Psychiatric Patient Outcome Review

Patient Name _____				**□ ER Patient □ Inhouse Patient**
Admit Date: _____ **Admit Time:**_____				**□ Visitor □ Other**
EOD □ Yes □ No			**RN in Charge:** _____	
Police: Notified: _____ **Arrived:** _____			**Physician/LIP Present:** _____	
Immediate Actions Taken				
			Comments	
Code Status	Full	DNR		
Patient stable	Yes	No		
ESI Triage on arrival	Yes	No		
Psychiatric/Suicidal Patient Critique				
Skill	**Yes**	**No**	**NA**	**Comments/Areas to Improve**
ASQ Suicide Risk Screen for those exhibiting SI/HI, self-harming behaviors				
BSSA completed by physician/mid-level provider				
Acute + Screen: mental health evaluation, or determined by BSSA				
Acute + Screen: CSSS completed				
Acute + Screen: one to one observation, or as ordered by physician/mid-level provider				
Environmental Patient Safety Checklist completed				
Clothing removed, search for unsafe items, 2 staff present, all items inventoried and secured				
Medical screen performed				
Focused nursing assessment performed				
Restraint(s) required to manage behavior and patient safety				
One-on-One Monitoring (if Indicated)				
Line of Sight Monitoring (if Indicated)				
Close Observation Monitoring (if Indicated)				
Documentation				
Patient Record complete				
EMTALA paperwork completed for Ground Transport (EMTALA Form, Local EMS, OHCA form, EMS Order Sheet)				
Family notified				
Discharge Safety Plan completed for discharges to home				
Patient Records sent with patient or faxed to psychiatric facility				
Environmental Patient Safety Checklist completed Q shift, change in staff and change in patient behavior				
Observations documented Q30min on Psychiatric Flowsheet				
Patient Departure Time:	**Final Disposition:**			
Atmosphere of Psychiatric Event:	**□ Well Organized**		**□ Fairly Well Organized**	
	□ Disorganized		**□ Chaotic**	
RN Signature				**Date:**
QM/CNO Signature:				**Date:**