



COLLEGE HOSPITAL

DPMI MEDICAL SCREENING FOR PSYCHIATRIC ADMISSIONS

ALL PATIENTS

Patient's Name: _____ Date: _____ Supervisor _____

Primary Language: _____ Sex: _____ D.O.B. _____ Age: _____

Address, City, and Zip Code of Current Residence: _____

UCI#: _____ MEDI-CAL#: _____

Contact Person: _____ Contact Person's Phone #: _____

Service Coordinator: _____ S.C.'s Phone #: _____

Conservator/Responsible Party: _____ Cons/R.P. Phone #: _____

Address, City, and Zip Code of Cons/R.P.: _____

Type of Conservatorship: _____

Reason for Referral: _____

MEDICAL HISTORY

Medical Diagnosis: _____

Medical Internist: _____ Phone #: _____

Current Medical and Psychiatric Medications (Dosage and Amount): _____

Respiratory Status:

Patient must not require any type of machine or equipment to assist with breathing. An inhaler for asthma medications is acceptable. No sleep apnea disorder.

Continence:

Must be willing to wear diapers. Colostomy or ileostomy okay.

Ambulation:

Must be able to ambulate with no more than two people assisting or if wheelchair bound, this must be for a stable condition and patient must be able to transfer from bed to chair with only two people assisting.

Medical Conditions:

Patient has been compliant with past medication and treatment for concomitant medical condition. Yes/No

Explain: _____

MEDICAL GUIDELINES

Patient has no communicable disease requiring isolation or nursing precautions other than universal precautions:

Patient has no active drainage sites capable of spreading infection which cannot be dressed:

Has patient fallen in past 48 hours? Yes No If yes, what injuries did patient sustain?

OVERDOSE OR HEAD INJURY

Levels of Consciousness: Must be conscious and responding to verbal stimuli:

Cardiac Status: Must have no life threatening arrhythmias. Must not have chest pain requiring injectable analgesics. Must not require monitor or telemetry.

KIDNEY (Dialysis shunts must be subcutaneous)

DEPRESSION, EATING DISORDER, STROKE

Alimentation (Include Special Diets/Allergies):

Pain:

If patient is receiving Class 2 controlled drugs by injection, the House Supervisor must be informed of the source of the Pain and decide appropriateness of admission. (Methadone cannot be prescribed).

SEIZURES

Describe Seizure and Frequency:

SUBSTANCE ABUSE HISTORY

Type and Frequency:

Blood Alcohol Level: (Not above 0.3, 2nd level & coming down: Patient alert?)

DIABETES, MANIA

Fasting blood sugar: (Not below 60 or above 300)
Lithium Level: (Not above 2.0)

If the patient is on any of the following, we need at least one level:

Digoxin 0.5 - 2.4 levels > 2.4 Toxic

Dilantin 7.5 - 20 levels > 30 Toxic < 7.5 could indicate oncoming seizure activity

Lithium .9 - 1.9 levels > 2.0 Toxic

Tegretol 4 - 12 levels < 4 could indicate oncoming seizure activity

SKIN CONDITION

Does patient have pressure ulcer (s) Yes No If yes, what class?

For any of the following patients there must be a physician to physician review with one of our internists:

- Inubated due to cardiac or respiratory arrest
- Alcohollic/Addict Requiring Medical Detoxification
- In-patient in acute hospital more than 3 days
- Head injury
- Confused, disoriented
- History of MI

Patients who have been in ICU for a medical problem must have been on a regular medical unit for at least 24 hours. (This does not include patients who are on ICU for behavioral reasons, e.g. in restraints, suicidal).

No patient who is currently on an in-patient unit in an acute hospital will be medically cleared before 8 am or after 8 pm.

PSYCHIATRIC HISTORY

Psychiatric Diagnosis:

Level of Functioning:

Number of Previous Psychiatric Hospitalizations and Details (Includes Treatment History):

Significant Behaviors:

Social Supports:

Reinforcers:

Dislikes:

Triggers:

Activities:

Special Needs/Additional Information:

Psychiatrist:

Phone #:

If there is a disagreement between the admitting doctor and the nursing supervisor on the medical appropriateness of the Patient, the Medical Director is to be contacted.