

Substantial concerns are to be documented in progress notes as appropriate.

NURSING CLINICAL ASSESSMENT

 Patient Name: _____ MPI #: _____ *Print or Addressograph Imprint*

I. Appearance am pm shift ampm shift <input type="checkbox"/> appropriate <input type="checkbox"/> eccentric <input type="checkbox"/> disheveled	I. Appearance am pm shift ampm shift <input type="checkbox"/> appropriate <input type="checkbox"/> eccentric <input type="checkbox"/> disheveled	I. Appearance am pm shift ampm shift <input type="checkbox"/> appropriate <input type="checkbox"/> eccentric <input type="checkbox"/> disheveled	I. Appearance am pm shift ampm shift <input type="checkbox"/> appropriate <input type="checkbox"/> eccentric <input type="checkbox"/> disheveled	I. Appearance am pm shift ampm shift <input type="checkbox"/> appropriate <input type="checkbox"/> eccentric <input type="checkbox"/> disheveled
II. Behavior <input type="checkbox"/> cooperative <input type="checkbox"/> resistive <input type="checkbox"/> irritable <input type="checkbox"/> anxious <input type="checkbox"/> refuses medications	II. Behavior <input type="checkbox"/> cooperative <input type="checkbox"/> resistive <input type="checkbox"/> irritable <input type="checkbox"/> anxious <input type="checkbox"/> refuses medications	II. Behavior <input type="checkbox"/> cooperative <input type="checkbox"/> resistive <input type="checkbox"/> irritable <input type="checkbox"/> anxious <input type="checkbox"/> refuses medications	II. Behavior <input type="checkbox"/> cooperative <input type="checkbox"/> resistive <input type="checkbox"/> irritable <input type="checkbox"/> anxious <input type="checkbox"/> refuses medications	II. Behavior <input type="checkbox"/> cooperative <input type="checkbox"/> resistive <input type="checkbox"/> irritable <input type="checkbox"/> anxious <input type="checkbox"/> refuses medications
III. Mood <input type="checkbox"/> euthymic <input type="checkbox"/> hypomanic <input type="checkbox"/> dysthymic <input type="checkbox"/> manic	III. Mood <input type="checkbox"/> euthymic <input type="checkbox"/> hypomanic <input type="checkbox"/> dysthymic <input type="checkbox"/> manic	III. Mood <input type="checkbox"/> euthymic <input type="checkbox"/> hypomanic <input type="checkbox"/> dysthymic <input type="checkbox"/> manic	III. Mood <input type="checkbox"/> euthymic <input type="checkbox"/> hypomanic <input type="checkbox"/> dysthymic <input type="checkbox"/> manic	III. Mood <input type="checkbox"/> euthymic <input type="checkbox"/> hypomanic <input type="checkbox"/> dysthymic <input type="checkbox"/> manic
IV. Thought Content <input type="checkbox"/> suicidal <input type="checkbox"/> AWOL intent <input type="checkbox"/> homicidal <input type="checkbox"/> thoughts/desire to use drugs and/or ETOH <input type="checkbox"/> denies all of the above	IV. Thought Content <input type="checkbox"/> suicidal <input type="checkbox"/> AWOL intent <input type="checkbox"/> homicidal <input type="checkbox"/> thoughts/desire to use drugs and/or ETOH <input type="checkbox"/> denies all of the above	IV. Thought Content <input type="checkbox"/> suicidal <input type="checkbox"/> AWOL intent <input type="checkbox"/> homicidal <input type="checkbox"/> thoughts/desire to use drugs and/or ETOH <input type="checkbox"/> denies all of the above	IV. Thought Content <input type="checkbox"/> suicidal <input type="checkbox"/> AWOL intent <input type="checkbox"/> homicidal <input type="checkbox"/> thoughts/desire to use drugs and/or ETOH <input type="checkbox"/> denies all of the above	IV. Thought Content <input type="checkbox"/> suicidal <input type="checkbox"/> AWOL intent <input type="checkbox"/> homicidal <input type="checkbox"/> thoughts/desire to use drugs and/or ETOH <input type="checkbox"/> denies all of the above
V. Thought Process <input type="checkbox"/> logical & coherent <input type="checkbox"/> circumstantial <input type="checkbox"/> tangential <input type="checkbox"/> disorganized	V. Thought Process <input type="checkbox"/> logical & coherent <input type="checkbox"/> circumstantial <input type="checkbox"/> tangential <input type="checkbox"/> disorganized	V. Thought Process <input type="checkbox"/> logical & coherent <input type="checkbox"/> circumstantial <input type="checkbox"/> tangential <input type="checkbox"/> disorganized	V. Thought Process <input type="checkbox"/> logical & coherent <input type="checkbox"/> circumstantial <input type="checkbox"/> tangential <input type="checkbox"/> disorganized	V. Thought Process <input type="checkbox"/> logical & coherent <input type="checkbox"/> circumstantial <input type="checkbox"/> tangential <input type="checkbox"/> disorganized
VI. Perception <input type="checkbox"/> delusions <input type="checkbox"/> hallucinations-command Y/N <input type="checkbox"/> denies all of the above	VI. Perception <input type="checkbox"/> delusions <input type="checkbox"/> hallucinations-command Y/N <input type="checkbox"/> denies all of the above	VI. Perception <input type="checkbox"/> delusions <input type="checkbox"/> hallucinations-command Y/N <input type="checkbox"/> denies all of the above	VI. Perception <input type="checkbox"/> delusions <input type="checkbox"/> hallucinations-command Y/N <input type="checkbox"/> denies all of the above	VI. Perception <input type="checkbox"/> delusions <input type="checkbox"/> hallucinations-command Y/N <input type="checkbox"/> denies all of the above
VII. Cognitive function <input type="checkbox"/> oriented to Person/Place/Time <input type="checkbox"/> lethargic/sedated <input type="checkbox"/> attentive <input type="checkbox"/> judgement/insight demonstrated <input type="checkbox"/> no cognitive deficits noted	VII. Cognitive function <input type="checkbox"/> oriented to Person/Place/Time <input type="checkbox"/> lethargic/sedated <input type="checkbox"/> attentive <input type="checkbox"/> judgement/insight demonstrated <input type="checkbox"/> no cognitive deficits noted	VII. Cognitive function <input type="checkbox"/> oriented to Person/Place/Time <input type="checkbox"/> lethargic/sedated <input type="checkbox"/> attentive <input type="checkbox"/> judgement/insight demonstrated <input type="checkbox"/> no cognitive deficits noted	VII. Cognitive function <input type="checkbox"/> oriented to Person/Place/Time <input type="checkbox"/> lethargic/sedated <input type="checkbox"/> attentive <input type="checkbox"/> judgement/insight demonstrated <input type="checkbox"/> no cognitive deficits noted	VII. Cognitive function <input type="checkbox"/> oriented to Person/Place/Time <input type="checkbox"/> lethargic/sedated <input type="checkbox"/> attentive <input type="checkbox"/> judgement/insight demonstrated <input type="checkbox"/> no cognitive deficits noted
VIII. Affect <input type="checkbox"/> appropriate <input type="checkbox"/> inappropriate <input type="checkbox"/> constricted <input type="checkbox"/> full range range	VIII. Affect <input type="checkbox"/> appropriate <input type="checkbox"/> inappropriate <input type="checkbox"/> constricted <input type="checkbox"/> full range range	VIII. Affect <input type="checkbox"/> appropriate <input type="checkbox"/> inappropriate <input type="checkbox"/> constricted <input type="checkbox"/> full range range	VIII. Affect <input type="checkbox"/> appropriate <input type="checkbox"/> inappropriate <input type="checkbox"/> constricted <input type="checkbox"/> full range range	VIII. Affect <input type="checkbox"/> appropriate <input type="checkbox"/> inappropriate <input type="checkbox"/> constricted <input type="checkbox"/> full range range
Date: _____ <input type="checkbox"/> Appropriate for off-unit activities <input type="checkbox"/> Inappropriate for off-unit activities <input type="checkbox"/> Referred to MD for assessment <input type="checkbox"/> Level hold RN signature and time: ____ AM: _____ ____ PM: _____	Date: _____ <input type="checkbox"/> Appropriate for off-unit activities <input type="checkbox"/> Inappropriate for off-unit activities <input type="checkbox"/> Referred to MD for assessment <input type="checkbox"/> Level hold RN signature and time: ____ AM: _____ ____ PM: _____	Date: _____ <input type="checkbox"/> Appropriate for off-unit activities <input type="checkbox"/> Inappropriate for off-unit activities <input type="checkbox"/> Referred to MD for assessment <input type="checkbox"/> Level hold RN signature and time: ____ AM: _____ ____ PM: _____	Date: _____ <input type="checkbox"/> Appropriate for off-unit activities <input type="checkbox"/> Inappropriate for off-unit activities <input type="checkbox"/> Referred to MD for assessment <input type="checkbox"/> Level hold RN signature and time: ____ AM: _____ ____ PM: _____	Date: _____ <input type="checkbox"/> Appropriate for off-unit activities <input type="checkbox"/> Inappropriate for off-unit activities <input type="checkbox"/> Referred to MD for assessment <input type="checkbox"/> Level hold RN signature and time: ____ AM: _____ ____ PM: _____

File in Assessment Section following Nursing Assessment

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