Special Services Patient Safety Education

Patient Rounds - Patient Rounding Log and Policy Overview

- 1. Rounds shall be made at least 15 minutes per hour day unless patient is on 1:1 observation.
- 2. Alternating rounds will be done on each patient between the fifteen-minute rounding times, but not on the fifteen-minute time frame.
- 3. If you are scheduled for 1:1 observation, you are not to be doing alternating rounds as well

Maintenance Log/ Environmental Safety Rounds - Introduction of Maintenance Log and edits to Environmental Safety Rounds

- 1. The designated MHT will inspect the entire unit once a shift using the Environmental Rounding Checklist and report any issues to the Special Services Unit Manager and/or Charge Nurse. The Unit Manager and/or Charge Nurse will determine if the findings create an immediate safety issue. If the issues found during the environmental safety round do create an immediate danger the Special Services Unit Manager and/or Charge Nurse should notify the maintenance department immediately for repair.
- 2. Once these issues are reviewed by the Special Services Unit Manager and/or Charge Nurse a Maintenance Work Order should be completed and logged into the Maintenance Log within the Special Services Unit.
- 3. The Environmental Safety Rounds Checklist will be placed in the Safety Rounds binder with a copy of the Maintenance Work Order attached.
- 4. Inspection will include all areas of the unit
- 5. Any contraband, to include, but not limited to: sharps, wire hangers, lighters, cords, bottles, personal items (perfume, makeup, plastic bags, medicines including over the counter medications) will be removed immediately and labeled.
- 6. Any extra linens, clean or used, need to be removed and placed in the soiled utility bin.
- 7. Any other deficiencies, such as housekeeping issues, maintenance problems, or needed supplies, must also be noted. That includes any work not performed by another staff member affecting the general well-being of the unit.
- 8. Please note that the environmental safety rounds have been edited to add "Are lights working and illuminating?" "Are light fixture covers intact and not broken?" "Are the exterior glass windows intact and not broken or cracked?" "Are all vents secure and clean?" "Are bed mattresses intact with no cracks or tears?" "Are beds secured to floor?"", and "All unoccupied beds checked and linens have been removed, with linen checked for tears or strings.

Special Services Patient Safety Education

Multidisciplinary Care Plan – Individually tailoring care plans to fit the problems and goals for patients

- 1. A multidisciplinary care plan is to be completed on any patient admitted to the Special Services Unit for more than 72 hours.
- 2. Care plans need to be individualized to each patient with specific updates completed. (i.e. If a patient has an anti-social type disorder or diagnosis, then the goal should not be "pt will attend 2 groups a day." This patient should have a specific goal of "individualized counseling for _____ days and increase psychotherapeutic therapy leading up to 2 groups a day.") If a patient refuses any therapy session or changes in observation status, the care plan needs to be updated to show the change.
- 3. All care plans should be reviewed and updated for accuracy at least every 24 hours and more as needed.

Comprehensive Admission Skin Assessment

1. Make sure all gowns are free from rips/tears. Please document on the Comprehensive Admission Skin Assessment once you have ensured that gowns are psych appropriate.

Activity Note

1. Individualized activity notes are to be completed if and when a patient refuses an activity.

Group Therapy/Counseling

- 1. Group Therapy sessions are extremely important to a patient's wellbeing. Patients need to attend these meetings. Please continue to encourage patients to attend therapy sessions. Nurses, please document regarding encouraging patients to attend and their response to the conversation.
- 2. Counselors have a therapy form to include an individualized counseling session. These forms are completed daily.
- 3. If a patient refuses group therapy, an individualized therapy note needs to be completed.
- 4. Counseling sessions will occur at a minimum of twice weekly and may include family, individual, or group sessions.

Community Shower and Laundry Room Process/Kitchen

1. Showers are to be cleaned after each patient use. The Charge nurse will be responsible for assigning which MHT throughout the day will be responsible for the shower. A log

Special Services Patient Safety Education

- has been placed in the log book for the assigned MHT to write what patient is taking a shower, time in, time out and that the shower is cleaned.
- 2. Patients are to pick up after themselves once they have finished showering.
- 3. MHT should ensure that the washing machine is cleaned every Wednesday with bleach and water. Please ensure that when you are assigned to clean the Laundry Room, that the exterior of the washing machine and dryer and cleaned as well. This includes the inner top part of the washing machine that contains compartments.
- 4. Lint traps on the dryer should be changed after **EVERY** use!
- 5. Please remember when making tea and lemonade to place a prepared date and an expiration date on label.

Patient Rooms

- 1. There will be no eating or drinking in patient's rooms
- 2. Patients need to be encouraged to keep rooms neat and tidy.
- 3. Rooms will be inspected when safety rounds are completed on every shift and as needed.

Suicide Education

1. Suicide Risk Assessment Overview

- a. Risk Factors
 - i. Previous suicide attempt
 - ii. Chronic Pain
- iii. Central nervous system disorders
- iv. Mental disorders, particular mood disorders, schizophrenia, anxiety disorders (PTSD) and certain alcohol and other substance use disorders; personality disorders (Borderline PD, Anti-social PD and OCD)
- v. Anhedonia, severe anxiety/panic attacks, insomnia, command hallucinations, intoxication and impulsivity
- vi. Impulsive and/or aggressive tendencies
- vii. Hx. of trauma or abuse
- viii. Family history of suicide
- ix. Feelings of humiliation shame or despair. Loss of relationships and poor financial stability.
- x. Lack of social and/or family relationships (No support systems)
- xi. Legal difficulties or problem

b. Suicide Inquiry: Thoughts/Plan/Intent/Access to Means:

i. Most of the time a patient is not going to just come out and tell you that they are suicidal or having suicidal ideations. It is your job to ask the right questions that are direct and not open ended. For example, have you ever thought about killing yourself? **NEVER ASK**: You're not thinking of suicide, are you?

Special Services Patient Safety Education

- ii. Ask: Have you tried to kill yourself before?
- iii. Always get as much information possible while the patient is talking to you about any suicidal actions or thoughts, especially if the patient has tried to commit suicide in the past and he/she had a plan to arm themselves. Try in every way to determine the extent to which the patient expects to carry out his/her plan. (See Attached Education Module).

c. Assess Protective Measures

i. Most of the time protective factors do not assist in counterbalancing a High-Risk suicidal patient but usually does help a patient that may be a moderate to low risk. For example, if a patient is suicidal and has responsibility to his/her family members (spouse and children) you can play off if this responsibility in order to hopefully increase his/her coping skills. Some other protective factors may be to their religious faith, problem-solving skills, job responsibilities, and other multiple strong therapeutic relationships.

d. Clinical Judgement

i. Although it can be a challenge to determine the level and/or risk of harm a patient is experiencing, there are specific questions that will help staff to determine the risk level.

e. Documentation

- i. Suicide Leveling Assessment Tool: This tool has been created to ask specific questions related to suicide or self-harm using a point system to determine the level of risk per patient. This assessment must be performed on admission and at a minimum of every 24-hour period to reassess. However, if at any time the Nurse and/or MHT determine that the patient has had changes, then the Suicide Leveling System should be done to assess for the need to increase the patient's level or need for one-to-one observation.
- ii. A patient's suicide history should always be assessed and taken into consideration. While completing the Suicide Leveling System Assessment, take in to consideration the following: History of suicide of family/close friend, One or more serious attempts within the past 12 months, Serious attempts with actual or potential life-threatening injury.

Suicide Leveling System Assessment and Documentation Process

1. Process

- a. All patients will be assessed for suicidal ideations and precautionary measures by using the Suicide Leveling System Assessment Tool on admission and at a minimum of every 24 hours. This does not limit the need to reassess the patient more during your shift or as the patient's need changes throughout his/her stay.
- b. Once the nurse finishes assessing the patient's suicide risk and completing the

Special Services Patient Safety Education

Suicide Leveling System Tool the nurse then assigns a level and informs the Physician or LIP of the need to increase the patient's observation status. After notification of the MD and/or LIP the nurse will inform the assigned MHT of the patient's observation status and of any increased observation (i.e. One-on-One).

- c. There are 3 different observation categories: **15 Minute Checks** (Routine Checks), 1:1 LOS (one-to-one in line of sight) and **1:1 WAL** (one-to-one within arm's length).
- d. **Policy** AHW.600.0020

Additional Alternating Rounding Process

1. Assignment of Alternating Rounds and Documentation

- a. The Charge Nurse will assign this task to a Nurse and/or MHT every shift.
- b. If one of the assigned staff members has to leave the unit (i.e. lunch or break) the Nurse and/or MHT will give the receiving Nurse/MHT a concise report on his/her patient and turn care of this patient over to this employee until they return to the unit. Once the Nurse/MHT returns to the unit this employee will give a complete and concise report to him/her and relinquish care back to the assigned employee.
- c. The employee assigned to this rounding process will do alternating rounds at different times between the q15 minute checks done by the assigned MHT. This means that this employee may do a rounding time on a patient at 0905, 0908 or 0911 between the 0900-0915 routine. This alternating rounding assignment will make it harder for the patient to learn the routine of the unit in regards to rounding and has an additional staff member monitoring all of the patients for safety.
- d. This monitoring rounding sheets will switch over at 0900 every am after the patient is assessed by the assigned nurse.

Crenshaw Community Hospital Policies and Procedures	Policy Number 015-510	Effective Date 07/01/2014		
	Revision Date 09/11/2017	Review Date 09/11/2017		
Manual: Special Services				
Title: Psychiatric Educational Group and Therapeutic Activities	Chief Of Staff			
	Administrator			

Purpose:

Crenshaw Community Hospital's Special Services Unit promotes group and individualized therapy for the psychiatric patient to improve his/her psychiatric health and wellness. We encourage patients to participate in the Special Services group and individualized therapy program. Our programs are designed to support and patient's recovery and help them acquire knowledge and skills that will help them manage the issues that are important. Therapeutic group work also provides support and validation of an individual's feelings as they are given a platform to share their experiences and thoughts with others.

Groups are an essential part of a patient's treatment at Crenshaw Community Hospital. Groups are led by licensed counselors, social workers, and nurses. Below is a listing of some of the groups that we offer.

AA: Alcoholics Anonymous

Anger Management

Self-esteem Building and networking

Discharge Planning Group (Outside Resources to Increase Functioning)

Assessment Group (Value Clarification)

Coping with daily stressors and anxiety issues

Communications Group (Use of Verbal and non-verbal clues)

Coping Skills with Recovery and Substance Abuse

Conflict Resolution Group

Group Goals

Individualized Family and Patient Goals

Medication Group

Other group or individualized sessions as needed per patient's diagnosis

Policy:

To provide educational, spiritual, physical, intellectual and social information related to the patient's needs.

- All patients are provided an initial Psychosocial Assessment and individualized counseling session within the first 72 hours of admission to ensure that the patient's needs are addressed in collaboration with the psychiatric team members.
- CCH's counseling team provides two group sessions during the day Monday through Friday at 1000 and 1100. Individualized counseling sessions will be provided on a case by case basis.
 - a. All patients will be encouraged to attend Group Therapy sessions as scheduled
 - b. If the patient's diagnosis, behaviors, or patient is not willing to attend group therapy sessions then the patients assigned counselor will be provided an individualized therapy session, appropriate for the patient's

psychotherapeutic needs. All group or individualized therapies will be documented within the patients chart using the Group and Individual Therapy note.

c. Counseling sessions will occur at a minimum of twice weekly and may

include family, individual, or group sessions.

3. The Activities Coordinator provides a psychiatric appropriate activity opposite to each of these groups for any patients that are not participating in one of these groups. After lunch, weather permitting; the patients are taken outside for the afternoon activities from 1300-1430.

a. An Activities/Recreational Assessment will be performed on each patient

admitted to the special services unit with 72 hours.

b. All patients will be encouraged to attend psychiatric appropriate activity in a group setting to encourage socialization with others. If the patient refuses to attend scheduled activities the Activities Coordinator or his/her designee will provide individualized activities appropriate to the patient's needs and provide documentation within the patient's chart.

c. A daily schedule of all activities will be posted on the unit for every patient to visualize. If a patient is not willing or able to attend group activities then individualizes activities will be provided to the patient and

documented within the activity.

d. Therapeutic activity will be conducted daily to focus on each patient's individualized goals to meet the need and interest of patients and be directed toward restoring and maintaining optimal levels of physical and psychosocial functioning.

e. Assignment of Personnel

i. Therapeutic activities will be under the direction of the Activities Director. The Director will be on the unit Monday through Friday

during the daytime activities schedule.

ii. Mental Health techs will implement planned therapeutic activities during the evenings and weekends. The mental health tech is under the supervision of the Activities Director. The mental health tech will be oriented and educated to the scheduled therapeutic activities by the Activities Director.

Crenshaw Community Hospital Policies and Procedures	Policy Number 015-455	Effective Date 08/2017	
	Revision Date 09/11/2017	Review Date 09/11/2017	
Manual: Special Services		-	
Title: Environmental Safety Rounds	Chief Of Staff		
	Administrator		

Policy:

The Charge Nurse will assign the MHT to do a safety round every shift to inspect the entire unit to ensure a safe environment free of any contraband or objects that will allow a patient to inflict self-harm or harm to others. Any issues or objects found will be taken to the Special Services Unit Manager and/or Charge Nurse to review and determine if the issue creates an immediate danger and needs to be taken care of by maintenance department member.

Procedure:

- A. The MHT will inspect the entire unit once a shift using the Environmental Rounding Checklist and report and issues to the Special Services Unit Manager and/or Charge Nurse. The Unit Manager and/or Charge Nurse will determine if the findings create an immediate safety issue. If the issues found during the environmental safety round do create an immediate danger the Special Services Unit Manager and/or Charge Nurse should notify the maintenance department immediately for repair.
- B. Once these issues are reviewed by the Special Services Unit Manager and/or Charge Nurse a Maintenance Work Order should be completed and logged into the Maintenance Log within the Special Services Unit.
- C. The Environmental Safety Rounds Checklist will be placed in the Safety Rounds binder with a copy of the Maintenance Work Order attached.
- D. Inspection will include all areas of the unit
- E. Any contraband, to include but not limited to: sharps, wire hangers, lighters, cords, bottles, personal items (except for patient clothing or bed linens, perfume, makeup, plastic bags, medicines including over the counter medications found in the patient areas) will be removed immediately and labeled.
- F. Any other deficiencies, such as housekeeping issues, maintenance problems, or needed supplies, must also be noted. That includes any work not performed by another staff member affecting the general well-being of the unit (i.e. not cleaning showers, wiping tables, emptying soiled laundry bags)



Nurse's Signature

	Suicide	: Leveling System Assess	ment	
Assessment Parameters	No Risk	Low Risk/ Level 3	Moderate Risk/Level2	High Risk/Level 1
1. Gurrent Ideation, Plan an	d Intent	- Control of the Cont		aras mare Cara
A. Sulcidal Thoughts	None Present (0)	Infrequent or passive	Frequent or Passive	Continuous and/or
i est accoment thought	Total Control of the	thoughts without plan or	with vague plan with no	contain specific plan and/or
,		intent (1)	Intent (3)	stated intent (5)
B. Suicidal Plan	None Present (0)	Unrealistic low lethality		Specific realistic plan
		with an intent; unavailable	plan; available means (3)	with available means (5) *
		means (1)		
C. Sulcidal Intent	None Present (0)	Passive desire to die	Expresses vague	Active intent to
		without self-injuries actions or	intent without	develop and/or carry out
		intent (1)	consideration of plan (3)	plan (5)
D. Contract for Safety	. Able & Willing (0)		Ambivalent (3)	Unable/Refused (5)*
2. History of Suleidal Behavi	or to Table of the Control			
A. History of Suicide	No previous history	1-2 low lethality	One or more	History of suicide of
Attempts	(0)	attempts or non-suicidal self-	serious attempts more	family/close friend (4)
		injuries acts in the past two	than 12 months ago >2	One or more serious
		years (2)	low lethality attempts or	attempts within past 12
	74-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	#1	non sulcidal self-Injurious	months (5)
			acts in the past year (3)	
B. Lethality of past self-	None Present (0)	Superficial or non	Non sulcidal self	Serious attempts
injurious behavior (If more	1	sulcidal self injurious act	injury or serious attempt	with actual or potential life
than one, score most		without injury requiring	with non life-threatening	threatening injury (5)
severe).	,	treatment (1)	injury requiring treatment	na nama
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		[[3]	
, Psychological Factors	Continual and a second contract of the contrac	taranta da la companya da la company	paraticular distribution and the second	generalise substitute de la completa de la complet
A. Depression	None Present (0)	mild; feels "slightly	Moderate; moody,	Overwhelmed;
	**************************************	down" (1)	sad (2)	hopeless; sudden change
		Antonional abability in the constitution of th	04.9884994046444	in demeanor (4)
B. Anxiety	Little or None (0)	Low; denies episodes	Moderate;	High; frequent
		of intense anxiety (3)	Infrequent episodes of	episodes of intense
	or and a second	·	intense anxiety (3)	anxiety; PTSD or panic
	B. L	Some mild delusions	Paranoid delusions	symptoms (4) Command
C. Psychosis	None (0)	but reality testing intact (1)	or ideas of reference, with	hallucinations for self-
	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF T	Dat reality testing mact (x)	poor reality testing (3)	harm, severe unremitting
			poor ready testing (o)	delusions (4)
D. Alcohol/Drug Use	None (0)	Infrequent or past use	Frequent use, not	Frequent, excessive
D. Alcoholy bring ose	140116 (0)	only, no excessive use (1)	excessive or occasional	or indiscriminate use, or
•	Per Anna Per	0)11,9,110 3,140,001,40 4,00	use (3)	recent increase (4)
E. Anger/Impulsivity	None (0)	Low; rare outbursts,	Moderate;	High; frequent or
sis milgsay is incurrency	The state of the s	few impulsive acts (1)	occasional outbursts,	severe outburst, frequent
		•	occasional impulsive acts	or aggressive impulsive acts
		***************************************	(2)	(4)
4. Medical Factors	None (0)	Acute but short term	Chronic or acute,	Chronic, or severely
		no disruption in ADL (1)	with mild disruption of	debilitation (3)
			ADL (2)	
5. Resources or Support	Adequate	Limited family/social	Marginal Marginal	Absent or hostile
보고를 내려면 발표로 훌륭하는	family/social resources (0)	resources (1)	family/social resources (2)	family/social resources (3)
6. Situational	Non-contributory (0)	1-2 Stressors (2)	3 Stressors (3)	4+ Stressors (%)
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Date/Time____



		Common Area Environmen	al Safety R	lounds	The Course of the State of the
Question No.	Item	Questions/Criteria	Met	Not Met	Comments (if "Not Met", what actions did you take?)
		Entire Unit			
1	Floors	1a. Are hallways and dayrooms free from tripping hazards?			
		1b. Are floor tiles secured to the floor?			
2	Electrical Outlets				
3	Vinyl Baseboards	Are vinyl baseboards secured to the wall so they cannot be			
	Political (1997)	easily removed and used as a weapont			
4	Ceilings	Are ceiling tiles intact?			
5	Light Fixtures	Are light fixtures secured to the wall and/or ceiling? Are light fixture covers intact and not broken?			
	EIBILT IX CUTES	Are-lights-working-and-illuminating?			
	Access Point for	Are all access points for wireless computers secured to the		l	
6	Wireless Computers	ceiling?			
_		Are the lexan window glass panes in place?			
7	Windows	Are the exterior glass windows intact and not broken?			
8	Furniture #	Is the furniture intact?			
		9a. Is the main entrance (outside unit) keypad working? (does			
		is unlock and lock) 9b. Is the Counselors door (inside unit) keypad working? (does			
		is unlock and lock)			
		9c. Is the seclusion hallway door keypad working?(does it unlock and lock)			
		9d. Is the Courtyard door (inside unit) keypad working? (does is unlock and lock)			
9	Keypads	9e. Are the nursing station keypad working? (does is unlock		<u> </u>	
		and lock) 9f. Is the keypad at the Med Room working? (does is unlock			
		and lock)			
		9g. Is the keypad at Physician door entrance keypad working?(does it unlock and lock)			
		9h. Is the nourishments room keypad working? (does is unlock and lock)			
10	· · · · · · · · · · · · · · · · · · ·	Are the doors to staff offices locked when unoccupied?			
11	1 / / / / / / / / / / / / / / / / / /	Are the shower doors locked when not in use?			
12	7 7 7 7	No contraband found on unit			
13	Park the first transfer to the contract of the	Are the 2 fire extinguisher keys properly located in the nursing station?			
14	[8] A. A. M. Dall, J. M. M. W. M. A. 1996.	ls the video surveillance monitor in the nursing station working?			
		17a. Are there rocks, dirt, or other things that can be used to			
15	Courtyard	throw at others?			
		17b. Is the furniture intact?			<u> </u>
					
Signature	e of employee co	onduction round			Date
=					
Signature	e of Charge Nurs	se			 Date
Signature	of Unit Manage	er			Date



<u>High Risk Identifiers/Patient immediately removed from the room and the room closed until</u> <u>Maintenance Depart. Repairs</u>

This list acts as an example of High Risk Identifiers and is not and all inclusive list

- Any compromised showerhead, faucet or fixture that may serve as a ligature point
- Any cracks or breakage of lexan or outer windows
- Damaged or missing parts of door frame window in patient's room
- A steady water leak that causes puddles in floor
- · Any electrical covers that have been breached or removed
- Any tamper resistant screw removed from the Lexan
- · Cracked or broken bathroom tile
- Broken light fixture
- Mattresses with cracks, holes or zippers
- Large holes in the wall
- Missing ceiling tiles

Low Risk/Remove any potential objects that may cause harm to a patient of staff. Place a work order for Maintenance Depart.

- Soiled ceiling tile
- A small leak that does not cause any immediate danger to the patient
- Blown Light Bulb (Replace if bulb is available)
- A small area of missing paint
- If a patient write/marks on the wall



Instructions: If criteria is "met", place a "X" in the box. If criteria is "Not Met", place an "O" in the box.

Temporal Control Segment of Cont		Criteria	-00-1 l	00-2	101-1	161-2,,,	162-1	152-2	163-1	163-2	164-1	164-2	165.1	165.0	1500	400.00	1 January 1939	· [622 - 1174				
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MHT	Rounding	Log	7A	/7F
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Date

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Patient's	Observat	tion	Status

O 15 Minute Checks	
O 1:1 Line of Sight (LOS)	_
O 1:1 Staff within arm length (WAL)	

AM Nurse	
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Patient Activity Codes

1. 1:1 LOS	7.Socializing	13.Treatment Team	19.Appears asleep	25
2. 1:1 Arm Reach	8. With visitor	14.With	20.Awake	26
3. Bathroom	9.Eating	15. Quietly Resting	21.Bathroom door oper	1 27
4. Group	10.Drinking	16.Mumbling	22.Outside	
5. Bedroom	11.Watching TV	17.Isolative	23.Shower	
6 .Dayroom	12.Hallway	18. Tearful	24	

Time	Activity Code	Initials	Time	Activity Code	Initials	Time	Activity Code	Initials	Comments	
0700			1200			1700				
0715			1215			1715				
0730			1230			1730				
0745			1245			1745				
0800			1300			1800				
0815			1315			1815				
0830			1330			1830				
0845			1345			1845				
0900			1400					4		
0915			1415			 ☐ Gown placed on 1:1 patient checked for holes, tears, string threads Signature Time 				
0930			1430							
0945			1445				Signatur		Time	
1000			1500							
1015			1515							
1030			1530			Initials	Signat	ure		
1045			1545							
1100			1600							
1115			1615							
1130			1630							
1145			1645							



MHT Rounding Log 7P/7A

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Patie	nt's	Obse	rvatior	Status

O 15 Minute Checks	
O 1:1 Line of Sight (LOS)	
O 1:1 Staff within arm length (WAL)	

DNA Nurco			

Patient Activity Codes

1. 1:1 LOS	7.Socializing	13.Treatment Team	19.Appears asleep	25
2. 1:1 Arm Reach	8. With visitor	14.With	20.Awake	26
3. Bathroom	9.Eating	15. Quietly Resting	21.Bathroom door oper	າ 27
4. Group	10.Drinking	16.Mumbling	22.Outside	
5. Bedroom	11.Watching TV	17.Isolative	23.Shower	
6 .Dayroom	12.Hallway	18. Tearful	24	

Time	Activity Code	Initials	Time	Activity Code	Initials	Time	Activity Code	e Initials	Comments	
1900			0000			0500				
1915			0015			0515				
1930			0030			0530				
1945			0045			0545				
2000			0100			0600				
2015			0115			0615				
2030			0130			0630				
2045			0145			0645				
2100			0200			C -		4 and and also		
2115			0215						cked for holes, tears, strings or	
2130			0230			threads				
2145			0245				Signatur		Time	
2200			0300							
2215			0315							
2230			0330			Initials	Signat	ture		
2245			0345							
2300			0400							
2315			0415							
2330			0430							
2345		_	0445					_		



Alternating MHT Rounding Log 7A/7P

Date						

12.Hallway

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Patient's Observation Status

AM Nurse _

O 15 Minute Checks	
O 1:1 Line of Sight (LOS)	
O 1:1 Staff within arm length (WAL)	

Pat	<u>ient</u>	Activity	/ Cod	les

6 .Dayroom

1. 1:1 LOS	7.Socializing	13.Treatment Team	19.Appears asleep	25
2. 1:1 Arm Reach	8. With visitor	14.With	20.Awake	26
3. Bathroom	9.Eating	15. Quietly Resting	21.Bathroom door open	27
4. Group	10.Drinking	16.Mumbling	22.Outside	
5. Bedroom	11.Watching TV	17.Isolative	23.Shower	

18. Tearful

Time	Rounded	Code	Initials	Time	Rounded	Code	Initials	Time	Rounded	Code	Initials	Comments
0700-0715				1215-1230				1730-1745				
0715-0730				1230-1245				1745-1800				
0730-0745				1245-1300				1800-1815				
0745-0800				1300-1315				1815-1830				
0800-0815				1315-1330				1830-1845				
0815-0830				1330-1345				1845-1900				
0830-0845				1345-1400								
0845-0900				1400-1415								
0900-0915				1415-1430								
0915-0930				1430-1445								
0930-0945				1445-1500								
0945-1000				1500-1515								
1000-1015				1515-1530								
1015-1030				1530-1545								
1030-1045				1545-1600								
1045-1100				1600-1615				Initials			Signature	
1100-1115				1615-1630								
1115-1130				1630-1645								
1130-1145				1645-1700								
1145-1200				1700-1715								
1200-1215				1715-1730								



Alternating MHT Rounding Log 7P/7A

Date						

12.Hallway

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Patient	's O	bservat	ion	Status
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O 15 Minute Checks	
O 1:1 Line of Sight (LOS)	
O 1:1 Staff within arm length (WAL)	

PM Nurse			

Patient Activity Codes

6 .Dayroom

1. 1:1 LOS	7.Socializing	13.Treatment Team	19.Appears asleep	25
2. 1:1 Arm Reach	8.With visitor	14.With	20.Awake	26
3. Bathroom	9.Eating	15. Quietly Resting	21.Bathroom door open	27
4. Group	10.Drinking	16.Mumbling	22.Outside	
5. Bedroom	11.Watching TV	17.Isolative	23.Shower	

18. Tearful

Time	Time Rounded	Activity Code	Initials	Time	Time Rounded	Activity Code	Initials	Time	Time Rounded	Activity Code	Initials	Comments
1900-1915				0000-0015				0500-0515				
1915-1930				0015-0030				0515-0530				
1930-1945				0030-0045				0530-0545				
1945-2000				0045-0100				0545-0600				
2000-2015				0100-0115				0600-0615				
2015-2030				0115-0130				0615-0630				
2030-2045				0130-0145				0630-0645				
2045-2100				0145-0200							•	
2100-2115				0200-0215								
2115-2130				0215-0230								
2130-2145				0230-0245								
2145-2200				0245-0300								
2200-2215				0300-0315								
2215-2230				0315-0330								
2230-2245				0330-0345				Initials			Signature	
2245-2300				0345-0400								
2300-2315				0400-0415								
2315-2330				0415-0430								
2330-2345				0430-0445								
2345-0000				0445-0500		_						



Maintenance Log

Month	
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Shower Log

Date	MHT Assigned
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Date	MHT Assigned	
Date	MILL ASSIKUEU	

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	and the State of Stat	manakita suawa sasisia na massisa kensisa a sangar randa maska mata na manara massa masa ma		27,500 (19,00)



Patient Strengths:		Patient Limitations:	
□ Insight into Illness		□ Homeless	
☐ Compliance with treatment	•	🗆 Lack of insight in to illr	
☐ Support of significant people i	n life	☐ Non-compliant with tr	eatment
☐ Stable residence		☐ Little social support	
□ Employment		□ Unemployed/financial	ly insecure
□ Insurance		□ No health insurance	-t1
Relationship with treating pro		☐ Has no treating profes	
Circumstances of Admission:	mmmme sistititi	□ Other:	ras y arriving dyndrin 1885 sing de grifa (de l'Adrige i industria de l'Agrico de l'Adrige i industria de l'Ag
3444aanaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa			
Short Term Goals: Patient will comply with unit replacement will participate in assess Patient will be seen individuall Patient will participate in grou Day 1 and 2, with participation in programs activities increasing to	ules as reviewed upssment and treatmey within 72 hours of the ps and therapies, and therapies, and therapies by disch	ent planning as evidenced by the sign of admission for completion of psyches tolerated and beneficial, beginning the daily with goal of arge. Ited hospitalization will be eliminated.	gnature below no-social history g with individual therapy on of participation in all
illness, and identify community r	mental health resou or, social worker, a ual circumstances ly with the follow u	nd discharge planner to develop the p care that will be arranged	
D Latient will agree to combinant	•	• • •	
Patient Participation in Treatme Contributed to objectives		le to Participate due to:	
☐ Aware of care plan and objecti		ed to participate	en en en en en en en en en en en en en e
" transfer of our o brain and and and		and the broat statement	
Signature of Patient/Guardian	Date/Time		
Interdisciplinary Treatment Tea	m Member's Signa	tures	
Physician	Date/Time	Registered Nurse	Date/Time
Nurse Practitioner	Date/Time	Counselor	Date/Time
I last \$4.	Paka Port	Diaghage N.	2011 in 1881 i
Unit Manager	Date/Time	Discharge Planner	Date/Time



	1. Psychiatric Issues	Patient/Family will describe	Within 24 hrs of	Assess on admission and	A: Take to
	Interfering with Ability to	reason for hospitalization	admission	pm	
	Function:			Monitor for:	8
		Patient will identify areas	Ongoing	D Symptoms of Psychosis:	
	A. c Hallucinations	of strength and weaknesses		*POWOODOWNOTOWY?** ANALOGOCIARACIAC DE GENERALIZACIONALIZ	C i Grand
	🗆 Auditory	Patient will take	Ongoing	to Thoughts of suicide or injury	1000
	□ Visual	medication as prescribed		to self or others:	
	ti Other:	Patient will not injure self	Ongoing	discollent control of the second seco	D;] : Longer
	Steenerstein in 1919 i	or others		a Symptoms of mania;	
	B. Paranoid	Patient will report	By day 2	Server framework and other transport of the control	
	Thinking, Other	symptoms to staff Patient will participate in	By day 5	Monitor and encourage	E State
	delusional beliefs C. o Depression	therapeutic activities	Dy Goy 5	participation in therapeutic	
	D. D Mood Unstable	Patient will experience	Day 3-5	activities	
	E, a Anxiety	reduction in symptoms			1
	F. a Sleep Disturbance	precipitating admission		Medication as ordered/	
	G. a Treatment	Patient will demonstrate	By discharge	prescribed	a G e A ∴ dek (Saera). }
	Nancompliance	capacity to cooperate with			ing in the control of
	Н. С	outpatient/ home treatment		Nursing education	PAA REMINE
	: 44400660000000000000000000000000000000	after discharge			H
		The state of the s		Social support & resource	
	@idexxx.cidexxxxis.physicids;44568.phi/07/27/17/97/27/17/27/27/27/27	,		services	Summary Co.
•		None was appropriate to the contract of the co		Behavior Management	Entire Goal Met:
				Group theraples	
				Individual therapies	
				☐ As Needed	
				Family Therapy	
				☐ As Needed Other	
	2. Safety Issues:	Patient will comply with	Ongoing	Educate patient/ family	
	A. 🗆 Self-injurious behavior	safety measures		about fall safety	Boro interior
	B. Assaultive behavior			Police and a state of the control of	a salahan
	C. a Elopement risk	No injury to self/ others	Ongoing	Pharmacist/ nurse/	Set V Property
	D. o Fall-risk	Produced to the country	Omenine	physician review medications	
	E. History of seizures	Patient will report thoughts of self-injury,	Ongoing	Patient monitored at	0
:	F. C.	homicidal or suicidal ideation to		physician ordered frequency	
,	G. C.	staff		Peris and and an in any and any	Ex 6 / Strategies
		31011		ID bands maintained on	
		*		patient	IF in the second of the
				,	Land Balling Street
				Precautions ordered by	-G
				physician	
					Entire Goal Met:
				Restraints/ Seclusion as	
				ordered	
	3. Alteration in	Patent will regain/	By discharge	Admission baseline	A Cara
	Neurocognitive Status	maintain usual neurological		assessment	8 .
	A. a Delirium	status		Hansage events status =	
	B. 12 Dementia	Dudinuk will und avenula see	Onzolna	Reassess mental status q	6.000
	C. a Abnormal Movement	Patient will not experience injury due to falls	Ongoing	asint	D
-	D. C	injury due to raits		Initiate precautions as	100
	E. O			ordered	i.
		**************************************			Entire Goal Met:
				Observation at level	
				ordered	



	4. Potential for Withdrawal A. □ Alcohol B. □ Sedative C. □ Mixed D. □ Nicotine	Patient will not experience complications of untreated withdrawal Patient will not experience injury due to symptoms of withdrawal	Ongoing	Complete substance history assessment psychosocialMonitor vital signs for withdrawal	A B C
		Patient will verbalize understanding of symptoms and	Ongoing	Medication as ordered/prescribed	D section
		dangers of withdrawal Patient will report symptoms of withdrawal to staff Patient will be free of symptoms of withdrawal	Ongoing By discharge	Provide comfort measuresTransfer to medical unit, as needed	Entire Goal Met:
	5. Noncompliance with treatment due to: A. a Little or no insight B. a Family lacks understanding of illness C. a Unable to afford medication D. a Family dysfunction interferes with access and/or compliance E. a Other	Patient will be engaged in an individual/ group therapy to educate patient regarding illness and encourage recovery Family or significant others will be involved in treatment designed to provide education and increase understanding of the importance of significant others to recovery	Ongoing	Patient will be assigned individual/ group therapy appropriate treatment Staff will administer assigned therapeutic activities from treatment	B C C S E Entire Goal Met:
	6. Chronic or new onset of acute medical conditions requiring treatment: A. □ Seizure Disorder B. □ Hypertension C. □ Diabetes D. □ Other:	Chronic and/or acute medical condition(s) which may or may not contribute to patient's psychiatric condition will be identified Medical problem will not prevent participation in or provision of psychiatric treatment.	24-48 hours Ongoing	Initial physical assessment and reassessment PRNMedical consults as ordered:	A B C D Entire Goal Met:
ned annum municipal annum m	7. Impaired ADLs A. © Unable to perform due to mental iflness B. © Unable to perform due to cognitive impairment C. © Unable to perform due to less than functional mobility	ADLs will be completed dally in a timely manner Patient will maintain or increase level of performance of ADLs	Ongoing	Assist with ADLs as needed Provide direction and assistance with ADLs to patients with cognitive impairment PT/OT consult if needed Obtain recommended implements to increase independence	B C Entire Goal Met:



8. Acute Stress: A. Suicidal Thoughts B. Anger C. Irritability D. Substance Abuse E. Avoidance F. Difficulty concentrating G. Muscle Tension H. Sleep disturbance I. Impaired Social Skills J. Hyper vigilance K. Motor restlessness	Patient will identify major life conflicts from past and presentComplete physical evaluation for medications Patient will increase daily social and vocational involvement	First 72 hours Ongoing By discharge	Counselor will complete the psychosocial assessment Counselor will work with patient/family Counselor will conduct family session to deal with issues of DC as ordered by physician Nurse education regarding diagnosis follow up care and relapse prevention	A B. C C D C C C C C C C C C C C C C C C C
9. Psychosocial needs and discharge planning: A. Court ordered B. Return to current residence C. Homeless D. Alternative placement E. Lack of support system F. Nursing Home	Psychosocial assessment will be completed within 72 hoursPatient/Family will be familiarized with community resources as neededDischarge plan will be in placePatient/Family will verbalize understanding of discharge plan	First 72 hours Ongoing By discharge By discharge	Therapist will complete the psychosocial assessmentCounselor will work with patient/familyCounselor will conduct family session to deal with issues of DC as ordered by PhysicianNurse education regarding diagnosis, follow-up care and relapse prevention	A: B: C: C: D: Ef: Entire Goal Met:
10. Potential Altered Nutrition/ hydration: A. □ Nausea/Vomiting B. □ Anorexia/ Bulimia C. □ Impaired due to Psychosis	Patient will maintain adequate nutrition requirements for weight gain/weight maintenance Patient will not purge	Ongoing to discharge	Screen nutritional statusDietary consult as neededMonitor and record dietary intakeSnacks as recommended by dietician1:1 Observation for 90 minutes after each meal as orderedPresent sealed foods if paranoid	A B C: Entire Goal Met:



	11. Infection A. 🗆 Infection B. 🗅 Actual C. 🗅 Potential R/T: 🖒 Wound	infection, if present will be recognized early to allow for prompt treatment requirements for weight gain/ weight maintenance	Ongoing	Monitor vital signs as orderedMonitor for signs of infection	B
	☐ Post Surgical/ Invasive☐ Post-Intubation☐ Bacterial or viral infection☐			Administer antibiotics and anti-infective as ordered	Entire Goal Met:
	□ Fungal infection □ Immunodeficiency □:Other:	The state of the s		Instruct patient in signs and symptoms of infection	
				Assess for presence and/or history of risk factors such as open wounds, abrasions	The state of the s
			Form Company of the C	Monitor white blood count	
				Assess nutritional status	
7 ⁻⁹				Assess for history of drug use or treatment modalities that may compromise Immunity :	
				Assess immunization status	
	12. Pain Management/ Comfort A. A. Chronic Pain B. Chronic Pain C. Lack of Mobility	Patient will communicate level of pain according to a nonverbal scale or 10 point scale Patient will be reassessed and communicate relief of pain	Ongoing	Assess for pain with appropriate tool and documentReassess as indicatedAdminister prescribed	8 C
	O Jac 200000000 y 100000000000000000000000000			Assess for effectiveness of medication	
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