Psych Nurse Report Sheet

PATIENT INFORMATION

Name: _____ **Age:** _____

Gender:

○ Male ○ Female ○ Other

Medical Record Number: _____ **Room Number:** _____

Date of Admission: _____ dd / mm / yyyy

ASSESSMENT

Mood:

- ☐ Euthymic
- ☐ Depressed
- ☐ Elevated
- ☐ Anxious
- ☐ Agitated
- ☐ Irritable

Affect:

- ☐ Congruent
- ☐ Blunted
- ☐ Flat
- ☐ Labile
- ☐ Restricted

Thought Content:

- ☐ Logical
- ☐ Rational
- ☐ Delusional
- ☐ Paranoid
- ☐ Suicidal / Homicidal Ideation

Behavior:

- ☐ Cooperative
- ☐ Withdrawn
- ☐ Restless
- ☐ Aggressive
- ☐ Hallucinating

VITAL SIGNS

Temperature: _____ **Blood Pressure (mmHg):** _____

Heart Rate (bpm): _____ **Respiratory Rate (bpm):** _____

Oxygen Saturation: _____

Medications:

SAFETY PRECAUTIONS

Suicide Risk Assessment: _____ Fall Risk Assessment: _____

CARE PLANS AND INTERVENTIONS

Treatment Goals:

Interventions:

Observations and Notes:

Communication and Handover:

DOCUMENTATION AND SIGNATURES

Nurse's Signature:

Date: _____ dd / mm / yyyy

Additional Resources:

Notes: