

## NURSING SERVICE GUIDELINES INPATIENT BEHAVIORAL HEALTH

**Guideline:** Elements of the  
psychiatric/psychosocial  
evaluation



**Policy Number Superseded:**

**Effective Date:**  
September 2023

**Responsibility:** All trained inpatient  
behavioral health staff

**Initial Effective Date:**  
July 2017

**Purpose of Guideline:** To provide guidance and  
outline the elements of the psychiatric/  
psychosocial evaluation.

### **Procedure:**

- (A) Psychiatric evaluations will be completed and placed in the patient's chart within 24 hours of admission.
- (B) Chief complaint is the reason for admission as stated by patients or significant others or both.
- (C) History of present illness.
  - (1) Onset of psychiatric symptoms/behaviors.
  - (2) Circumstances leading to current admission.
  - (3) List of current medications or noted if none.
  - (4) Evidence of failure or inability to benefit from a less intensive outpatient program.
- (D) Past psychiatric history.
  - (1) Past problems, treatments.
  - (2) History of physical/sexual abuse/perpetration issues. Identify if abused or perpetrator.
  - (3) History of ETOH/drug use.
  - (4) History of family psychiatric illness.

Guideline:

Elements of the psychiatric/psychosocial evaluation

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- (E) Mental status examination.
  - (1) Attitude/behavior.
  - (2) Affect.
  - (3) Intellectual functioning.
  - (4) Memory functioning.
  - (5) Orientation.
  - (6) Thought process (includes hallucinations, delusions, and self-harm/harm to others).
  - (7) Suicide risk.
  - (8) Judgment/insight.
  - (9) Functional capacity to perform ADLs.
- (F) Inventory of patient's strengths, assets (intrinsic) and liabilities/weaknesses (intrinsic) in descriptive (not interpretive) fashion.
- (G) Medical history.
- (H) Diagnostic impression.
  - (1) Principal diagnosis.
  - (2) Contributing diagnoses (including functional or sensory impairments).
  - (3) Medical co-occurring illnesses.
  - (4) Psychosocial stressors.
- (I) Plan of treatment.
- (J) Estimated LOS.
- (K) Prognosis.
- (L) Discharge criteria.
- (M) Preliminary continuing care plan.

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Initial effective date:  
July 2017

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Review/Revision Date:  
August 2020  
September 2023

Next review date:  
September 2026