UNIVERSITY MEDICAL CENTER

PSYCHIATRY FLOW SHEET

AFFIX PATIENT INFO LABEL HERE

DATE: _____

Patient Name _____ MR# _____

Pain Intensity Scale 0-10 — 0 None — 1-3 Mild — 4-7 Moderate — 8-10 Severe

INTAKE						OUTPUT			VITAL SIGNS						
HOUR	PO DIET	SUPPLEMENT TYPE _____	TUBE FEED	IVSS	IV	URINE	BOWEL MOVEMENT	DRAIN TUBE	BLOOD PRESSURE	PULSE	RESPIRATIONS	TEMPERATURE	PAIN INTENSITY	RISK FOR VIOLENCE	ANXIETY SCORE
0:700															
0:800															
0:900															
10:00															
11:00															
12:00															
13:00															
14:00															
8HR Total															
15:00															
16:00															
17:00															
18:00															
19:00															
20:00															
21:00															
22:00															
8 HR Total															
23:00															
00:01															
0:100															
0:200															
0:300															
0:400															
0:500															
0:600															
8HR Total															
24 HR Total															

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

ASSESSMENT	Days		Evenings		Nights	
	INIT.		INIT.		INIT.	
Admission Process						
Initial Shift Assessment						
Falls Precautions						
Elopement Precautions						
Procedure (H&P) <15"						
>15"						
Nurse Admission Profile						
Interpreter						

PLANNING/EVALUATION							
Treatment Plan							
Review/Revise Tx Plan							
Commitment Process 1st PC							
2nd PC							
Discharge Process							
Time:							
Transfer							
Place: Time:							

SELF CARE DEFICITS							
Bathes Self/Shower							
Bathes Self with Help							
Bathed by Staff							
HS Care Self							
with Assist							
Hours Slept # Hours							
Shave/Shampoo by Staff							
Ambulate with Assist # x 1							
Laundry Self							
with Assist							
Laundry by Staff							
Maintain Personal Environment							
Incontinent Care # x 1							

NUTRITION, ALTERATIONS							
Feeds Self							
Feeds Self with Assist							
Total Feeding by Staff							
Food Consumed % Breakfast							
% Lunch							
% Dinner							
Weight:							
Menu Selection: Self							
with Assist							

ELIMINATION							
Bladder with Assist # x 1							
Straight Cath Insertion							
Time: Amount:							
Bowel with Assist # x 1							
Enema Results							

SAFETY/ALTERATIONS							
Observations Rounds							
Level of Observation							
q 15 min. #hrs x 2							
q 30 min. #hrs x 1							
Belongings Check/Closet Items							
Patient Sitters # hrs. x 10							
1:1 Physical Care <30"							
31" - 60"							
1 hr. - 4 hrs.							
4 hrs. - 8 hrs. - 60"							
*Quiet Room Placement							
#1 SUB-TOTAL							

FULL SIGNATURE	INIT	SHIFT

SAFETY/ALTERATIONS continued	Days		Evenings		Nights	
	INIT.		INIT.		INIT.	
*Quiet Room Maintained >15 min.						
Time In:						
Time Out:						
Protective Devices Application						
Type:						
Maintenance						
Patient Transport < or = 20 min.						
> or = 20 min.						
Security /Nurse Assist						
Code 76						
Code Red						
Code Blue						

TREATMENTS							
ECT Education							
Checklist							
Procedure							
Specimen Collection							
Chemstrip Self							
# x 1 by Staff							

MEDICATIONS							
Routine Medications							
PRN Meds <3							
>3							
Medication Education							

THERAPEUTIC MILIEU							
Community Meeting							
Group Therapy/Cognitive							
Nutrition Group							
Psychoeducation Medication							
Coping							
Illness							
Level of Participation							
(Nursing Group and Group Therapy)							
___ Active participant, responds							
spontaneously, shares feelings							
___ Attentive, but responds only							
when directly asked							
___ Resistive behavior, verbally							
and non-verbally							
___ Disruptive behavior							
___ Refuse to attend							
Unit Social							
Other:							
Nurse - Patient Interaction Standard							
Frequent							
Excessive							
1:1 Session < or = 20 min							
> 20 min							
Family Interaction Via telephone							
In person							
Formal Meeting							
Behavior with visitors							
Sociable, pleasant, cooperative							
Withdrawn, Isolative							
Disruptive, uncooperative							
Anxious							
#2 SUB TOTAL							
#1 SUB-TOTAL:							
#2 SUB-TOTAL:							
TOTAL:							

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ MR# _____

SHIFT ASSESSMENT #1

APPEARANCE	☐ Neat ☐ Dishelved ☐ Inappropriate
POSTURE	☐ Relaxed ☐ Rigid ☐ Tense
EYE CONTACT	☐ None ☐ Fair ☐ Good
MOTOR ACTIVITY	☐ Normal ☐ Immobile ☐ Restless ☐ Dystonic ☐ Repetitive ☐ Movements ☐ Posturing ☐ Facial Grimaces ☐ Tremors ☐ Pacing ☐ Panic ☐ Agitation ☐ Other: _____
MOOD ❑ not consistent with state of illness	☐ Calm ☐ Elated ☐ Depressed ☐ Labile ☐ Grandiose ☐ Anxious ☐ Angry ☐ Irritable
SPEECH QUALITY	☐ Guarded ☐ Loud ☐ Soft ☐ Normal Tone ☐ Impediments ☐ Slurred ☐ Free Verbalization ☐ Monosyllabic ☐ Pressured ☐ Overproductive ☐ Underproductive
THOUGHT CONTENT	☐ Logical ☐ Illogical ☐ Delusions
GENERAL ATTITUDE	☐ Disinterested ☐ Oppositional ☐ Resistant ☐ Manipulative ☐ Cooperative ☐ Sarcastic ☐ Other: _____
PERCEPTION	☐ Hallucinations Type: _____ ☐ Paranoia ☐ Other: _____
SUICIDAL	☐ Ideas ☐ Plan ☐ Attempts ☐ Denied ☐ Self-Mutilation ☐ References to death or shortened lifespan ☐ Fear of detention/extended hospitalization ☐ Recent loss or disruption in support system ☐ Making future life plans
HOMICIDAL	☐ Ideas ☐ Plan ☐ Attempts ☐ Denied
AFFECT	☐ Appropriate to content ☐ Inappropriate ☐ Flat ☐ Full Range ☐ Constricted
	☐ Anxious ☐ Irritable ☐ Hostile ☐ Angry ☐ Explosive
ORIENTATION	☐ Orientation x 3 ☐ Disoriented to Time ☐ Disoriented to Place ☐ Disoriented to person
JUDGEMENT	☐ Appropriate ☐ Impaired ☐ Fair
INSIGHT	☐ Poor ☐ Adequate ☐ Fair
Additional Documentation:	
SIGNATURE:	SHIFT:

SHIFT ASSESSMENT #2

APPEARANCE	☐ Neat ☐ Dishelved ☐ Inappropriate
POSTURE	☐ Relaxed ☐ Rigid ☐ Tense
EYE CONTACT	☐ None ☐ Fair ☐ Good
MOTOR ACTIVITY	☐ Normal ☐ Immobile ☐ Restless ☐ Dystonic ☐ Repetitive ☐ Movements ☐ Posturing ☐ Facial Grimaces ☐ Tremors ☐ Pacing ☐ Panic ☐ Agitation ☐ Other: _____
MOOD ❑ not consistent with state of illness	☐ Calm ☐ Elated ☐ Depressed ☐ Labile ☐ Grandiose ☐ Anxious ☐ Angry ☐ Irritable
SPEECH QUALITY	☐ Guarded ☐ Loud ☐ Soft ☐ Normal Tone ☐ Impediments ☐ Slurred ☐ Free Verbalization ☐ Monosyllabic ☐ Pressured ☐ Overproductive ☐ Underproductive
THOUGHT CONTENT	☐ Logical ☐ Illogical ☐ Delusions
GENERAL ATTITUDE	☐ Disinterested ☐ Oppositional ☐ Resistant ☐ Manipulative ☐ Cooperative ☐ Sarcastic ☐ Other: _____
PERCEPTION	☐ Hallucinations Type: _____ ☐ Paranoia ☐ Other: _____
SUICIDAL	☐ Ideas ☐ Plan ☐ Attempts ☐ Denied ☐ Self-Mutilation ☐ References to death or shortened lifespan ☐ Fear of detention/extended hospitalization ☐ Recent loss or disruption in support system ☐ Making future life plans
HOMICIDAL	☐ Ideas ☐ Plan ☐ Attempts ☐ Denied
AFFECT	☐ Appropriate to content ☐ Inappropriate ☐ Flat ☐ Full Range ☐ Constricted ☐ Anxious ☐ Irritable ☐ Hostile ☐ Angry ☐ Explosive
ORIENTATION	☐ Orientation x 3 ☐ Disoriented to Time ☐ Disoriented to Place ☐ Disoriented to person
JUDGEMENT	☐ Appropriate ☐ Impaired ☐ Fair
INSIGHT	☐ Poor ☐ Adequate ☐ Fair
Additional Documentation:	
SIGNATURE:	SHIFT:

SHIFT ASSESSMENT #3

AFFIX PATIENT INFO LABEL HERE

Patient Name _____ **MR#** _____

APPEARANCE	☐ Neat ☐ Dishelved ☐ Inappropriate
POSTURE	☐ Relaxed ☐ Rigid ☐ Tense
EYE CONTACT	☐ None ☐ Fair ☐ Good
MOTOR ACTIVITY	☐ Normal ☐ Immobile ☐ Restless ☐ Dystonic ☐ Repetitive ☐ Movements ☐ Posturing ☐ Facial Grimaces ☐ Tremors ☐ Pacing ☐ Panic ☐ Agitation ☐ Other: _____
MOOD ❑ not consistent with state of illness	☐ Calm ☐ Elated ☐ Depressed ☐ Labile ☐ Grandiose ☐ Anxious ☐ Angry ☐ Irritable
SPEECH QUALITY	☐ Guarded ☐ Loud ☐ Soft ☐ Normal Tone ☐ Impediments ☐ Slurred ☐ Free Verbalization ☐ Monosyllabic ☐ Pressured ☐ Overproductive ☐ Underproductive
THOUGHT CONTENT	☐ Logical ☐ Illogical ☐ Delusions
GENERAL ATTITUDE	☐ Disinterested ☐ Oppositional ☐ Resistant ☐ Manipulative ☐ Cooperative ☐ Sarcastic ☐ Other: _____
PERCEPTION	☐ Hallucinations Type: _____ ☐ Paranoia ☐ Other: _____
SUICIDAL	☐ Ideas ☐ Plan ☐ Attempts ☐ Denied ☐ Self-Mutilation ☐ References to death or shortened lifespan ☐ Fear of detention/extended hospitalization ☐ Recent loss or disruption in support system ☐ Making future life plans
HOMICIDAL	☐ Ideas ☐ Plan ☐ Attempts ☐ Denied
AFFECT	☐ Appropriate to content ☐ Inappropriate ☐ Flat ☐ Full Range ☐ Constricted ☐ Anxious ☐ Irritable ☐ Hostile ☐ Angry ☐ Explosive
ORIENTATION	☐ Orientation x 3 ☐ Disoriented to Time ☐ Disoriented to Place ☐ Disoriented to person
JUDGEMENT	☐ Appropriate ☐ Impaired ☐ Fair
INSIGHT	☐ Poor ☐ Adequate ☐ Fair
Additional Documentation:	
SIGNATURE:	SHIFT:

PAIN ASSESSMENT

LOCATION OF PAIN: Mark site with letter A or B if more than one site

***TO BE COMPLETED FOR ANY CHANGE IN PAIN OR NEW EPISODE OF PAIN**

PAIN SITE:

Location of Pain _____

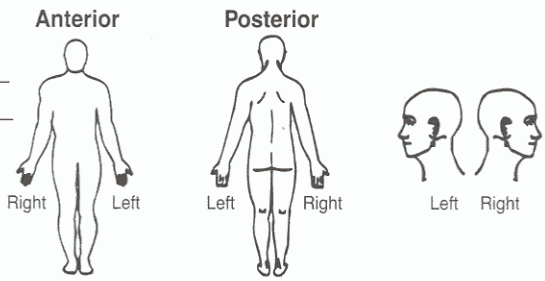
Appearance of Pain Site _____

Pain Intensity Score _____

Worst Pain Felt (Intensity Score) _____

Least Pain Felt (Intensity Score) _____

Qualities (ache, dull, burn, sharp, etc.) _____



ONSET/DURATION:

When did your pain begin? _____

How long is the pain episode? _____

Is it constant or does it come and go? _____

Does the pain radiate? If yes, where _____

What relieves the pain? (Include medications that relieved pain in past) _____

What causes or increases the pain? _____

What accompanies the pain? (dizziness, nausea, anxiety, etc.) _____

BLOOD GLUCOSE MONITORING

METER	TIME	GLUCOSE	INITIALS	THERAPY TYPE/DOSE

BLOOD GLUCOSE MONITORING

METER	TIME	GLUCOSE	INITIALS	THERAPY TYPE/DOSE

NORMAL BLOOD GLUCOSE LEVEL 68-122 mg/dl CRITICAL METER LIMITS 50-450 mg/dl BELOW 50 OR ABOVE 450: 1. NOTIFY PHYSICIAN; 2. GET LAB. GLUCOSE

Hendrich Fall Risk Model - Assessment Tool *Score ≥3 Requires Fall Prevention Identification*

Risk Factors	Points	Day	Eve.	Nights
Recent History of Falls PT eval/screen		+7	+7	+7
Depression		+4	+4	+4
Altered Elimination		+3	+3	+3
Confusion/Disorientation		+3	+3	+3

Risk Factors	Points	Day	Eve.	Nights
Dizziness/Vertigo PT eval/screen		+3	+3	+3
Poor Judgement		+3	+3	+3
Poor Mobility/Generalized Weakness		+2	+2	+2
TOTAL INITIAL RISK SCORE				

KEY	
0 - 2	Normal/Low Risk
3 - 6	Level 1/High Risk
More than 6 PT eval/screen	Level 2/Extremely High Risk

ANXIETY SCALE

0	1	2	3	4
Calm	Slightly Anxious	Moderately Anxious	Very Anxious	Extremely Anxious