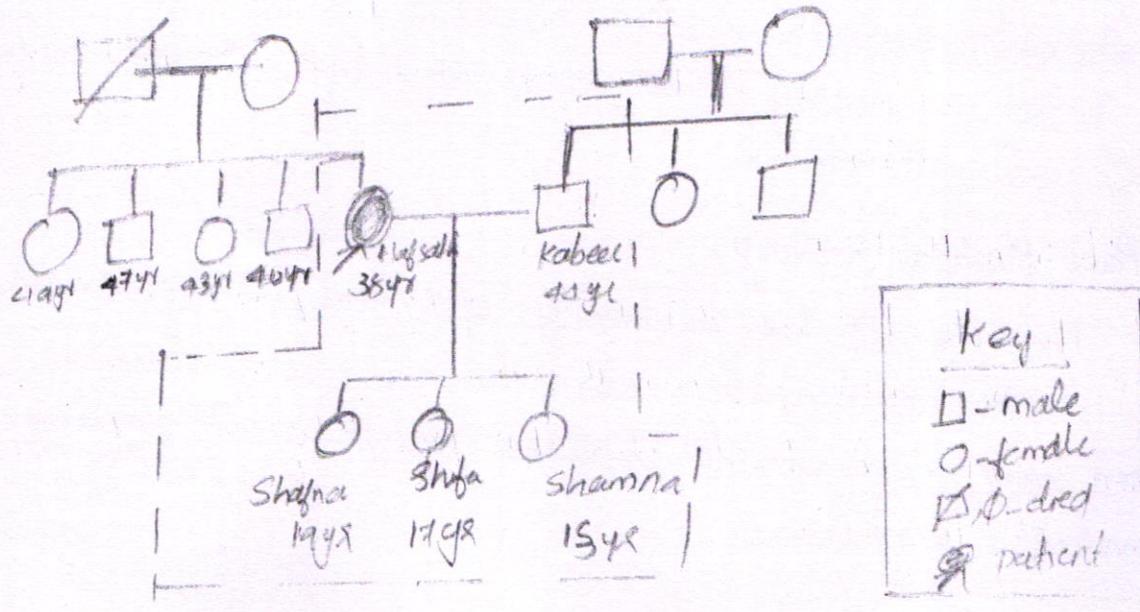
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# LIFE CHART



2002 November  
 Kappans hospital (2 days)  
 Ansoo hospital

# FAMILY HISTORY



Mrs. Hafsath belongs to a middle class, nuclear family. Her husband is the head of the family and the earning member of the family. Mrs. Hafsath has a family history of psychosis for her Mother and elder sister. There is no history of substance abuse, suicide or suicidal attempts history of major medical illnesses in her family. The family members have a positive and supporting mentality towards the patient and her illness state. There is a good communication pattern in the family. She also have availability of social support systems.

PERSONAL HISTORY

2) Perinatal History

Mrs. Hafsath was a wanted child of the family, There were no problems during the pregnancy period such as febrile illness, drug or alcohol use, trauma, infections, metabolic diseases or psychiatric illness. She was born on through normal vaginal delivery. She was a full term baby. There was no intra natal complications. She was no birth defects or congenital abnormalities, and any postnatal complications such as cyanosis, seizures, jaundice, infections and poor feeding.

3) childhood History

Her mother was the primary care giver. There were any separation from the mother. She attained developmental milestones in appropriate age. There was no illness affecting CNS and any neurotic traits and behaviour problems such as stuttering, enuresis, encopresis, night terrors, thumb-sucking, nail biting, head banging, body rocking, phobias somnambulism, temper tantrums. and emotional problems



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problems such as anxiety and inferiority. There was no sibling rivalry. She had good relationship with peer group. She had no physical and behavioural problems such as antisocial, conduct problems, running away from home, alcohol and drug experimentation during childhood.

### c) Educational history.

Mrs. Hafsaath began her formal education at the age 5. She was average in academics. She interested in participating extracurricular activities such as sports items and singing. She had good relationships between peers and teachers. She had no problems such as school phobia, absenteeism, learning difficulties, impulsiveness, antisocial behaviour, etc. She discontinued her formal education at 10th standard due to her failure in S.S.E examination.

### d) Occupational History.

Mrs. Hafsaath was a housewife. She did not go for any other jobs.

## e) MENSTRUAL AND OBSTETRICAL HISTORY

Her menarche at the age of 13 and attained the secondary sexual characteristics at appropriate age. She had normal reaction to the changes. She has no serious physical and psychological problems during the menstrual period.

Mrs. Hafsaath has three daughters. All of them were born through normal vaginal delivery. There were no complications during the pregnancy period.

### G) Premorbid personality.

⇒ Attitude toward self.

Mrs. Hafsaath is self confident, and she believes

in her strength. She says, she loves everyone and she has the ability to maintain good relationships with every one. She says that she would not go for higher studies but she knows how to deal with others and how to help them. She hoped to live a peaceful life with her family and to give higher education to all her daughters.

→ Relations

Mrs. Hafsaath maintained good relationships with her family friends etc. She is extroverted. She has the ability to create and maintain relationships easily. She had healthy relationship with opposite sex. She had positive attitude towards the criticisms from others.

→ work and leisure

Mrs. Hafsaath had ability to take the responsibilities of her works and she had perseverance in that. She interested to keep good relationship with others. and had the hobbies such as watching television.

→ Predominant mood.

Mrs. Hafsaath was optimistic and cheerful. She had positive reaction to stressful life events and she tried to overcome it effectively.

→ Religious beliefs and moral attitudes.

Mrs. Hafsaath belonged to Muslim religion. She tried to follow all its customs and practices.

→ Fantasy life - Absent.

→ Habits:

Sleep patterns: she had normal sleep patterns.

Had normal eating and excretory functions. she had



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no history of substance abuse.

# MENTAL STATUS EXAMINATION

Name of the patient : Mes. Hafsa  
ward no. : 4  
Date : 15/01/20  
Time : 10 am

## GENERAL APPEARANCE AND BEHAVIOUR

- Level of consciousness - fully aware and alert
- Facial expression - Pleasant
- Level of grooming - Moderately kempt
- Level of cleanliness - Adequate
- social behaviour - over friendly.
- Cooperativeness - cooperative.
- Eye to eye contact - Maintained.
- Rapport - Build spontaneously.
- Comprehension - intact

## Physical features.

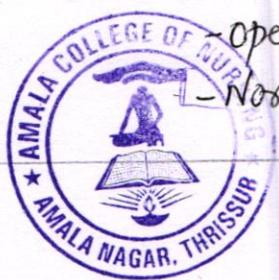
- Looks - looking one's age
- weight - Normal
- Any physical deformity - Absent

## PSYCHOMOTOR ACTIVITY

- Quantity - Increased
- Reaction time - Fast
- Posturing - open
- resturing - Normal

*19/01*

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Abnormal involuntary movements - Absent. No tremors, extra pyramidal symptoms, tics, akathisia, restlessness.

Calabonic phenomena - Absent. No automatic obedience, negativism, excessive co-operation, stereotypic activity, flexibility, echopraxia.

Conversion and dissociative signs: Absent.

Compulsive acts or ritual or habits - Absent.

Hallucinatory behaviour - Absent, absence of smiling or crying without reason, muttering, talking to self, odd gesturing.

## SPEECH

Initiation/spontaneity

- Spontaneous

Reaction time

- Shortened.

Rate

- Rapid.

Productivity

- Pressured

Relevance

- Relevant

Volume

- Increased

Tone

- High pitched

Coherence

- coherent  
- pressure of speech, logorrhea, tangentiality present

Other speech problem

- Absent. No echolalia, perseveration, neologism

Verbigeration, alogia

## THOUGHT

(Stream) Pressure of speech, logorrhea, tangentiality present

Absence of racing thoughts, flight of ideas, related thinking, mutism, thought blocks, perseveration, Verbigeration, circumstantiality.

Form (formal thought disorder) - Normal

Absence of derisive or autistic thinking, illogical thinking, intellectualization, incoherence, neologisms, word salad, ambivalence or inclusion, clang association.

Content of thought

Poverty of content: Absent

Delusions

• Question: Do you believe somebody is trying to follow, harassed, cheated, conspired against you?

Answer - No

Inference - Absence of persecutory delusion

• Question: Do you believe that you have any special abilities, power, knowledge, identity?

Answer - yes. (I have obtained certain abilities from God, that do not have others)

Inference - delusion of grandiosity is present

• Question: Do you believe that all that happening around you are directed to you?

Answer - No

Inference: Absence of delusion of reference.

• Do you believe that somebody or external forces control your thoughts, feelings or impulses?

Answer - No

Inference: Absence of delusion of control

Other delusions, absence of hypochondriacal delusions, nihilistic delusions, delusion of infidelity, delusion of control, ~~bragade~~ delusions, delusion of love, delusion of guilt



Overvalued ideas : Absent

Preoccupations : Absent

Obsession : Absent

Phobias : Absent

Fantasy : Absent

### Thoughts

• Question: Do you feel that your thoughts are being inserted  
in your passive mind?

Answer: No

Inference: No Thought insertion.

• Question: Do you feel that your thoughts are being escape  
from your mind?

Answer - No

Inference - Absence of thought withdrawal

• Do you feel that your thoughts are being escape from your  
mind and can be known to others

Answer - No

Inference: Absence of thought diffusion/thought broadcasting

### MOOD AND AFFECT

#### Mood

Subjective mood :

Quality - Good

Question: what do you feel now?

Answer: I am happy.

Persistence: 2-3 days.

Stability of mood - Stable.

Other abnormalities: Absent.

Objective mood

Quality - elevated  
Stability of mood - stable

Affect

appropriateness and congruence: Appropriate to situation and environment and congruent to thought

Range - Normal  
mobility - Absent  
Persistence - Persistent

PERCEPTION

• Sensation

Sensory distortions:

Change in quality: Hyperesthesia or hypoesthesia are absent  
change in size: Macropsia or micropsia are absent

• Sensory deception.

Illusions

Question: Do you often misinterpret object and the environment or surroundings.

Answer: No

Inference: Absence of illusions

Hallucination.

Question: Do you hear or see things that can't see or hear by others

Answer: No

Inference: Visual auditory hallucination is absent



• Question: Do you feel that any tactile sensation with any imaginary object?

Answer: Absent.

Inference: Tactile hallucination is absent

Other hallucinations: Other Auditory, visual, gustatory, hypnagogic, hypnopompic, kinesthetic, hiliptian hallucination are absent. ✓

• Somatic passivity

Question: Do you feel, sensation, imposed in your body by some external force?

Answer: No

Inference: No somatic passivity.

Depersonalization: Absent

De-realization: Absent

Other abnormal perception: deja vu / deja pense, deja entendu, Jamais vu.

COGNITIVE FUNCTION

Attention

DIGIT SPAN TEST

DIGIT	FORWARD	BACKWARD	INFERENCE
Can you tell digits forward & backward			Client answered five digits forward and five digits backward. So attention is intact.
1, 4	✓	—	
2, 4, 8	✓	—	
8, 7, 9, 1	✓	—	
7, 2, 9, 6, 9	✓	—	

→ Concentration.

Question	Answer	Inference
<ul style="list-style-type: none"> <li>• Can you subtract 7 from 100, in five series</li> <li>• Name the months backward.</li> <li>• Name the days of a week backward</li> </ul>	<p>100 - 7 = 93</p> <p>93 - 7 = Not answered</p> <p>Not answered</p> <p>answered.</p>	<p>client answered one series of subtraction and answered days of week, she could not answer months of year clearly. So concentration is partially intact</p>

→ Orientation.

Question	Answer	Inference.
<p>Time: what is the time now?</p> <p>Place: where are you now?</p> <p>Person: do you know who am I</p>	<p>10.30 am</p> <p>In Ansal Hospital</p> <p>you are a sister</p>	<p>oriented to time</p> <p>oriented to place.</p> <p>oriented to person.</p>

Memory

Question	Answer	Inference.
<p><u>Immediate memory.</u></p> <p>can you recall the names. (Banana, fish, juice, ice cream, Burger)</p>	<p>Answered correctly</p>	<p>Immediate memory is intact</p> <p><i>iqur</i></p>



<u>Recent Memory</u> what was your break fast today?	I have dosa	Recent Memory intact
<u>Remote Memory</u> Can you tell the date of your marriage?	16 august 2002 mad	Remote memory is intact

- Intelligence

Questions	Answer	Inference
<u>General information</u> - who is the chief minister of kerala - which is the capital of India	Pinarayai vijayan New delhi	Answered correctly General information is intact
<u>Arithmetic Ability</u> Addition: $18+17$ Subtraction: $25-7$ multiplication: $8 \times 5$ division: $40 \div 4$	35 18 56 10	Arithmetic ability is intact
<u>Vocabulary</u> can you tell 5 flowers name	answered (Jasmine, rose lily, lotus Sunflower)	Vocabulary is good

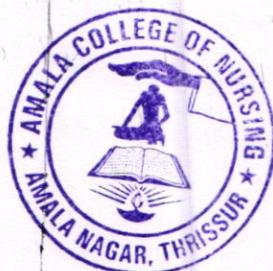


### Abstract thinking

Question	Answer	Inference.
<p>- Similarities between clock and phone</p> <p>- Interpretation of proverb. All glitters are not gold.</p>	<p>Both of them have numbers. Phone is used to make calls and clock is used to know time.</p> <p>All the people those who look good may not be good.</p>	<p>Client answered similarities and dissimilarities between clock and phone and interpreted the proverb correctly - So abstract thinking is intact.</p>

### Judgement

Question	Answers	Inference
<p>→ <u>Personal judgement</u> what is your future plan</p>	<p>I want to go home and live happily with my family</p>	<p>Personal judgement is intact.</p>
<p>→ <u>Social judgement</u> what will you do if you go for a marriage</p>	<p>I will enjoy and talk with others</p>	<p>Social judgement is intact.</p>
<p>→ <u>Test</u> what will you do if you see one falls in front of you</p>	<p>I will go and help him to get up.</p>	<p>Test judgement is intact.</p>



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## INSIGHT

Question: what is the reason for your admission?

Answer: I have no problems. My family members brought me here.

Grade 1 insight - complete denial of illness.

## GENERAL OBSERVATION

- Sleep: disturbances in sleep present  
insomnia present and early morning awareness present.
- Episodic disturbances: Aggressive behaviour is present
- Attitudes and beliefs: I have no diseases. My family members brought me here. I wish to help all others. It is my duty. and I am also ready to receive the help offered by others.

## SUMMARY AND DIAGNOSTIC FORMULATION

Mrs. Hafsa 38 years old female got admitted in Anwar hospital with decreased sleep, increased speech and psychomotor activity, over religiosity and aggressive behaviour.

On Mental status examination the general appearance of patient was cheerful, increased quantity and psychomotor activity, increased productivity, tone, and volume of speech, presence of logorrhea, pressure of speech, tangentiality. and mood is elated. delusion of grandiosity present. Concentration is partially intact, insight is grade 1.

On the basis of mental status examination and ICD ten criteria my patient has mania with signs and symptoms of elated mood, increased psychomotor activity and speech. pressure of speech, logorrhea, etc.

# PHYSICAL EXAMINATION

## GENERAL APPEARANCE

- consciousness - conscious
- orientation - oriented to time, place and person
- nourishment - well nourished
- Body built - Moderate
- Activity - increased
- Looks - Anxious
- Height - 164cm
- weight - 65kg
- BMI - 24.25 kg/m<sup>2</sup>

## VITAL SIGNS

- Temperature - 98.6°F
- pulse - 80bpm
- Respiration - 22bpm
- Blood pressure - 100/70 mmHg

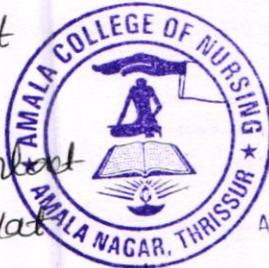
## INTEGUMENTARY SYSTEM

### SKIN

- colour - Fair
- skin turgor - Normal
- Discoloration - Absent
- lesions - Absent

### Nails

- observation - intact
- Nail plate - flat
- Nail beds - pink colour



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Cyanosis - Absent

### Hair

Colour - Black  
Texture - Normal  
Grooming - adequate  
Distribution - Equal

### Head

Shape - Normocephalic  
Scalp - clear  
Jaw - Normal

### Eyes

Eye brows - symmetrical  
Eye lashes - equally distributed  
Pupil - PERRLA  
Sclera - white  
Corneal reflex - present

### EAR

Pinna - Normally placed  
Cerumen - Absent  
Hearing - Normal

### NOSE

Nasal septum - Midline placed  
Nasal pathway - patent  
Smell - Normal  
Rhino-orhea - Absent

### MOOUTH AND PHARYNX

Lips - pink in colour  
Gums - Pink in colour  
Tongue - Placed in midline  
Teeth - white colour

Mucous membrane - moistened & pink  
 Pharynx - Gag reflex present

NECK

Range of motion - Possible  
 Lymph nodes - Not enlarged  
 Trachea - midline  
 Jugular veins - Not distended.

CARDIOVASCULAR SYSTEM

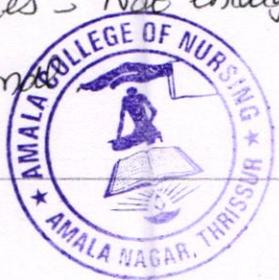
on inspection - No cyanosis, scars  
 palpation - No abnormal masses/tenderness  
 Apical pulse 80bpm.  
 Auscultation - S1 and S2 heard

RESPIRATORY SYSTEM

Inspection - symmetrical, no visible lesion, r  
 Percussion - Resonance present  
 Palpation - no abnormal masses present, normal chest expansion  
 Auscultation - Normal breath sounds (Bronchial, vesicular and bronchovesicular sounds)

GASTROINTESTINAL SYSTEM

inspection - no visible pulsation, masses, lesion  
 Auscultation - Bowel sounds present  
 Percussion - Tympanic sound present.  
 Palpation - no abnormal masses are present  
 Inguinal lymph nodes - Not enlarged  
 Appetite - Normal



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## MUSCULO SKELETAL SYSTEM

Postural curves - Normal Curvatures (Cervical, Thoracic, lumbar) present

Muscle tone - Normal

Muscle strength - Normal

Upper extremity - Symmetrical

Range of motion - Possible

Peripheral pulses - palpable.

Reflexes - present : Biceps - Flexion of elbow  
Triceps - Extension of elbow

Joints - intact

Lower extremities

Symmetry - Symmetrical

capillary refill -  $< 2$  sec.

Range of motion - Normal - Possible

Deformities - Absent

## GENITOURINARY SYSTEM

Lesions - Absent

Discharge - Absent

Infection - Absent

Voiding - Normal

## RECTUM AND ANUS

- Perianal skin integrity - intact

- Bowel movement - Normal.

INFERENCE

On physical examination of the Patient Mrs. Hafsa, she is conscious and oriented to time, place and person. Patient is moderately built. She is very active and anxiety is present in sometime. The vital signs are normal and other body systems such as, integumentary system, respiratory system, cardiovascular system and GI system are normally functioning. No abnormalities are noted.

INVESTIGATIONS

S. No	Name of investigation	Patient value	Normal value	Inference
1	Hemoglobin	12.4 g/dL	12-16 g/dL	Normal
2	Hct	34-45%	35-45%	Slightly decreased
3	RBC	4.4 x 10 <sup>6</sup> /mm <sup>3</sup>	4.6 x 10 <sup>6</sup> /mm <sup>3</sup>	Normal
4	WBC	7400/cu mm	4000-10000 cu mm	Normal
5	Neutrophil	66.4%	40-60%	Increased
6	Lymphocyte	24.4%	20-40%	Normal
7	RBS	159 mg/dL	70-110 mg/dL	Increased
8	Serum urea	13 mg/dL	0.5-4 mg/dL	Normal
	Serum creatine	0.9 mg/dL	0.7-1.4 mg/dL	Normal



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# MEDICATIONS

Sl. No	Name of Drug	Dose	Route	Frequency	Action
1	T. Ativan (Clonazepam)	1mg	PO	1-0-1	Benzodiazepine
2	T. Nitrosoma (Nitrazepam)	5mg	PO	0-0-1	Benzodiazepine
3	T. Lithosun SR (Lithium bicarbonate)	400mg	PO	1-0-1	Mood stabilizer
4	T-BC	-	PO	1-1-1	vitamins + analgesic
5	T-Divalid (Divalproex sodium)	250mg	PO	1-0-1	anticonvulsant
6	T-pavitane (Piracetam)	2mg	PO	1-1-0	anticholinergic
7	T-Sisodone (Risperidone)	1mg	PO	1-1-1	antipsychotic



# LIST OF PROBLEMS

- Risk of injury
  - Restlessness
  - increased aggressive behaviour
  - increased psychomotor activity
- Disturbed thought process.
  - Delusion of grandiosity
- Impaired social interaction
  - over friendly
  - Inability to maintain meaningful relationships
- Ineffective coping strategies
  - easy irritability
  - Anger outbursts
- Disturbed sleep pattern
  - drowsiness
  - increased activity
  - early morning awake
- Ineffective family coping
  - aggressiveness

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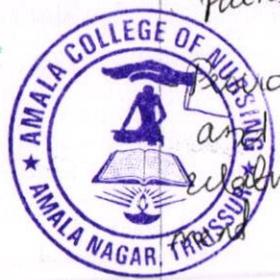


# NURSING DIAGNOSIS

- Risk for injury related to aggressive behaviour
- Disturbed thought process related to biochemical alterations as evidenced by delusion of grandiosity
- Ineffective coping strategies related to poor impulse control as evidenced by anger outbursts
- Impaired social interactions related to manic state as evidenced by inability to form meaningful relationships
- Disturbed sleep pattern related to anxiety regarding religious prayers of morning time as evidenced by early morning awake.
- Ineffective family coping related to patient abnormal behaviour as evidenced by inadequate knowledge regarding management of the disease.

Assessment	Diagnosis	Objective	Interventions	Rationale	Implementation	Evaluation
<p>subjective data Patient says I have anger without any reason</p> <p>objective data - aggressiveness - restlessness</p>	<p>Risk for injury related to aggressive behaviour of patient.</p>	<p>Patient maintains free from injury as evidenced by reduced aggressive behaviour</p>	<p>- Assess the <sup>risk</sup> behaviour of the patient</p> <p>- keep all the hazardous materials away from patient side</p> <p>- provide relaxation techniques such as deep breathing exercise</p> <p>Provide diversional activities to patient</p> <p>Provide a calm and less stimulating environment to patient</p>	<p>To plan proper interventions</p> <p>To prevent harm to self and to others</p> <p>To provide relaxation to the patient</p> <p>To distract patient from restlessness producing thoughts</p> <p>To promote comfort of the patient</p>	<p>Assessed and found aggressive behaviour is present</p> <p>Kept all the hazardous objects away from patient side</p> <p>Taught and encouraged to do relaxation exercises.</p> <p>Provided diversional activities such as water hanging decoration paper bag making etc.</p> <p>provided calm and quiet environment to the patient</p>	<p>patient remain free from injury as evidenced by reduced aggressive ness as actively participated in all diversional activities such as paper bag making and breathing exercise.</p>

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Assessment	Diagnosis	Objectives	Interventions	Rationale	Implementation	Evaluation
<p><u>Subjective data</u></p> <p>Client reports of how special abilities which got through my paper</p>	<p>Disturbed sensory thought process related to biochemical alteration as evidenced by delusion of grandiosity</p>	<p>Client maintains normal <sup>Thought</sup> sensory process as evidenced by remaining distracted from delusion of grandiosity</p>	<p>- Assess the thought process of the patient</p> <p>- Assess.</p> <p>- provide diversional activities to the patient</p> <p>- Help the patient to accept the realities</p> <p>- Present the reality consciously and briefly and do not challenge patient's neurological functioning.</p>	<p>- To identify any abnormalities if present.</p> <p>To distract the patient from disturbed thoughts.</p> <p>- To maintain normal thought process</p> <p>To help the patient to accept the reality</p>	<p>Assessed and found the delusion of grandiosity is present.</p> <p>Provided activities such as paper bag making, wall decoration for making etc</p> <p>Helped the patient to maintain normal thought process by accepting reality by talking her about the reality.</p> <p>presented the reality consciously and briefly.</p>	<p>Client remains need the normal thought process as evidenced by distracted from delusion as actively participating in paper bag making wall decoration making etc</p>
<p><u>Objective data</u></p> <p>delusion of grandiosity</p>						

Assessment	Diagnosis	Objective	Interventions	Rationale	Implementation	Evaluation
<p>Subjective data</p> <p>Patient says I feel angry in small reason.</p> <p>Objective data</p> <p>easy irritability</p> <p>anger tactics</p>	<p>Ineffective coping strategies related to poor impulse control as evidenced by anger outburst</p>	<p>Client main- tains effective coping strategies as evidenced by using the effective coping mechanisms</p>	<ul style="list-style-type: none"> <li>- Assess the coping ability of the patient.</li> <li>- Teach and encourage to practice relaxation techniques</li> <li>- Instruct patient to express her feelings</li> <li>- provide diversional activities to patient</li> <li>- provide calm and quiet less stimulating environment to patient</li> </ul>	<ul style="list-style-type: none"> <li>To rule out the coping strategies used by patient</li> <li>To avoid aggressiveness</li> <li>To help to ventilate the problems and to reduce aggressiveness</li> <li>To distract the patient from angry producing thoughts</li> <li>To reduce the aggressiveness</li> </ul>	<ul style="list-style-type: none"> <li>Assessed and found client get irritated for small reason</li> <li>Taught deep breathing exercises and encouraged her to practice it</li> <li>Instructed and encouraged to express the feeling</li> <li>provided diversional activities such as paper bag making wall decorator making etc</li> <li>provided a calm and quiet environment to patient</li> </ul>	<p>client remained effective coping strategies as evidenced by using the effective coping mechanisms as evidenced by sharing her feelings practicing deep breathing exercises during diversional activities such as paper bag wall decorator making.</p>



Assessment	Diagnosis	Objectives	Interventions	Rationale	Implementation	Evaluation
<p><u>Subjective data</u></p> <p>Patient says, I can not maintain good relationship with others.</p> <p><u>Objective data</u></p> <p>increased speech.</p> <p>Reduced effective interactions with others.</p>	<p>Impaired social interaction related to manic state as evidenced by inability to form meaningful relationships.</p>	<p>Patient maintains normal social interaction as evidenced by creating effective interactions with others.</p>	<ul style="list-style-type: none"> <li>- Assess the level of patient's social interaction.</li> <li>- Encourage patient to participate actively in group activities.</li> <li>- Instruct the family members to provide support to patient.</li> <li>- Provide reinforcements for positive response from the patient.</li> <li>- Help the patient to ventilate her feelings.</li> </ul>	<ul style="list-style-type: none"> <li>To identify the level of interaction.</li> <li>To maintain good social interaction.</li> <li>To promote the patient's interaction and the confidence level of the patient.</li> <li>To increase the positive attitudes and activities of the patient.</li> <li>Provides comfort to the patient.</li> </ul>	<ul style="list-style-type: none"> <li>Assessed and found patient is unable to form meaningful social interaction.</li> <li>Encouraged patient to participate in group activities such as games (non stimulating).</li> <li>Instructed family members to provide support to patient.</li> <li>Encouraged patient to do positive activities by providing appraisal to patient.</li> <li>Helped patient to ventilate her feelings.</li> </ul>	<p>Client remained normal social interaction with others as evidenced by creating effective and interactions as actively participating in group activities showing feelings with others.</p>

INFERENCE

On physical examination of the Patient Mrs. Hafsa, she is conscious and oriented to time, place and person. Patient is moderately built. She is very active and anxiety is present in some time. The vital signs are normal and other body systems such as, integumentary system, respiratory system, cardiovascular system and GI system are normally functioning. No abnormalities are noted.

INVESTIGATIONS

S.No	Name of investigation	Patient value	Normal value	Inference
1	Hemoglobin	12.4 g/dL	12-16 g/dL	Normal
2	HCV	34-45%	35-45%	Slightly decreased
3	RBC	4.4 x 10 <sup>6</sup> /mm <sup>3</sup>	4-6 x 10 <sup>6</sup> /mm <sup>3</sup>	Normal
4	WBC	7400/cmm	4000-10000 cmm	Normal
5	Polymphophil	66.4%	40-60%	Increased
6	Lymphocyte	24.4%	20-40%	Normal
7	RBS	159 mg/dL	70-110 mg/dL	Increased
8	Serum urea	13 mg/dL	10-24 mg/dL	Normal
	Serum creatine	0.9 mg/dL	0.7-1.4 mg/dL	Normal



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# MEDICATIONS

Sl. No	Name of Drug	Dose	Route	Frequency	Action
1	T. Ativan (Clonazepam)	1mg	PO	1-0-1	Benzodiazepine
2	T. Nitrosoma (Nitrazepam)	5mg	PO	0-0-1	Benzodiazepine
3	T. Lithosun SR (Lithium bicarbonate)	400mg	PO	1-0-1	Mood stabilizer
4	T-BC	-	PO	1-1-1	vitamin + analgesic
5	T-Divalid (Divalproex sodium)	250mg	PO	1-0-1	anticonvulsant
6	T. peritane (Pirenzepine)	2mg	PO	1-1-0	anticholinergic
7	T-Sisodone (Risperidone)	1mg	PO	1-1-1	antipsychotic



# LIST OF PROBLEMS

- Risk of injury
  - Restlessness
  - increased aggressive behaviour
  - increased psychomotor activity
- Disturbed thought process.
  - Delusion of grandiosity
- Impaired social interaction
  - over friendly
  - Inability to maintain meaningful relationships
- Ineffective coping strategies
  - easy irritability
  - Anger outbursts
- Disturbed sleep pattern
  - drowsiness
  - increased activity
  - early morning awake
- Ineffective family coping
  - aggressiveness



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# NURSING DIAGNOSIS

- Risk for injury related to aggressive behaviour
- Disturbed thought process related to biochemical alterations as evidenced by delusion of grandiosity
- Ineffective coping strategies related to poor impulse control as evidenced by anger outbursts
- Impaired social interaction related to manic state as evidenced by inability to form meaningful relationships
- Disturbed sleep pattern related to anxiety regarding religious prayers of morning time as evidenced by early morning awake.
- Ineffective family coping related to patient abnormal behaviour as evidenced by inadequate knowledge regarding management of the disease.

Assessment	Diagnosis	Objectives	Interventions	Rationale	Implementation	Evaluation
<p><u>Subjective data</u></p> <p>Patient says I have special abilities which got through my paper</p> <p><u>Objective data</u></p> <p>delusion of grandiosity</p>	<p>Disturbed <del>sensory</del> Thought process related to biochemical alterations as evidenced by delusion of grandiosity</p>	<p>Patient maintains normal <del>sensory</del> Thought process as evidenced by remaining distracted from delusion of grandiosity</p>	<ul style="list-style-type: none"> <li>- Assess the thought process of the patient</li> <li>- Assess</li> <li>- provide diversional activities to the patient</li> <li>- Help the patient to accept the reality</li> <li>- Present the reality consciously and briefly and do not challenge patient's ideological thinking.</li> </ul>	<ul style="list-style-type: none"> <li>- To identify any abnormalities if present.</li> <li>- To distract the patient from disturbed thoughts.</li> <li>- To maintain normal thought process</li> <li>- To help the patient to accept the reality</li> </ul>	<p>Assessed and found the delusion of grandiosity is present.</p> <p>Provided activities such as paper bag making, wall decoration for making etc</p> <p>Helped the patient to maintain normal thought process by accepting reality by talking her about the reality.</p> <p>presented the reality <del>consciously</del> and briefly.</p>	<p>Client remains need the normal thought process as evidenced by distracted from delusion as actively participating in paper bag making wall decoration etc</p>



Assessment	Diagnosis	Objective	Interventions	Rationale	Implementation	Evaluation
<p>subjective data Patient says I have anger without any reason</p> <p>objective data - aggressiveness - restlessness</p>	Risk for injury related to aggressive behavior of patient.	Patient maintains free from injury as evidenced by reduced aggressive behavior	<p>- Assess the <sup>risk</sup> behavior of the patient</p> <p>- keep all the hazardous materials away from patient side</p> <p>- provide relaxation techniques such as deep breathing exercise</p> <p>- Provide diversional activities to patient</p> <p>- Provide a calm and less stimulating environment to patient</p>	<p>To plan proper interventions</p> <p>To prevent harm to self and to others</p> <p>To provide relaxation to the patient</p> <p>To distract patient from restlessness producing thoughts</p> <p>To promote comfort of the patient</p>	<p>Assessed and found aggressive behavior is present</p> <p>kept all the <del>hazardous</del> objects away from patient side</p> <p>Taught and encouraged to do deep breathing exercises.</p> <p>provided diversional activities such as water hanging decoration paper bag making etc.</p> <p>provided calm and quiet environment to the patient</p>	<p>patient remain free from injury as evidenced by reduced aggressive ness as actively participating in all diversional activities such as paper bag making and breathing exercise.</p>

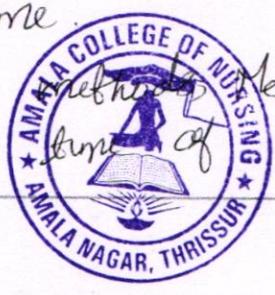
# PSYCHO EDUCATION

## SYMPTOM MANAGEMENT

- Instructed patient to practice deep breathing exercises.
- Encouraged person to actively participate in diversional activities such as craft works etc.
- Encouraged the patient to participate in solitary more concentration required activities.
- Encouraged to provide a calm and quite less stimulating environment to the patient
- Provide opportunities for the patient to identify the reality and to reduce the unacceptable behaviours such as delusions.
- Encourage patient to express her feelings clearly
- Provide a busy schedule by maintaining her activities of a day

## Treatment

- Do the follow ups at the prescribed date.
- Have the medication as per doctors order.
- Do not miss the medication or have any other medications without the permission of the doctor.
- Include family members also in the care of the patient.
- Remind the patient to take the medication at the appropriate time.
- Use calendar regarding the Medication boxes such as -> time of medicines



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- Place the medication boxes in easily or easily visible places.
- Combine the medication activities with daily activities such as after or before food intakes, after brushing teeth etc.

### - ACTIVITIES OF DAILY LIFE - SLEEP

- Avoid day naps.
- Keep a correct and same time everyday for going for sleeping.
- Switch off lights, mobile phones and all other stimulating factors.
- Avoid heavy meal before going to bed.
- Avoid drinking excess fluids and doing exercises before going to bed.
- Keep the bed neat and tidy.
- Engage in activities in day time.
- Only use the bed for sleeping. All other activities such as having food, doing activities in the bed.
- Reduce the anxiety by doing relaxation techniques.

# ACTIVITY PLAN-1

Name of activity - wall decoration making  
 Objective of activity - To reduce the aggressive behaviour of patient  
 - To distract patient from delusional thoughts  
 Duration of activity - 20 minutes

Description of environment	Description of the activity	Evaluation of patient
provide a calm and quiet environment to the patient  <u>Articles needed</u> - Rectangular pieces of colour paper - flowers - paper - gum.	<ul style="list-style-type: none"> <li>- Assemble the needed articles at the bed side.</li> <li>- Explain about the process to patient</li> <li>- Take the rectangular pieces of paper</li> <li>- Roll the paper to the form of a tube and keep the end closed by using gum</li> <li>- Join 4 tubes to a form of rectangle and use gum to stick it.</li> <li>- Keep the flowers by sticking on the corners of the rectangle.</li> </ul>	<ul style="list-style-type: none"> <li>- client showed interest in participating in the activity</li> <li>- Actively listened.</li> <li>- Followed the instructions by making the roll from the paper.</li> <li>- Attached the paper rolls to the form of a rectangle</li> <li>- Attached flowers to the rectangle.</li> </ul>



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# ACTIVITY PLAN-2

Name of the activity - Paper bag making

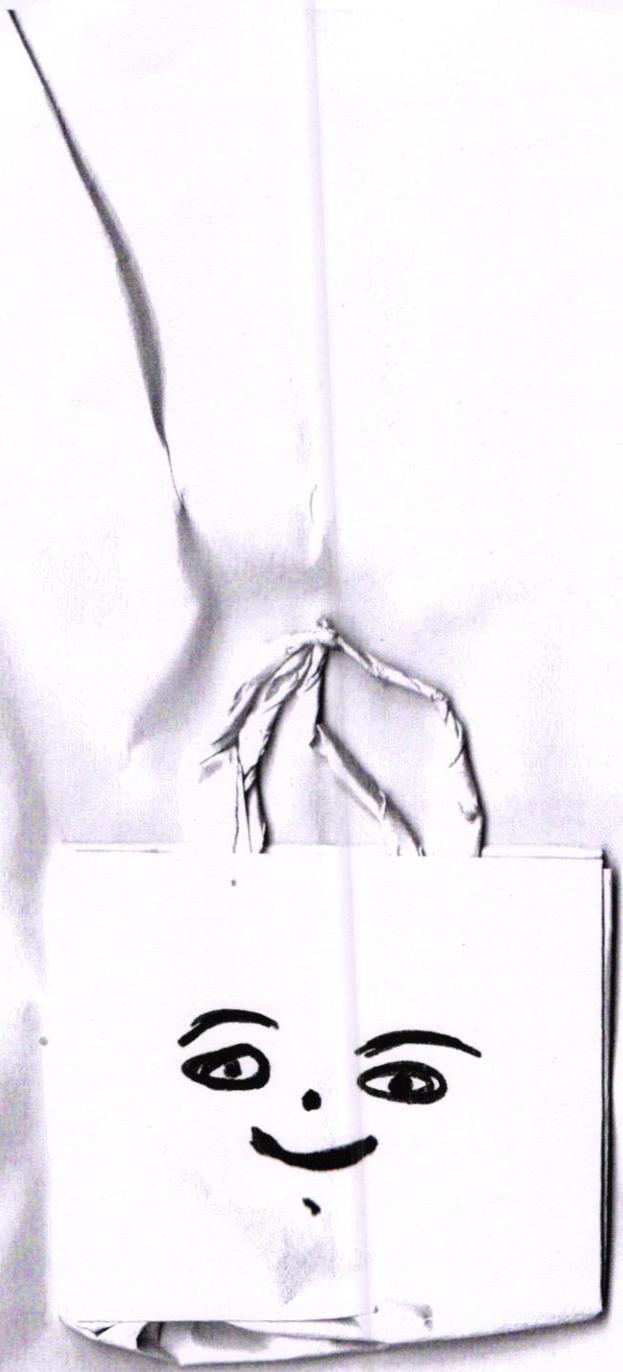
Objectives

- To reduce the aggressive behaviour
- To distract patient from delusional thought

Time required

- 20 minutes.

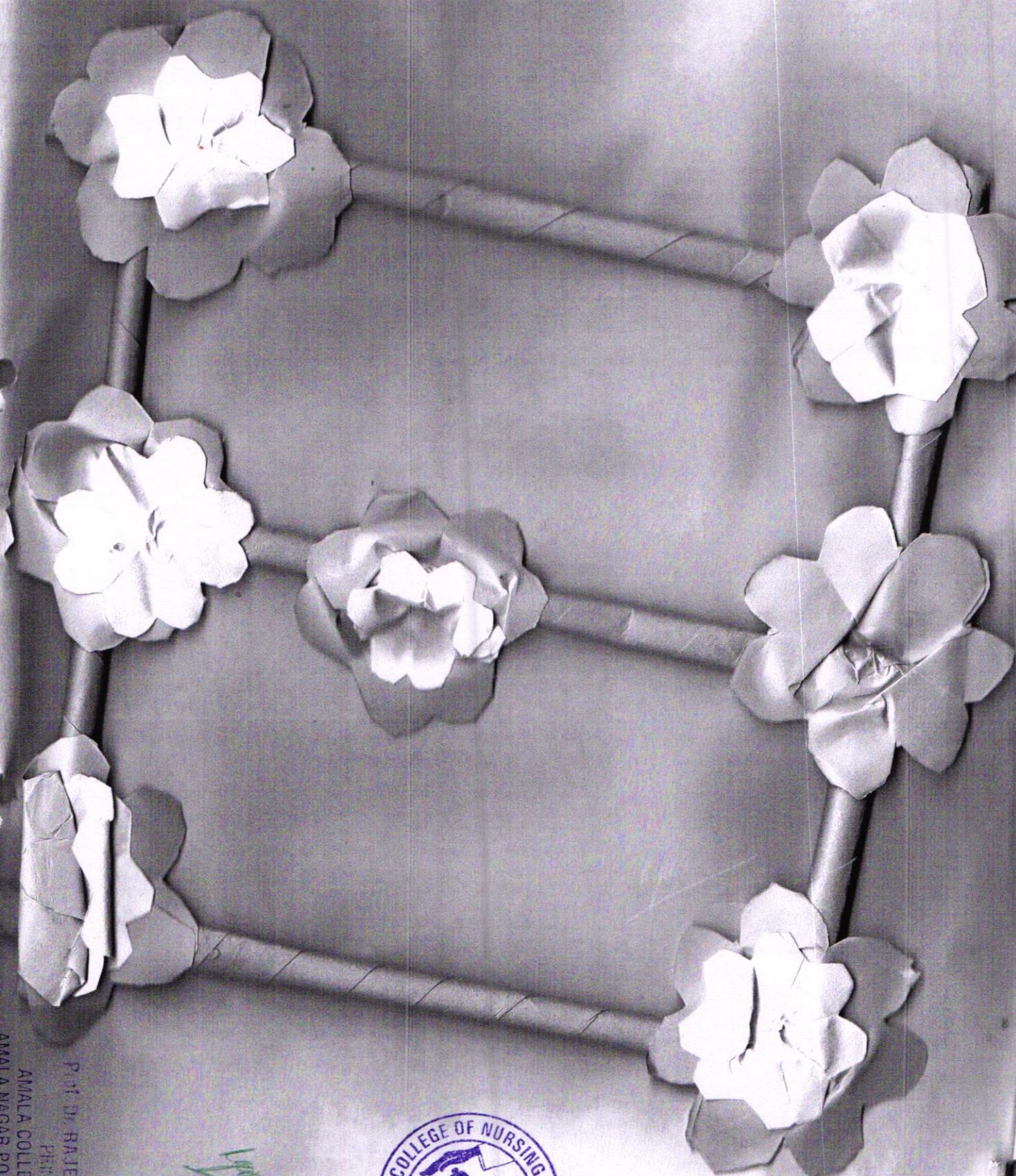
Description of environment	Description of activity	Evaluation of patient
<p>provide a calm and quiet environment to the patient</p>	<ul style="list-style-type: none"> <li>- Assemble all the articles at the patient side</li> <li>- Explain the activity to patient</li> </ul>	<ul style="list-style-type: none"> <li>- patient actively listened to the instructions</li> </ul>
<p><u>Articles needed</u></p>	<ul style="list-style-type: none"> <li>- make a rectangle from the paper</li> </ul>	<ul style="list-style-type: none"> <li>- Took the paper and folded</li> </ul>
<p>A A4 Sized paper gum</p>	<ul style="list-style-type: none"> <li>-&gt; Fold it into diagonally and unfold</li> <li>- Fold the two end corners to inside and refold.</li> </ul>	<p>client obeyed the instructions and folded and unfolded according to the instructions</p>
<p>-pen</p>	<ul style="list-style-type: none"> <li>- Then fold to diagonally keeping the place clear and unfold and repeat it for opposite direction.</li> <li>- Then fold diagonally and make rectangular fold as base and fold it upward and unfold</li> <li>- keep the two corners into inside according to the folded markings.</li> <li>- Then fold the upper side into the the bag</li> <li>- Take a piece of paper and to make it into the handle</li> <li>- draw suitable picture</li> </ul>	



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# PROGRESS NOTE

Day - 15/11/22

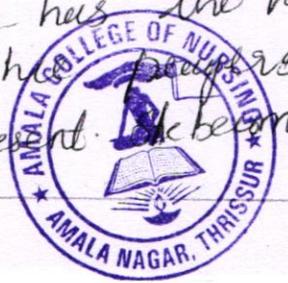
Mrs. Hafsa, 38 years old female got admitted in Ansa hospital with the complaints of the aggressive behaviour, restlessness, over religiosity, increased talk Physical abuse to others when angry etc.

On the mental status examination it was found that patient has increased psychomotor activity. and she is restless. She is over talkative and over in all others problems and increased tone, rate and volume of the speech. She has the delusion of grandiosity. She is over religious. She has decreased concentration level. Other cognitive functions such as attention, memory abstract thinking etc are normal. She has elated mood. She is cheerful.

Patient is having medications such as T. paritane T. nortriptyn, T. abran, T. lithium, T. risperidone T. Bc etc. History collected, mental status examination and physical examination done. provided care to the patient. Encouraged the patients to do relaxation techniques. Explained regarding deep breathing exercises and encouraged her to practice it.

Day II 16/11/22

There is no significant change or improvement in patient condition. She is unnecessary involvement in others problems and doing help to others. She is over talkative. She has the reduced sleep. She woke up early to do her prayers. Increased psychomotor activity is present. She becomes easily irritated with



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unpleasant activities or talk from others;  
Provided care to patient. Explained patient  
regarding how to maintain a good sleeping  
pattern. And provided diversional activity such as  
paper bag making and involving patient in less  
stimulating group games such as puzzle etc.

day-3 17/11/22

Patient has no significant change in patient disease  
condition. She is drowsy today. She slept well in  
the night. No new medications were added into the  
treatment regimen. She is interested to helping others and  
engaging in other person's problems etc

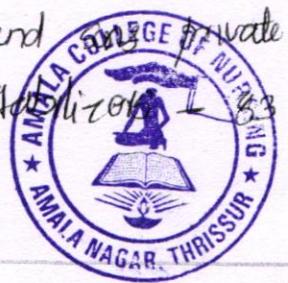
Provided care to patient. Provided diversional activities  
such as wall decorator making, and encouraged to  
do deep breathing exercises. Explained patient about  
the ways to reduce the symptoms of the disease and  
to adhere to the medication regimen.

# CONCLUSION

As a part of my third year Bsc Nursing, Mental health nursing clinical posting, I got an opportunity to provide care to Mrs. Hafsa, 48 years old female who got admitted in Anzar hospital with increased talk, elated mood, increased psychomotor activities over religiosity, aggressiveness etc. Care was provided to patient. Assessed mental status examination. Provided relaxation techniques, diversional activities, psycho-education regarding symptom management, medication adherence and to maintain normal sleep pattern. This experience helped me to understand about clinical manifestations of mania and to provide care to similar patients.

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# WORK BOOK

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വയസ്സ് : 47

ലിംഗം : സ്ത്രീ

സഹായം  
 ആരാണ്  
 പറയാനോ?



സഹായം ആരാണ്



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സഹായം ആരാണ്  
 Inference: comprehension is intact.

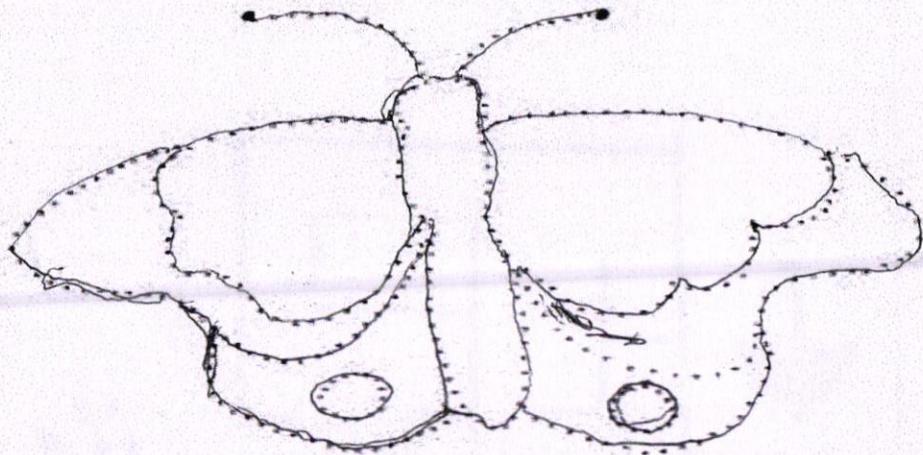
ചോദ്യം	മുറപ്പിട്ട്	പുറപ്പെട്ട്
താഴെ കൊടുത്തിരിക്കുന്ന സാമ്പ്യൻമാരുടെ മുറപ്പിലേക്കും പുറപ്പെട്ടിലേക്കും ചുരുക്കം.		
1, 4	✓	✓
2, 5, 8	✓	✓
9, 2, 5, 1	✓	
6, 2, 8, 3, 7	✓	✓

Inference: Attention is intact since client answered 5 digits forward & backward

ചോദ്യം	ഉത്തരം
100-ൽ നിന്നും 5 നമ്പർമാർക്ക് 7 കുറയ്ക്കുക.	$100 - 7 = 93$ $93 - 7 = 86$ <del>88</del> $88 - 7 = 81$ answered further

Inference: Concentration is impaired since she did not complete serial subtraction

# ഭൂമിയിരിക്കുന്നതാ- രണം?

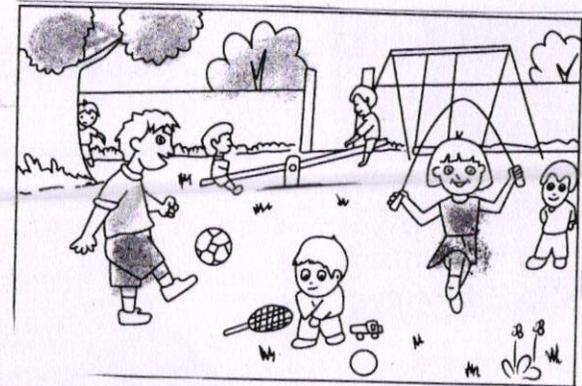


- Inference - client joined the dots  
So concentration is intact



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# നിറം കൊടുക്കാമോ?

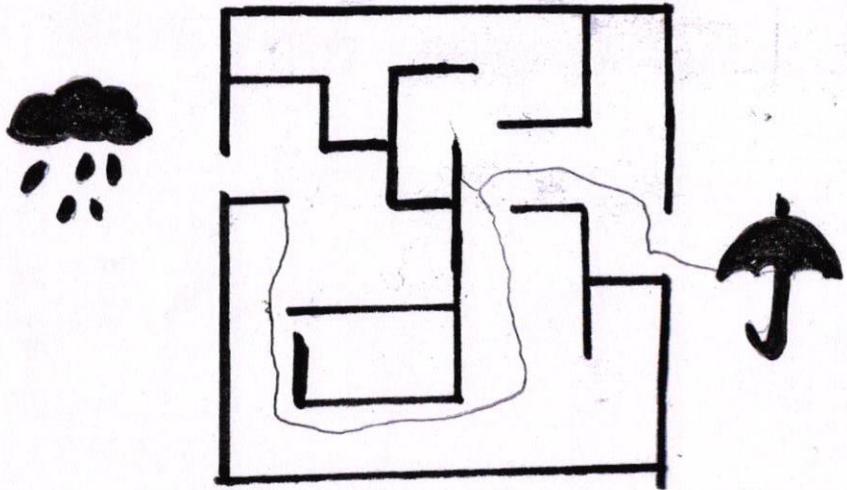


പുറമ്പടന്നം

A	B	C	F	L	D	H	G	K	J	Q	C	V	S
D	C	A	R	M	O	L	B	U	S	R	A	B	W
E	N	Z	A	N	O	C	P	I	T	A	R		
D	O	G	D	O	R	X	C	P	E	N	T	U	

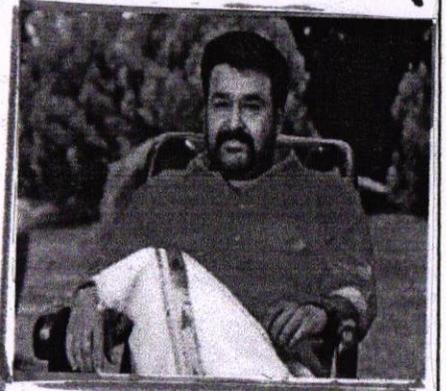
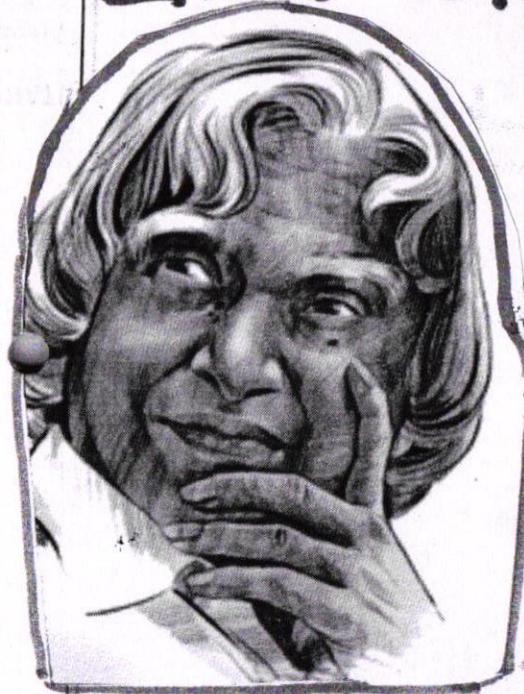
- inference - concentration is good

വഴി കാണിക്കാമോ?

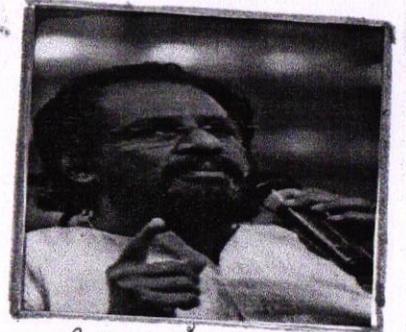


Inference: Concentration is infact

ഇവരെ തിരിച്ചറിയൂ?

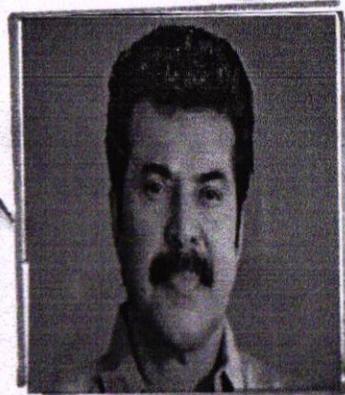


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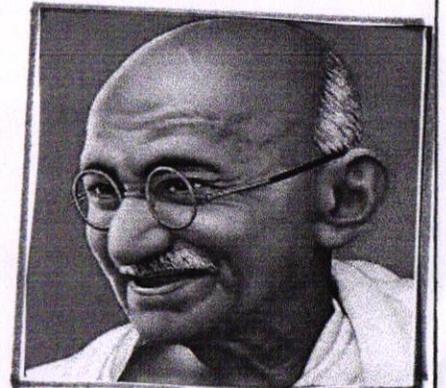


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അബൂദുവൈബ്



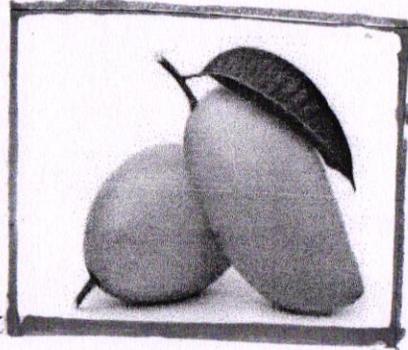
അമിൻ



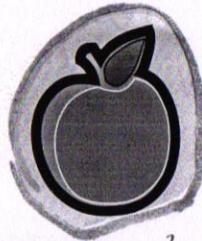
ഗാന്ധി

Inference: chest answered the names correctly

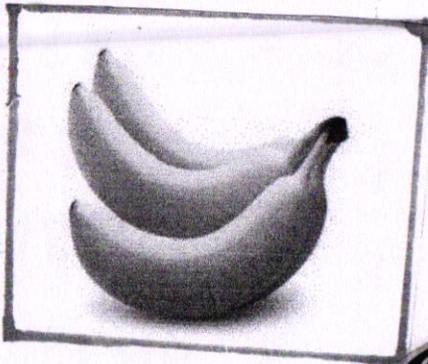
# ഇവ ചിത്രങ്ങൾ പറയാമോ?



മുങ്ങ



അപ്പിൾ



ബനാൻ



ഗ്രാപ്പിൾ



Inference: chart answered the names of fruits

Vocabulary is good

# നിങ്ങൾക്കറിയാമോ?..

? കേരളത്തിന്റെ തലസ്ഥാനം  
എവിടെയാണ്?  
തിരുവനന്തപുരം

? ഇന്ത്യൻ പേട്രോൾ കമ്പനിയുടെ  
പേര് എന്താണ്?  
ഓമി

- Inference: General information is good

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മിനി അല്പ തന്നെ  
ആയാലോ?

$$13 + 15 = 28$$

$$15 - 12 = 3$$

$$28 \div 4 = 7$$

$$9 \times 3 = 27$$

Inference: performed calculations  
correctly. Arithmetic ability is  
good

സാമ്യവും വ്യത്യാസവും  
തിരിച്ചറിയുന്നതോ? .?



- identified similarities and differences  
so abstract thinking is intact

പ്രസ്താവിക്കാൻ  
അർത്ഥം പറയാമോ?



“  
മിന്നുന്നതെല്ലാം  
പൊന്നല്ല”

→ Inference:  
Clert interpreted the proverb  
correctly.



വാചകം വായിക്കാം.



സ്വപ്നം കാണാൻ. ആ സ്വപ്നം  
അടുത്തപ്പറ്റി ചിന്തിക്കാൻ. ആ ചിന്ത  
കൂടു പാവപ്പെട്ടവയിലേക്ക്  
സഹായമാക്കാൻ.

ഡോ. എ. പി. ജെ. അബ്ദുൾ  
കാലം.

*Legal*  
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# പറയാമോ ?

ജീവിതത്തിലെ ഏറ്റവും  
സന്തോഷം തോന്നിയ ദിവസത്തെ  
പറ്റി വിവരിക്കാമോ?

ഞാൻ പഠിക്കാൻ പോയി  
അത് അതിനേക്കാൾ കൂടുതൽ ദിവസം  
എന്ന് കഴിഞ്ഞു ദിവസം കഴിഞ്ഞു  
പോകാൻ