



**MONTANA STATE HOSPITAL
POLICY AND PROCEDURE**

PSYCHIATRIC ASSESSMENTS

Effective Date: September 5, 2014

Policy #: PS-04

Page 1 of 3

- I. PURPOSE:** To provide guidelines for assessing patients' psychiatric needs while they are at Montana State Hospital (MSH).
- II. POLICY:** Patients' psychiatric needs will be evaluated in a systematic manner at regular intervals throughout their hospital stay. This information will facilitate prompt and accurate decision making about each patient's care.
- III. DEFINITIONS:** None
- IV. RESPONSIBILITIES:**
- A. Nursing staff is responsible for notifying the licensed independent practitioner (LIP) of any new admission to the treatment unit as soon as the patient physically arrives on the unit.
 - B. LIPs are responsible for assessing the patient, completing an admission psychiatric evaluation, and charting the progress of the patient per policy standards.
 - C. Admissions staff will send out a list of the patients due for recommitment no later than three (3) weeks prior to the due date.
- V. PROCEDURE:**
- A. The Admission Psychiatric Evaluation is performed by a LIP within 24 hours of the patient's admission to MSH. This report will include the following information:
 - 1. Identifying data
 - 2. Chief complaint/reason(s) for admission
 - 3. History of present illness
 - 4. Past history (psychiatric, medical, substance abuse, social, family)
 - 5. Mental Status examination

6. Summary and Formulation
7. DSM 5 diagnoses
8. Determination of patient strengths/assets
9. Estimated length of stay
10. Initial Plan for Treatment

- B. Psychiatric reassessments will occur when there are major changes in the patient's condition. Progress notes will be recorded by the attending LIP. The frequency of the progress notes is determined by the condition of patient, but will be recorded at least weekly for the first two (2) months and at least once a month thereafter.

The progress notes will contain recommendations for revisions in the treatment plan as indicated, as well as precise assessment of the patient's progress in accordance with the original or revised treatment plan.

- C. An Annual Psychiatric Summary will be completed for each patient on a yearly basis. This report will summarize the following information:
1. Pertinent past history
 2. Hospital course (including response to medications)
 3. Medications
 4. Mental status examination
 5. DSM 5 diagnoses
 6. Treatment plan
- D. An annual Dangerousness Assessment will be completed for criminally court-ordered patients in lieu of the Annual Psychiatric Summary.

VI. REFERENCES: CMS Hospital Licensure Standards – § 482.61

VII. COLLABORATED WITH: Medical Staff, Director of Health Information, Director of Nursing.

**MONTANA STATE HOSPITAL
ADMISSION PSYCHIATRIC EVALUATION**
Month, Day, Year

MSH#:
Date of Admission:
Date of Evaluation:
Referral Source:
Age:
Sex:
Marital Status:
Occupation:
Legal Status:

Chief Complaint:

Source of Information:
1.

History of Present Illness:

PAST HISTORY

Psychiatric History:

Drug and Alcohol History:

Family History:

Medical History:

Social History:

Work History:

Marital History:

Military Service:

Criminal History:

Current Living Situation:

MENTAL STATUS

STRENGTHS AND ASSETS

SUMMARY AND FORMULATION

Diagnoses:

Primary:

- 2.
- 3.

Other Conditions That May Be a Focus of Clinical Attention:

- 1.
- 2.

Core Measures:

Physical health –

Education –

Employment Skills –

Family Support –

Knowledge on illness and treatment –

Initial Treatment Plan:

Level of Supervision:

Estimated Length of Stay: days.

Certification Requirement: Pursuant to Federal Regulation 424.14(b)

(X) The admission of this patient was medically necessary for diagnostic study and/or treatment is reasonably expected to improve this patient's condition.

OR

() The patient was admitted to the hospital based on an emergency detention status or at the request of the court **and does not** require inpatient acute psychiatric care.

, MD
Staff Psychiatrist
Montana State Hospital

Date/Time

R:

T:

**MONTANA STATE HOSPITAL
ANNUAL PSYCHIATRIC EVALUATION**
Month, Day, Year

MSH#:
Date of Admission:
Date of Evaluation:
Age:
Sex:
Marital Status:
Occupation:
Current Legal Status:

History of Present Illness:

PAST HISTORY

Psychiatric History:

Drug and Alcohol History:

Family History:

Medical History:

Social History:

Work History:

Marital History/Children:

Military Service:

Criminal History:

Living Situation:

HOSPITAL COURSE

MENTAL STATUS

STRENGTHS AND ASSETS

SUMMARY AND FORMULATION

Diagnoses:

Primary:

- 1.
- 2.

Other Conditions That May Be a Focus of Clinical Attention:

- 1.
- 2.

Medications:

Treatment Plan:

Level of Supervision:

Estimated Length of Stay:

Certification Requirement: Pursuant to Federal Regulation 424.14 (b)

(X) The admission of this patient was medically necessary for diagnostic study and/or treatment is reasonably expected to improve this patient's condition.

OR

() The patient was admitted to the hospital based on an emergency detention status or at the request of the court **and does not** require inpatient acute psychiatric care.

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