PSYCHIATRY TREATMENT KARDEX

DIET / DATE		ATE	VITAL SIGNS		INTAKE / OUTPUT		PROGRAM		OFF-UNIT	MENTAL STATUS					
					☐ YES ☐ NO					PRIVILEGES					
			DAILY:		INCONT:		UNIT:								
INDEPENDENT:															
			QS:	QS:			DUAL DX:								
ASS	IST:														
			OTHER:	OTHER:											
FEE	D:					SIGNED CONTRACT									
							☐ YES ☐ NO								
SAFETY		′	Q15 MINUTE				ADLS			DISCHARGE PLANNING					
	i	1	CHECKS	INDEPEN	DEPENDENT:										
ORE	EXP	•					INDEPENDENT:			INITIAL DISPOSITION:					
		SIDE RAILS:	E RAILS:		ASSIST:										
		POSEY:					ASSIST:			ANTICIPATED DISPOSITION:					
		FALL PRECAUTIONS:		ASSISTIV DEVICES						l _	_				
							OOMBLETE			☐ HOME	HOME W/ CARE				
		SECLUSION:	AWOL RISK:	BEDREST:			COMPLETE:			□ NH_	NH PLACEMENT				
		RESTRAINTS:	CE (H & P; CONSULTS; CLINIC APPTS; SURGICA					☐ GROUP HOME	SHELTER						
			(H&P CONSULTS	CLINIC	APPIS; SURGICA					DECIDENTIAL TV					
DATE							ATE	DATE		RESIDENTIAL TX:					
ORDERED		ED				50	CHED	DONE		CONTINUING CARE:					
										CONTINUING CARE.					
										4					
										OTHER:					
										- OTTIET					
										CASE MANAGER / SOCIAL	L WORKER:				
										PHONE #					
										AGENCY					
										SUPPORT PERSON:					
										PHONE #					
										RELATIONSHIP					
											INTERVIEWS				
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ΑL	LER	GIES		RELIGI	ON	CON	NDITION	l	SU	RGICAL PROCEDUR	E				
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DATE ORD	LAB, X-RAY & OTHER TE	DATE ORD TREATMENTS / NURSING ORDERS												
DATE ORD	ROUTINE ORDERS	DATE SCHED	DATE DONE											
								THER						
				DATE ORD	SOLUTION	RATE	DATE UP	TIME UP	AMT UP	INITIAL	DATE DOWN	TIME DOWN	AMT IN	INITIAL
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					PER	TINENT	INFO	RMATION				
ADDICT	ION:						DATE ORD			VISITATION		
MEDICA	AL:											
OTHER:												
								<u> </u>		PICTURE		
			PASSES									
DATE	DATE	DURATION	ACCEC	PURPOSE		DATE	1					
ORD	OF PASS					DONE						
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AGE	NAME ROOM DIAGNOS			NOSIS				PHYSICIAN	SERVICE	ADM DATE		
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