

Nursing Progress Note

Date of Exam: 5/9/2013
Time of Exam: 2:02:45 PM

Patient Name: Smart, Julie
Patient Number: 1000010649603

HISTORY:

Status of patient:

Julie is worse today.

Current Symptoms:

Julie reports that depressive symptoms continue. Her symptoms, she reports, are more frequent or more intense. Anergia is present. Increased symptoms of anhedonia are present. Julie's difficulty with concentrating has not changed. Julie reports that she continues to feel sad. Guilty feelings are described by Julie. "I should have been with my sister. I had no idea she was suicidal." Sleep has improved with the use of PRN Ambien CR at HS. Julie convincingly denies suicidal ideas or intentions.

Basic Behaviors:

Medication has been taken regularly. She needs help with ADLs. When she attends activities participation is minimal. Pys's are used occasionally and are described as effective for her headaches. Impulsive behaviors are occurring, but less frequently. Julie has diminished food and fluid intake. Julie has not been confused. A good night's sleep is described.

Additional Signs or Possible Side Effects:

Sedative effects of the medication are described. Patient reports a dry mouth. No other side effects are reported or in evidence.

MENTAL STATUS:

Julie presents as glum, downcast, inattentive, minimally communicative, and looks unhappy. She appears listless and anergic. She appears downcast. Thought content is depressed. Slowness of physical movement helps reveal depressed mood. Facial expression and general demeanor reveal depressed mood. She denies having suicidal ideas. There are no apparent signs of hallucinations, delusions, bizarre behaviors, or other indicators of psychotic process. Associations are intact, thinking is logical, and thought content appears appropriate. There are signs of anxiety. Patient is fidgety in a way that is suggestive of anxiety.

Special Circumstances:

Julie continues to have an unsteady gait, especially after midnight. Call light is within her reach. She has been instructed to ring for the nurse to assist her when ambulating to bathroom.

Vital Signs:

Sitting blood pressure is 150 / 85. Sitting pulse rate is 80. Respiratory rate is 18 per minute. Temperature is 98+ degrees F. Weight is 155 lbs. (70.3 Kg).

Nursing Interventions:

The following nursing interventions were performed:
Medication was administered to Julie, compliance, symptoms, and possible side effects monitored and recorded as appropriate. Response to medication is as follows: Julie's response to medication Ambien CR is considered good. Details are as follows: Julie reports being well rested in the morning for the first time in several months.

Level of Care:

Julie needs continued inpatient treatment. (Julie is voluntary.) Julie did not benefit or could not be managed in an outpatient setting causing exacerbation of psychiatric symptoms and condition is likely to improve with treatment at the current level of care.

Psychiatric Nursing Home Progress Note

Sandra Cutler Lewis

Psychiatric Nursing Home Progress Note:

Manual of Nursing Home Practice for Psychiatrists American Psychiatric Association, 2008-11-01 The shifting demographic toward a graying population coupled with today's reality of managed care makes the need for high quality cost effective psychiatric services within the nursing care setting more urgent than ever. As we increase the number of our years it is also imperative that we enhance the quality of those years. The product of the American Psychiatric Association's APA's Council on Aging and its Committee on Long Term Care and of the Elderly the Manual of Nursing Home Practice for Psychiatrists stands out because it focuses on the how not the why of nursing home care. Of exceptional importance is its detailed discussion of the Minimum Data Set MDS a structured assessment required by both Medicare and Medicaid for all residents of skilled nursing facilities. Divided into six sections this how to volume contains practical information readers can use right away from getting reimbursed by insurance companies to handling nursing facility politics Clinical History evaluation and management of psychiatric problems in long term care patients an overview of the MDS sexuality within the nursing home care setting Regulatory Introduction to the Nursing Home Reform Act of 1987 part of OBRA 87 and its implications for psychiatric care details about the Resident Assessment Instrument RAI which includes the MDS the Resident Assessment Protocols RAPs and Utilization Guides specified in the State Operations Manual SOP Financial Documentation reimbursement and coding what to look for when contracting with nursing homes Legal and ethical The dehumanizing effect of diagnostic labels and the ethical issues inherent in regulating daily schedules e.g. bed meal and bath times nursing home placement competence and decision making ability comfort care for end stage dementia coping with Alzheimer's disease and the role of caregivers Summary and Future Perspectives A detailed vision about how psychiatrists can improve the diagnosis and treatment of nursing home patients Appendixes and bibliography Staffing recommendations and assessment instruments Edited by a distinguished authority and former chair of the APA's Committee on Long Term Care and Treatment of the Elderly this comprehensive volume will appeal to a wide audience of professionals from general psychiatrists nurse practitioners and clinical nurse specialists to primary care physicians and residents

The Casebook of a Residential Care Psychiatrist Martin Fleishman, 2014-03-18 Discover an alternative realm of psychiatry without offices or couches The Casebook of a Residential Care Psychiatrist Psychopharmacosocioeconomics and the Treatment of Schizophrenia in Residential Care Facilities addresses the problems involved in the onsite treatment of mentally ill patients in residential care facilities This book is the first to identify the need for psychiatrists to be available to individuals in such facilities as adult homes community care homes transitional living facilities and rest homes This vital resource also contains specific recommendations as to how these visits should be conducted with regard to frequency duration space and the types of Medicare procedure codes to utilize In The Casebook of a Residential Care Psychiatrist Dr Fleishman uses his 40 years of experience as a psychiatrist to show you the ins and outs of practicing psychiatry in residential facilities The book also

discusses the profound changes psychiatric drugs have produced in the social economic and legal arenas Using anecdotes personal stories and actual documents from Dr Fleishman s files this book provides you with a wealth of knowledge not found anywhere else With this book you ll learn more about time saving interview assessment techniques the importance of psychopharmacology in residential care and how it has changed the practice of psychiatry Dr Fleishman s method for appropriately creating and using progress notes and other records during treatment ways to work with other members of the residential facility professional community including psychologists social workers pharmacists and administratorsto make everyone s job easier the best ways to control paperwork obligations the impact that federal state and local government agencies have had on mental health spending services and practitioners In The Casebook of a Residential Care Psychiatrist you will find wisdom knowledge and advice along with case studies tables and examples While focused on psychiatry and schizophrenia this book will be of interest to mental health workers long term caregivers and residential facility administrators as well as psychiatrists and psychologists

The OTA's Guide to Writing SOAP Notes

Sherry Borcherding, Marie J. Morreale, 2007 Written specifically for occupational therapy assistants The OTA s Guide to Writing SOAP Notes Second Edition is updated to include new features and information This valuable text contains the step by step instruction needed to learn the documentation required for reimbursement in occupational therapy With the current changes in healthcare proper documentation of client care is essential to meeting legal and ethical standards for reimbursement of services Written in an easy to read format this new edition by Sherry Borcherding and Marie J Morreale will continue to aid occupational therapy assistants in learning to write SOAP notes that will be reimbursable under Medicare Part B and managed care for different areas of clinical practice New Features in the Second Edition Incorporated throughout the text is the Occupational Therapy Practice Framework along with updated AOTA documents More examples of pediatrics hand therapy and mental health Updated and additional worksheets Review of grammar documentation mistakes Worksheets for deciphering physician orders as well as expanded worksheets for medical abbreviations Updated information on billing codes HIPAA management of health information medical records and electronic documentation Expanded information on the OT process for the OTA to fully understand documentation and the OTA s role in all stages of treatment including referral evaluation intervention plan and discharge Documentation of physical agent modalities With reorganized and shorter chapters The OTA s Guide to Writing SOAP Notes Second Edition is the essential text to providing instruction in writing SOAP notes specifically aimed at the OTA practitioner and student This exceptional edition offers both the necessary instruction and multiple opportunities to practice as skills are built on each other in a logical manner Templates are provided for beginning students to use in formatting SOAP notes and the task of documentation is broken down into small units to make learning easier A detachable summary sheet is included that can be pulled out and carried to clinical sites as a reminder of the necessary contents for a SOAP note Updated information expanded discussions and reorganized learning

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