

NURSING 343 DAILY CHARTING

Date _____ Pt. Initials _____ Male / Female _____ Age _____ Unit _____

Legal Hold Status: _____ Psychiatric Diagnosis: _____

Reason for Admission: _____

Medical Diagnosis (es): _____

Precautions (suicide, assault, elopement, sexual, cheeking etc.): _____

Medical Concerns: _____

Psychosocial /Family Assessment (Box 7-5 p. 121): _____

Strengths: _____

Deficits: _____

Medications: _____

MENTAL STATUS ASSESSMENT

Directions: Please write a description for the following areas of evaluation. Do not circle.

Appearance (e.g. nutritional status, chronologic age and apparent age, grooming, hygiene, clean clothes, disheveled, bizarre, inappropriate, etc.....describe abnormal fully): _____

Behavior & Motor Activity (calm, hyperactive, bizarre gestures, mannerisms, tics, tremors, psychomotor retardation, restlessness, repetitive behavior, other): _____

Subjective Mood (ask client - happy, angry, anxious, fearful, euphoric, irritable, apathetic, sad, other): _____

Objective Affect (full range of affect/broad, constricted, blunted, flat, guarded, labile, expansive, sad, apathetic, anxious, angry, other): _____

Attitude (cooperative, uncooperative, friendly, hostile, guarded, suspicious, belligerent): _____

Speech (normal rate, rhythm & tone; slowed, prolonged speech latency, soft/hypophonic, loud, spontaneous, slurred, dysarthric, pressured, perseverate): _____

Thought Processes- (how ideas fit together) (logical, coherent, goal directed, disorganized, illogical, circumstantial, flight of ideas, loose association, perservations, ruminations, distractible, confabulations, confusion, other):

Thought Content (topic of thought):

Suicidal Ideation: _____

Homicidal Ideation: _____

Perceptual Abnormalities (perception intact or impaired by: ideas of reference, ideas of influence, thought insertion, thought withdrawal, thought broadcasting, depersonalization, derealization, phobias, illusions, other):

Hallucinations (auditory, visual, olfactory, gustatory, tactile):

Delusions (bizarre, jealous, somatic, persecutory, paranoid, control, grandiose, religious):

Cognition(ability to think):

Orientation _____

Memory _____

Concentration _____

Attention Span _____

Abstraction _____

Judgment _____

Insight _____

Pt. Initials: _____

Mental Status Assessment (Cont'd)

Cultural Assessment (must address all- cultural background, language preference, point of identity, time orientation, health beliefs and practices, alternative medication, special dietary needs, cultural treatments or practitioners seen, or any other identified cultural need):

Spiritual Assessment: _____

Patient Teaching (actual teaching or plan for teaching needed): _____

Evaluation of Teaching (method and outcome): _____

Other: _____

Student Signature: _____ Date: _____