

MHU EVALUATION

04/27/02 1303 JSA

MENTAL HEALTH UNIT, PSYCHIATRIC EVALUATION

(PRESS: F5 FOR DEMO RECALL)

DATE OF EVALUATION: [REDACTED] Time: [REDACTED] TIME CLEARED: [REDACTED]
Revisit Within 72 Hours? [REDACTED] Arrival Mode: [REDACTED]
Patient's address: [REDACTED] City: [REDACTED] State: [REDACTED]
Patient's phone number: [REDACTED]
Accompanied By: [REDACTED]
In Emergency Notify: [REDACTED]
Relationship: [REDACTED] Phone: [REDACTED]
Address: [REDACTED] City: [REDACTED] State: [REDACTED]
Chief Complaint: [REDACTED]
History of current episode/illness: [REDACTED]
Current Outpt. treatment: [REDACTED]
(agency, therapist, frequency and when last seen)
Most recent inpatient treatment: [REDACTED]
(location, date, reason, los)
IDEATION: [REDACTED] DELUSIONS: [REDACTED]
HALLUCINATIONS: [REDACTED] COMMENTS: [REDACTED]
Self mutilation: [REDACTED] Abuse: [REDACTED]
(EXPLAIN) (EXPLAIN)
AFFECT: [REDACTED] MOOD: [REDACTED]
EYE CONTACT: [REDACTED]
Speech pattern: RATE: [REDACTED] RHYTHM: [REDACTED] VOLUME: [REDACTED]
ENUNCIATION: [REDACTED] COMMENT: [REDACTED]
Sleep Pattern: [REDACTED] Sensorium: [REDACTED]
(DOCUMENT HRS/DAY, Substance use: [REDACTED]
MED AIDS & DREAMS) (EXPLAIN)
Family History of mental illness (EXPLAIN): [REDACTED]
Medication: (F5) [REDACTED] History: (F5) [REDACTED]
(Medical)
STRESSORS INCLUDE: [REDACTED]
Legal Status: [REDACTED] Explain: [REDACTED]
Support System: [REDACTED] Live Arrange: [REDACTED] Lives with: [REDACTED]
Disposition: [REDACTED] Rationale: [REDACTED]
Are there children in the home: [REDACTED] EXPLAIN: [REDACTED]
Diagnosis:
AXIS I: [REDACTED] AXIS II: [REDACTED] AXIS III: [REDACTED]
AXIS IV: [REDACTED] AXIS V: [REDACTED]
Lethality Screen: (SHIFT + F8 FOR SCALE DESCRIPTION)
Dangerousness: [REDACTED] Support System: [REDACTED]
Ability to cooperate: [REDACTED] Total Score: [REDACTED]
SCORE <8 = INCREASED RISK OF HARM TO SELF OR OTHERS
COLLATERAL DATA: [REDACTED]
(TIME, PERSON/AGENCY, ROI?)
REVIEWED WITH ER PERSONELL: [REDACTED]
REVIEWED WITH PSYCHIATRIST: [REDACTED]
Insurance Pre-certification Documentaion [REDACTED]
*****Document all attempts to pre-certify*****

Patient Focus Adm Assessment 04/27/02 1020 JSA

Date of Admission: 04/27/02 Time: 0945
Blood Pressure: Pulse: Temperature: Respirations:

-----PAIN ASSESSMENT-----

Patient meets standard for pain assessment: (SF+F8)
Pain Location:
Please use Shift + F8 for documentation instructions
Pain intensity, 0 - 10 scale:
Duration/Description of pain:
Aggravating factors:
What helps the pain:
Date/time of last pain med:
Pain med and dosage:
Effectiveness of pain med:
Effectiveness of non-pharmacological pain control measures:

-----ADVANCED DIRECTIVES STATUS-----

Code Status: Full Code
Patient has Advanced Directives: Patient given information about Advanced directives:
Advanced Directives are on file:
Advanced Directives completion discussed w/pt:
Advanced Directives done - Location & contents:

===== Hospital Orientation =====

ID bracelet on? Allergy bracelet on?
Room orientation completed:

-----IMMUNIZATION HISTORY-----

Review patient history, ask the family or request this information from the Primary Care MD or Nursing Home Record.
Date of Last Vaccination:
Influenza: Was vaccination given over one year ago?
Pneumonvax: Was first dose given before age of 65?
Tetanus: Was this given more than 10 years ago?
Any Yes Response - Notify MD to consider ordering the vaccine or note contraindication.

===== NEUROLOGICAL ASSESSMENT =====

Patient meets standards for neurologic assessment? (F8)
Patient's level of consciousness:
Coordination & Muscle Tone:

*** NOTE - CONSIDER SPEECH THERAPY CONSULT IF ANSWER YES ***

Patient has difficulty swallowing:
Patient has slurred speech.
Patient is experiencing numbness, weakness, or tingling.
Location of numbness, weakness or tingling:

=====CARDIOVASCULAR=====

Patient meets standards for cardiovascular assessment. (F8)
Pulse: BP:
Peripheral Pulses Absent: BP Source:
Skin Temp:
Moisture:
Color:
Edema:

-----RESPIRATORY-----

Patient meets standards for Respiratory Status: (SFT+F8)
Breath Sounds on right: Cough:
Breath Sounds on Left: Quit smoking years ago:
Number of years has smoked:
Number of Packs per day smoked:

Patient Focus Adm Assessment 04/27/02 1020 JSA

If patient requires breathing device or O2 in use
IF * CONSIDER RT CONSULT

Is oxygen or a breathing device in use?
Breathing device: O2 Amount (L/M or %):
Respiratory Pattern is: Is respiratory effort labored?

=====GENITOURINARY - GYNECOLOGICAL=====

Meets standard - Gentourinary/Gynecological assess: (SF+F8)
Deviations noted in kidney function: Patient is on Dialysis:
Deviations noted, Bladder Function/Urine: Requires urinary drainage tube:
Deviations, male GU/Reproductive systems: Testicular self exam?

Female - Gynecological Information

Currently Pregnant?
Date of LMP: Number of Children: Date of Last PAP
Menopause? Breast self exam? Breast Prosthesis:
Sexually Transmitted Disease? Prior Surgery?
Menstration: Date Menses Started:
Color/odor of menses:

=====NUTRITION=====

Patient meets standard for Nutrition: (SH+F8)
Deviations noted in appetite: Deviations in Oral Hygiene/Dental care:

If inadequate dental care obvious/consider MD referral to DDS

Deviations in abdominal assessment: Bowel Sounds:
Deviations in Bowel Movements: Date of last bowel movement:
04/26/02

Describe color/frequency/duration of Diarrhea:
Please list any dietary requirements:
N/A

=====NUTRITION SCREEN=====

Unintentional weight loss of 10 lbs or more in past 6 mos: No
Recent appetite has consistently been very poor: No
Significantly underweight by appearance: No
Evidence of difficulty swallowing or chewing: No
Skin integrity score over 9: No
Lactating or pregnant: No
Modified diet/tube feeding/TPN prior to admission: No
Any YES responses above, food allergies or requirements? N
YES response will generate Nutritional consult order

=====SAFETY RISK SCREEN=====

Gait Problems: Initiate Comprehensive Assess/ Pre Rest/Seclusion intervent.
Confused, disoriented: Sensory Impaired: N
Weakness: Post seizure: N Over 65 years old: N
ETOH or other drug related diagnosis: Previous fall: home/hospital: N
Drugs causing diuresis, GI mobility, suppress thought process N
Did you answer yes to any question above in the risk screen? N
Red dot system has been initiated if any of the above - YES

===== POTENTIAL FOR ETOH/DRUG ABUSE ASSESSMENT=====

Document patient responses to the following:

Describe your past and present use of alcohol, recreational
street drugs and/or over the counter drugs:
Patient has been smoking cannabis Q DAY
Has the pattern of use changed from prior use? If YES - Please describe:

****If above answers suggest more than social/recreational use - please continue:

Patient Focus Adm Assessment 04/27/02 1020 JSA

Medical problems associated with past or present use: Other problems associated with your substance abuse: Relationships

Has anyone told you they think you have a drug/alcohol problem? N

If YES please explain:

Have you had inpatient/outpatient treatment for these issues in the past or present? N

Has patient answered YES to any of the above? N

A Social Work referral will be generated if YES to above

===== EDUCATION & COMMUNICATION =====

PT. MEETS STANDARDS FOR EDUCATION & COMMUNICATION (F8) Y

LANGUAGE BARRIER:

Pt's primary language:

PATIENT HAS MINIMAL UNDERSTANDING OF ENGLISH:

Interpreter needed?

COMMENTS:

Communication Impairments:

Learning/Communication Barriers

Has mental impairment or comprehension difficulties:

Misunderstands current problem or treatment plan:

*****Lifestyles and Discharge Planning Screen *****

DESCRIBE LIVING SITUATION: COMMENT:

LIVES WITH FRIEND

Family members living with patient are in good health? Y

Psychosocial/Emotional Status:

Anxious

COMMENT: (also consider SW consult if appropriate)

Irritable

SPIRITUAL NEEDS: Patient will contact religious leader/support as desired? Y

Patient/Family desire referral to hospital chaplain? N

Discharge Needs Indicators: ETOH Or Drug Related DX

Cultural Needs:

Has known or suspected problems carrying out ADL's? N

In Emergency Notify: Anne Marie, Whelan

Phone: 607-273-6552

Relationship:

Address: 721 court St.

***** Mobility and Functional Abilities *****

Ambulates and does ADL's Independently, senses are intact? Y

Patient uses following mobility aide(s):

Is patient non-weight bearing?

Patient has following prosthesis:

Patient has paralysis/weakness:

Describe sensory deficits and aides used:

***** Diabetes Education and Care *****

Is patient a diabetic? N

Does patient/significant other self manage their diabetes?

Is patient's diabetes newly diagnosed or uncontrolled?

Does patient have frequent hypo or hyperglycemia?

Does patient desire further diabetes education?

How does patient manage diabetes at home?

Insulin is drawn up by:

Insulin is injected by:

How frequently are fingerstick blood sugars done?

Who does the fingerstick blood sugars?

***** SKIN ASSESSMENT *****

Patient meets standard for skin assessment: Y

Skin Integrity:

SKin Turgor is:

Age/Sex: 46 M SAUNDERS, KEVIN E (DIS IN) Page: 5 of 6
Unit #: 0597460 2PS-213-01 Printed 07/02/02 at 0041
Account#: 41446428 Roemmelt, Arthur F. MD. Period ending 07/02/02 at 0041
Admitted: 04/27/02 at 0815 CAYUGA MEDICAL CENTER NURSING * Admission Assessment

Patient Focus Adm Assessment 04/27/02 1020 JSA

Patient has poor personal hygiene:

***** SKIN INTEGRITY RISK SCREEN *****

Enter appropriate score (use Shift + F8 for scoring info) 0
Enter appropriate score (use Shift + F8 for scoring info) 0
Enter appropriate score (use Shift + F8 for scoring info) 0
Enter appropriate score (use Shift + F8 for scoring info) 0
Enter appropriate score (use Shift + F8 for scoring info) 0
Enter appropriate score (use Shift + F8 for scoring info) 0

Please add your scores

TOTAL SKIN INTEGRITY SCORE ON ADMISSION: 0 = NOT AT RISK

PLEASE COMPLETE SKIN ASSESSMENT DIAGRAM IF SCORE > 0

Plan of Care: MHU/GEN

Age/Sex: 46 M SAUNDERS, KEVIN E (DIS IN) Page: 6 of 6
Unit #: 0597460 2PS-213-01 Printed 07/02/02 at 0041
Account#: 41446428 Roemmelt, Arthur F. MD. Period ending 07/02/02 at 0041
Admitted: 04/27/02 at 0815 CAYUGA MEDICAL CENTER NURSING * Admission Assessment

Monogram	Initials	Name	Nurse Type
JSA	JSA	SAGE, JUDITH	RN