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PLEASE WRITE YOUR NAME AND HOSPITAL MEDICAL RECORD NUMBER (IF KNOWN)

PSYCHIATRIC SERVICES ADDENDUM TO THE ADULT ACUTE CARE SYSTEMS ASSESSMENT

SHIFT: _____ DATE: _____ TIME: _____

MENTAL STATUS/PSYCHOSOCIAL

APPEARANCE/SELF CARE ASSESSMENT WDL

ADLs: Not attending Requires assistance Total care Other _____

SPEECH WDL

Latency Rapid Pressured Soft spoken Unintelligible Slow rate Monotone Other _____

LEVEL OF CONSCIOUSNESS WDL

Sedated Sleeping Unaware of environment Unarousable Other _____

EMOTIONAL STATE WDL

Affect: Flat Restricted Blunted Labile Tearful Intense Incongruent with stated mood Other _____

Mood: Labile Irritable Anxious Euphoric Depressed Other _____

Stated mood: " _____ "

THOUGHT PROCESS/CONTENT WDL

Verbalized thoughts: Tangential/circumstantial Disorganized Illogical Incoherent

Hallucinations: Auditory Visual Other _____

Delusions (Describe): _____

Paranoia (Describe): _____

Suicidal ideation (Describe): _____

Contracting for safety: yes no

Homicidal ideation (Describe): _____

COGNITION WDL

Oriented x _____ Poor concentration Poor judgment Poor insight

Poor judgment Memory impairment Confused

Other _____

PSYCHOSOCIAL WDL

Milieu: Unable to participate On periphery

Groups: Does not attend Minimal attendance Attends but does not participate

Isolative Other _____

BEHAVIOR WDL

Unable to redirect Intrusive Combative Disorganized Resistant to Care

Impulsive Self-injurious Wandering into others' rooms

Other _____

SAFETY RISKS WDL

Suicide precautions Fall precautions Seizure precautions Violence precautions

Elopement precautions Sexual precautions

Medical Isolation, Type: _____

EXCEPTIONS WDL

Note exceptions: _____

COMMENTS:

APPEARANCE/SELF CARE WDL

Independent hygiene & grooming. Casual, neat appearance.

SPEECH WDL Clear without marked slurring or latency. Conversational rate, rhythm & volume.

LEVEL OF CONSCIOUSNESS

WDL Aware of and responsive to environment. No evidence of sleep disturbance.

EMOTIONAL STATE WDL

Affect & mood flexible range & congruent with context & content. No lability.

THOUGHT PROCESS/CONTENT

WDL Thoughts, as verbalized are logical, organized, & coherent. No evidence of distortions or perception or response to internal stimuli. Able to accurately interpret sensory data.

COGNITION WDL

Attention & concentration intact. Memory intact. No apparent retardation. Able to follow directions. Evidence of sound decision-making. Fully oriented.

PSYCHOSOCIAL WDL

Social in milieu. Respectful of personal boundaries. Coping with stress effectively. Utilizing support system appropriately. Attending groups.

BEHAVIOR WDL

Organized & goal directed. Participating in Milieu.

SAFETY RISKS WDL

No threats or acts of harm to self, others or property. Contracts to seek staff assistance if feels unsafe. No indication of elopement risk. No current fall risk evident.

EXCEPTIONS WDL

Care Plan: Initiated/reviewed/revised. All generic standards & Treatments completed.

Assessment completed by (RN Signature/Name) _____ Date: _____ Time: _____

INTERVENTIONS
Patient slept _____ hours
BEHAVIORAL ISSUES:

MEDICATIONS (include as needed, given and response, medications refused):

PAIN ADDRESSED (Document pain level and reassessments every 1 hour after intervention):

COMMENTS: