

### CSU/ACU Daily Nursing Clinical Assessment

This assessment should be done on each CSU/ACU patient daily on Saturdays, Sundays, and holidays.

The information is to be relayed to the on-call psychiatrist when he/she calls in and you should write the psychiatrist plan of action for the offender in the space provided. This will include any orders given. (nursing staff will not be allowed to accept "standing orders"; i.e., if 'x' happens, do 'y', etc.) \*All orders must be written on a physician order form.

Facility: \_\_\_\_\_

Offender: \_\_\_\_\_

GDC ID#: \_\_\_\_\_

DOB: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Date: \_\_\_\_\_

#### **Pertinent Information**

Date of Admission: \_\_\_\_\_ Reason for Admission: \_\_\_\_\_

Mental Health Diagnosis: \_\_\_\_\_ Status (i.e., SP, restraints): \_\_\_\_\_

Medication(s) and Dosage: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication Adherence while in CSU/ACU: \_\_\_\_\_

Mental Status: \_\_\_\_\_

Offender Complaints: (to include physical health complaints): \_\_\_\_\_

Referred to Medical for physical health:  Yes  No

Vital Signs: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ B/P \_\_\_\_\_

Attitude: \_\_\_\_\_ Change in Behavior: \_\_\_\_\_

Appetite: \_\_\_\_\_ Orientation: \_\_\_\_\_

Suicidal/homicidal thoughts or acts: \_\_\_\_\_

Sleep Pattern while in CSU/ACU: \_\_\_\_\_

Psychiatrist Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Plan (to include new orders given): \_\_\_\_\_

Fax Number to fax orders for signature: \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_