



1100000

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

PSYCH ADDENDUM DAILY CARE PLAN —

Date _____

GOALS FOR DAY — Document problems/goals during each shift. Add goals related to patient unique needs based on criteria noted. Look at problems/goals from previous shift and continue as appropriate. Complete goals when resolved or at discharge.

	Initiated/Continued (INITIAL / TIME)		Completed (INITIAL / TIME)	
	N	D	N	D
23. ALTERED THOUGHT PROCESSES — HALLUCINATIONS Auditory Visual Tactile Gustatory Goal: Patient reports hallucinations are not bothersome				
24. ALTERED THOUGHT PROCESS DELUSIONS — CONTENT Goal: Patient identifies delusions as symptom of illness				
25. ALTERED THOUGHT PROCESS — CONFUSED Goal: Patient's thought processes return to baseline as identified				
26. ALTERED THOUGHT PROCESS — DISORGANIZED Goal: Patient's thought processes return to baseline as identified				
27. ALTERED THOUGHT PROCESS — DISORIENTED Goal: Patient is alert and oriented x 3				
28. ALTERED MOOD — MANIA Goal: Patient's mania resolves, patient identifies strategies to maintain wellness after discharge.				
29. ALTERED MOOD — DEPRESSION Goal: Patient's mood stabilizes to baseline as identified by outpatient support.				
30. ALTERED MOOD MOOD — LABILITY Goal: Patient reports his/her mood is better, states coping strategies to maintain wellness after discharge.				
31. POTENTIAL FOR INJURY/VIOLENCE — AT RISK FOR SELF HARM Goal: Patient remains free of serious injury during hospitalization.				
32. POTENTIAL FOR INJURY/VIOLENCE — AT RISK TO HARM OTHERS Goal: Patient does not seriously hurt others during hospitalization.				
33. AT RISK FOR WITHDRAWAL FROM SUBSTANCES Goal: Patient remains without serious injury related to withdrawal from substances				
34. INEFFECTIVE COPING Goal: Patient identifies strategies to cope with hospitalization				
35. PATIENT RECEIVING ECT Goal: Patient free of complications from ECT				
OTHER:				

Print Name/Signature/Title/Initials/Time

Print Name/Signature/Title/Initials/Time

INTERVENTIONS

Once each shift, check interventions provided related to the goals on page 1.

N = Night (7p-7a) **D** = Day (7a-7p)

(Interventions in sections A-G are part of hospital care and documented elsewhere.)

Basic Needs

N D

- Hydration – encourage fluid intake
- Encourage food intake – set up meals; feeding assistance; monitor intake
- Promote sleep – maximize amount of sleep at night
- Toileting assistance – provide reminders; take to bathroom
- Hygiene assistance – provide reminders; provide support; perform prn
- Rest periods
- Diversion
- Leisure time
- Recreation
- Ambulation

Monitoring

N D

- 1:1 monitoring
- Constant observation

ECT

N D PRE ECT INTERVENTIONS

- Provide Patient/ Family Education
- Obtain Patient/Family/AR Consent
- Complete Pre-ECT checklist on day of treatment
- Implement Physicians Pre-ECT orders
- If ordered, administer Anti-Hypertensive medications with minimal fluid
- Notify ECT staff of abnormal vital signs, blood glucose and/or change in physical or mental status

N D POST ECT INTERVENTIONS

- Assist patient with first ambulation
- Upon arrival to unit assess:
- Vital Signs, Orientation, Schmidt Score, Pain Level
 - Reorient as needed
 - Implement Falls Protocol measures as needed
 - Offer food and fluids once patient is fully alert
 - Notify MD of abnormal vital signs, severe confusion, extreme falls risk and/or other post-ECT complications
 - Review pain relief measures already implemented by ECT staff
 - Implement pain relief measures as needed and reassess for pain within one hour as per protocol
 - Assess readiness for re-integration into the milieu. Encourage patient to participate in activities & resume Pre-ECT TP

COMMENTS:

Print Name/Signature/Title/Initials/Time

Print Name/Signature/Title/Initials/Time

Print Name/Signature/Title/Initials/Time

Print Name/Signature/Title/Initials/ Time