

NURSING SERVICE GUIDELINES INPATIENT BEHAVIORAL HEALTH

Guideline: Elements of the nursing admission assessment



Policy Number Superseded:

Responsibility: Trained inpatient behavioral health staff

Effective Date:
May 2024

Purpose of Guideline: To provide guidance and outline the elements of the behavioral health nursing admission assessment

Initial Effective Date:
July 2017

Procedure:

The behavioral health nursing admission assessment includes all relevant areas included in the UTMC nursing assessment procedure (and additional elements specific to senior behavioral health).

- (A) Reason for admission (“chief complaint”) stated.
- (B) Psychiatric history.
- (C) Functional screen with triggers for full assessment (addresses vision, hearing, mobility, cognitive abilities/limitations).
- (D) Pain assessment screening with triggers for full assessment.
- (E) Vital signs.
- (F) Height/weight.
- (G) Nutritional screening with triggers for full assessment.
- (H) Medications – dosage, frequency, last taken or medication reconciliation form completed.
- (I) Allergies.
- (J) Brief psychosocial history, i.e., treatment providers, patient strengths, patient liabilities, alcohol/drug use, living situation, family and community support.
- (K) Abuse/neglect/domestic violence screen.
- (L) Fall risk assessment.
- (M) Skin assessment.
- (N) Suicide assessment.
- (O) Pneumonia (SBH only) and flu assessment.

Guideline:

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- (P) Violence risk assessment.
- (Q) Risk to harm assessment (restraint/seclusion).
 - (1) Identification of tools, methods or techniques to control the individual's behavior.
 - (2) Pre-existing medical conditions or physical disabilities/limitations .
 - (3) Any history of sexual, physical, or mental/emotional abuse.
- (R) Patient/family educational needs, barriers to learning, learning preferences, and readiness.
- (S) Preliminary discharge planning needs.
- (T) Review of systems – physical assessment of patient.
- (U) A summary statement, which identifies problems and includes focus of treatment.
- (V) Date, time, and signature with credentials upon completion.

Approved by:

*Kurt Kless, MSN, MBA, RN, NE-BC
Chief Nursing Officer*

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Review/Revision Completed by:

Inpatient Psychiatry Administration

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May 2027