RN TO COMPLETE ALL SECTIONS

Date Rec’d __________ Time Rec’d __________ Patient Name: ________________________________

BHC contact: Spoke to:

Chief complaint & precipitating events: (include client’s perception of need) and current BX: ____________________________________________________________

Is patient intoxicated? Is patient cognitively able to participate in eval?  ☐Yes ☐No BAL ____________________________

Any history of medical issues? (i.e. HTN, Diabetes, COPD, Hx sleep apnea, etc.):

Is patient on Lithium  ☐Yes ☐No  Lithium level done  ☐Yes ☐No Results

Is patient on Warfarin  ☐Yes ☐No  Labs done  ☐Yes ☐No Results

Is patient on Depakote  ☐Yes ☐No  Depakote level done  ☐Yes ☐No Results

Current vitals:  B/P __________ T __________ R __________ P02 __________ Time __________
Current labs:  Pending  ☐Yes ☐No – results ____________________________

Current Meds: (attached Med Reconciliation form is necessary)

Allergies/reaction (medication environment, food):

Respiratory system issues: History of infection/TB, if yes:

TB screen in the past year?  ☐Yes ☐No (POS or NEG) Date read: __________

Does the patient require a Durable Medical Equipment?  (i.e.: CPAP, cane walker, etc.) __________

Mobility:  ☐Ambulatory ☐Non Ambulatory ☐Fall risk explain:

Pain?  ☐Yes ☐No (explain/describe):

Cardiovascular Issues:  ☐Yes ☐No  GI/GU issues:  ☐Yes ☐No  Neurological issues:  ☐Yes ☐No
Invasive lines:  ☐Yes ☐No  Skin issues:  ☐Decubitus ☐Yes ☐No stage and location:

ER RN Signature ___________________________________________________________ Date __________

Dr. to Dr.  ☐Yes ☐No Names:

Physician contacted:  ☐Dr. Gill ☐Dr. Robinson ☐Dr. Smith ☐Dr. Zia

Patient, _____________________________, has received a basic physical examination at ____________________________, and has been found to be free of any acute life-threatening illness, or contagious diseases. As of this date, the patient is deemed medically clear to be transported to SJBHC, (a non-medical, acute psychiatric facility).

Patients will not be accepted if they require:

- Chronic dialysis that is provided outside of service area
- IV treatments including control lines or PICC in place
- Stage III or IV pressure ulcers
- Overdoses in which there is a risk of delayed complications
- Respiratory isolation
- Cardiac or respiratory monitoring
- Oxygen dependent
- NG tube feedings

Recommendations over next 8-12 hours:

________________________________________________________________________________________

________________________________________________________________________________________
(* Consultation with SJBHC physician required to determine appropriateness for admission)
Fax to: 467-8107