Mangum Regional Medical Center

Psychiatric Flow Sheet

7AM-7PM SHIFT ASSESSMENT

Patient Name: _____ Date:_____

EMERGENCY SEVERITY INDEX TRIAGE LEVEL		1-Immed/Life Saving		2-High Risk Situation
Check appropriate box				
Check all that apply	**Yes**	**No**	**NA**	**Nurse Signature**
asQ Suicide Risk Screening Tool Completed				
Environmental Patient Safety Checklist Completed				
Brief Suicide Safety Assessment Completed				
Columbia Suicide Severity Rating Scale Completed				
Discharge Safety Plan Completed				
Mental Health Resources Provided to Patient or Family				

LEGEND

Instructions: **Enter appropriate symbol into each element of the flowsheet as indicated**

Observation Status							**One-On-One**	**Line of Sight**	**Close Observation**
Neuro Status (NS)	**Awake**	**Confused**	**Talkative**	**Withdrawn**	**Agitated**	**Sleep**	1	2	3
	A	C	T	W	AT	S			
7A-7P	**0700**	**0730**	**0800**	**0830**	**0900**	**0930**	**1000**	**1030**	**1100**
Neuro Status									
Observation									
Room Safety Check									
Visitors @ BS									
Provider Notified for Change									
Initials									
7A-7P	**1130**	**1200**	**1230**	**1300**	**1330**	**1400**	**1430**	**1500**	**1530**
Neuro Status									
Observation									
Room Safety Check									
Visitors @ BS									
Provider Notified for Change									
Initials									
7A-7P	**1600**	**1630**	**1700**	**1730**	**1800**	**1830**			
Neuro Status									
Observation									
Room Safety Check									
Visitors @ BS									
Provider Notified for Change									
Initials									

Signature of Nurse: _____ Signature of Nurse: _____

Signature of Nurse: _____ Signature of Nurse: _____

INSERT HOSPITAL NAME AND LOGO

Psychiatric Flow Sheet

7PM-7AM SHIFT ASSESSMENT

Patient Name: _____ Date:_____

EMERGENCY SEVERITY INDEX TRIAGE LEVEL		1-Immed/Life Saving		2-High Risk Situation
Check appropriate box				
Check all that apply	**Yes**	**No**	**NA**	**Nurse Signature**
asQ Suicide Risk Screening Tool Completed				
Environmental Patient Safety Checklist Completed				
Brief Suicide Safety Assessment Completed				
Columbia Suicide Severity Rating Scale Completed				
Discharge Safety Plan Completed				
Mental Health Resources Provided to Patient or Family				

LEGEND

Instructions: **Enter appropriate symbol into each element of the flowsheet as indicated**

Observation Status							**One-On-One**	**Line of Sight**	**Close Observation**
Neuro Status (NS)	**Awake**	**Confused**	**Talkative**	**Withdrawn**	**Agitated**	**Sleep**	1	2	3
	A	C	T	W	AT	S			
7P-7A	**1900**	**1930**	**2000**	**2030**	**2100**	**2130**	**2200**	**2230**	**2300**
Neuro Status									
Observation									
Room Safety Check									
Visitors @ BS									
Provider Notified for Change									
Initials									
7P-7A	**2330**	**0000**	**0030**	**0100**	**0130**	**0200**	**0230**	**0300**	**0330**
Neuro Status									
Observation									
Room Safety Check									
Visitors @ BS									
Provider Notified for Change									
Initials									
7P-7A	**0400**	**0430**	**0500**	**0530**	**0600**	**0630**			
Neuro Status									
Observation									
Room Safety Check									
Visitors @ BS									
Provider Notified for Change									
Initials									

Signature of Nurse: _____ Signature of Nurse: _____

Signature of Nurse: _____ Signature of Nurse: _____