

Psych Shift Assessment BH

Psychosocial Assessment

General	
Type Of Program	<input type="radio"/> Chemical Dependency <input type="radio"/> Dual Diagnosis <input type="radio"/> Psychiatric
Medication Compliance	<input type="checkbox"/> Cheeking Medication <input type="checkbox"/> Hiding Medication <input type="checkbox"/> Taking ALL Medication <input type="checkbox"/> Court Ordered <input type="checkbox"/> Medication Seeking <input type="checkbox"/> Taking Selected Meds <input type="checkbox"/> Disposing Medication <input type="checkbox"/> Refusing Medication <input type="checkbox"/> No Medication Ordered
Medication Compliance Comments	<input style="width: 100%;" type="text"/>
Psychosocial Observations	
Psychosocial Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except <hr/> Within Defined Limits (WDL) as evidenced by: - Appearance Neat And Clean - Makes Eye Contact - Facial Expression Appropriate - Speech Rate Volume Amount Characteristics Normal - Motor Activity Relaxed - Attitude Cooperative - Mood Calm - Affect Congruent - No Blackouts
Safety Risk Precautions	<input type="checkbox"/> Aggressive/Assaultive <input type="checkbox"/> Homicidal <input type="checkbox"/> Seizure <input type="checkbox"/> Elopement <input type="checkbox"/> Hypersexual <input type="checkbox"/> Suicidal <input type="checkbox"/> Fall <input type="checkbox"/> Self Harm <input type="checkbox"/> Restrict To Unit
Safety Checks Performed Per Policy	<input type="radio"/> Yes
Appearance	<input type="checkbox"/> Appropriate <input type="checkbox"/> Disheveled <input type="checkbox"/> Neat <input type="checkbox"/> Unkempt <input type="checkbox"/> Bizarre <input type="checkbox"/> Malodorous <input type="checkbox"/> Poor Hygiene <input type="checkbox"/> Well Groomed
Eye Contact	<input type="radio"/> Poor Eye Contact <input type="radio"/> No Eye Contact <input type="radio"/> Good Eye Contact
Facial Expression	<input type="checkbox"/> Grimacing <input type="checkbox"/> Lip-Smacking <input type="checkbox"/> Tics
Speech	<input type="checkbox"/> Blocking <input type="checkbox"/> Loud <input type="checkbox"/> Perseveration <input type="checkbox"/> Slurred <input type="checkbox"/> Clear <input type="checkbox"/> Mute <input type="checkbox"/> Pressured <input type="checkbox"/> Soft <input type="checkbox"/> Flight Of Ideas <input type="checkbox"/> Requires Prompting <input type="checkbox"/> Rapid <input type="checkbox"/> Stuttering <input type="checkbox"/> Garbled <input type="checkbox"/> Paucity <input type="checkbox"/> Slow <input type="checkbox"/> Word Salad <input type="checkbox"/> Hyper-Verbal
Motor Activity	<input type="checkbox"/> Agitated <input type="checkbox"/> Lethargic <input type="checkbox"/> Ritualistic/Repetitive <input type="checkbox"/> EPS <input type="checkbox"/> Restlessness <input type="checkbox"/> Tense <input type="checkbox"/> Hypervigilance <input type="checkbox"/> Rigidity <input type="checkbox"/> Tremor
Psychomotor	<input type="checkbox"/> Catatonic <input type="checkbox"/> Poor Posture <input type="checkbox"/> Restlessness <input type="checkbox"/> Retardation
Attitude	<input type="checkbox"/> Apathetic <input type="checkbox"/> Demanding <input type="checkbox"/> Irritable <input type="checkbox"/> Suspicious <input type="checkbox"/> Argumentative <input type="checkbox"/> Guarded <input type="checkbox"/> Negative <input type="checkbox"/> Uncooperative <input type="checkbox"/> Defensive <input type="checkbox"/> Hostile <input type="checkbox"/> Seductive
Behaviors	<input type="checkbox"/> Aggressive <input type="checkbox"/> Detached <input type="checkbox"/> Manic <input type="checkbox"/> Restless <input type="checkbox"/> Agitated <input type="checkbox"/> Engaging <input type="checkbox"/> Med-Seeking <input type="checkbox"/> Seclusive <input type="checkbox"/> Belligerent <input type="checkbox"/> Guarded <input type="checkbox"/> Obsessive <input type="checkbox"/> Somatic <input type="checkbox"/> Compulsive <input type="checkbox"/> Hostile <input type="checkbox"/> Passive <input type="checkbox"/> Superficial <input type="checkbox"/> Crying <input type="checkbox"/> Impulsive <input type="checkbox"/> Poor Boundries/Dec Making <input type="checkbox"/> Suspicious <input type="checkbox"/> Denies Problems <input type="checkbox"/> Intrusive <input type="checkbox"/> Provocative <input type="checkbox"/> Tense <input type="checkbox"/> Dependent

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Mood	<input type="checkbox"/> Agitated <input type="checkbox"/> Despondent <input type="checkbox"/> Frightened <input type="checkbox"/> Labile <input type="checkbox"/> Angry <input type="checkbox"/> Dysphoric <input type="checkbox"/> Frustrated <input type="checkbox"/> Oppositional <input type="checkbox"/> Anhedonia <input type="checkbox"/> Elevated <input type="checkbox"/> Guilt <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Anxious <input type="checkbox"/> Euphoric <input type="checkbox"/> Helpless <input type="checkbox"/> Paranoid <input type="checkbox"/> Belligerent <input type="checkbox"/> Euthymic <input type="checkbox"/> Hopeless <input type="checkbox"/> Quiet <input type="checkbox"/> Concerned <input type="checkbox"/> Expansive <input type="checkbox"/> Hostile <input type="checkbox"/> Sad <input type="checkbox"/> Congruent <input type="checkbox"/> Fearful <input type="checkbox"/> Irritable <input type="checkbox"/> Withdrawn <input type="checkbox"/> Depressed
Affect	<input type="checkbox"/> Blunted <input type="checkbox"/> Elated <input type="checkbox"/> Incongruent <input type="checkbox"/> Sad <input type="checkbox"/> Broad <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> Tearful <input type="checkbox"/> Constricted <input type="checkbox"/> Inappropriate
Blackouts	<input type="radio"/> Yes
Psychosocial Assessment Comments	<div style="border: 1px solid black; height: 40px;"></div>

Self Harm	
Current Self Harm Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except Within Defined Limits (WDL) as evidenced by: - No reported history of Self Harm - No reported Self Harm Ideation - No observable signs of Self Harm behaviors
History Of Self-Harm	<input type="radio"/> Yes <input type="radio"/> No
Current Self-Harm Ideation	<input type="radio"/> Yes <input type="radio"/> No
Current Self-Harm Behavior	<input type="checkbox"/> Biting <input type="checkbox"/> Head Banging <input type="checkbox"/> Pillow Over Face <input type="checkbox"/> Cutting <input type="checkbox"/> Jumping <input type="checkbox"/> Superficial Scratching <input type="checkbox"/> Hanging <input type="checkbox"/> Overdose <input type="checkbox"/> Other
Self-Harm Interventions	<input type="checkbox"/> Encourage Report Impulse <input type="checkbox"/> Monitor For SS Self Harm <input type="checkbox"/> Safe Environment Managed <input type="checkbox"/> Firm Limit Setting <input type="checkbox"/> Monitor For Hidden Object <input type="checkbox"/> Safety Plan Developed <input type="checkbox"/> Medication <input type="checkbox"/> Nonjudgmental Approach <input type="checkbox"/> Therapeutic Communication <input type="checkbox"/> Other
Self-Harm Interventions Other	<div style="border: 1px solid black; height: 20px;"></div>
Self-Harm Intervention Effective	<input type="radio"/> Yes <input type="radio"/> No Comment: <div style="border: 1px solid black; width: 150px; height: 20px;"></div>
Self-Harm Comments	<div style="border: 1px solid black; height: 40px;"></div>

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Homicidal Behavior	
Homicidal Behavior Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except <hr/> Within Defined Limits (WDL) as evidenced by: - No Safety Related Risk Behaviors - No Observable Signs Of Homicidal Behavior - No Observable Signs Of Escalating Behavior - No Reportable Current Homicidal Ideation
Safety Related Risk Behaviors	<input type="checkbox"/> None Noted <input type="checkbox"/> Hx of Assaultive Behavior <input type="checkbox"/> Previously Assaulted <input type="checkbox"/> Current Legal Custody <input type="checkbox"/> Hx Restraint/Seclusion <input type="checkbox"/> Hx Incarceration
Observed Homicidal Behavior	<input type="checkbox"/> None Noted <input type="checkbox"/> Presently Intoxicated* <input type="checkbox"/> Use Of Profanity <input type="checkbox"/> Acute Psychosis <input type="checkbox"/> Severe Agitation <input type="checkbox"/> Aggressive Behavior <input type="checkbox"/> Threatening Gestures
Escalating Behavior	<input type="checkbox"/> Pacing <input type="checkbox"/> Intrusive Behavior <input type="checkbox"/> Extreme <input type="checkbox"/> Requires Seclusion <input type="checkbox"/> Shouting <input type="checkbox"/> Verbally Abusive <input type="checkbox"/> Overt Physical <input type="checkbox"/> Walking Restraints Needed <input type="checkbox"/> Clenched Fist/Jaw <input type="checkbox"/> Physically Aggressive <input type="checkbox"/> Overt Verbal <input type="checkbox"/> Not Follow Simple Directi <input type="checkbox"/> Non Directable <input type="checkbox"/> Continuous <input type="checkbox"/> Requires Restraint <input type="checkbox"/> Touching Other Patients
Current Homicidal Ideation	<input type="radio"/> Yes <input type="radio"/> No
Homicidal Plan	

Aggression	
Aggression And Assault Interventions	<input type="checkbox"/> Distraction Techniques <input type="checkbox"/> Medication <input type="checkbox"/> Safety Rounds Per Policy <input type="checkbox"/> Therapeutic Communication <input type="checkbox"/> Firm Limit Setting <input type="checkbox"/> Quiet Space Provided <input type="checkbox"/> Tarasoff Initiated <input type="checkbox"/> Other
Aggression And Assault Intervention Other	
Aggression Assault Intervention Effective	<input type="radio"/> Yes <input type="radio"/> No Comment <input style="width: 200px;" type="text"/>
Aggression And Assault Comments	

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Directions	
Aggression Risk Scale Legend	<p>Absence of behavior gives a score of 0.</p> <p>Presence of behavior gives a score of 1.</p> <p>If behaviour is normal for a patient (e.g. patient is normally confused and has been so for a long time) this will give a score of 0.</p> <p>If an increase in confusion is observed this gives a score of 1.</p> <p>**Maximum score (SUM) is 6. **</p>
Screen	
Confused	<input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Normal for Patient <input type="radio"/> Increased Appears obviously confused and disorientated. May be unaware of time, place or person.
Irritable	<input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Normal for Patient <input type="radio"/> Increased Easily annoyed or angered. Unable to tolerate the presence of others.
Boisterous	<input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Normal for Patient <input type="radio"/> Increased Behaviour is overtly "loud" or noisy. For example slams doors, shouts out when talking etc.
Physically Threatening	<input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Normal for Patient <input type="radio"/> Increased Where there is a definite intent to physically threaten another person. For example the taking of an aggressive stance; the grabbing of another persons clothing; the raising of an arm, leg, making of a fist or modeling of a head-butt directed at another.
Verbally Threatening	<input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Normal for Patient <input type="radio"/> Increased A verbal outburst which is more than just a raised voice; and where there is a definite intent to intimidate or threaten another person. For example verbal attacks, abuse, name-calling, verbally neutral comments uttered in a snarling aggressive manner.
Attacking Objects	<input type="radio"/> Absent <input type="radio"/> Present <input type="radio"/> Normal for Patient <input type="radio"/> Increased An attack directed at an object and not an individual. For example the indiscriminate throwing of an object; banging or smashing windows; kicking, banging or head-butting an object; or the smashing of furniture.
Result	
Aggression Risk Score	<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>Score = 0 The risk of violence is small</p> <p>Score = 1-2 The risk of violence is moderate. Preventive measures should be taken</p> <p>Score > 2 The risk of violence is very high. Preventive measures should be taken</p> <p style="text-align: center;">In addition, a plan should be developed to manage the potential violence.</p>

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Agitation	
Agitation Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except Within Defined Limits (WDL) as evidence by: - Exhibits no observable signs of agitated behaviors
Agitation Behaviors	<input type="checkbox"/> Continuous <input type="checkbox"/> Overt Physical <input type="checkbox"/> Requires Restraint <input type="checkbox"/> Walking Restraints Needed <input type="checkbox"/> Extreme <input type="checkbox"/> Overt Verbal <input type="checkbox"/> Requires Seclusion <input type="checkbox"/> Other
Agitation Risk Interventions	<input type="checkbox"/> Env Stimuli Reduced <input type="checkbox"/> Quiet Space Provided <input type="checkbox"/> Use Calming Techniques <input type="checkbox"/> Firm Limit Setting <input type="checkbox"/> Safety Rounds Per Policy <input type="checkbox"/> Other <input type="checkbox"/> Medication <input type="checkbox"/> Therapeutic Communication
Agitation Interventions Other	<input style="width: 100%;" type="text"/>
Agitation Intervention Effective	<input type="radio"/> Yes <input type="radio"/> No Comment <input style="width: 80%;" type="text"/>
Agitation Comments	<input style="width: 100%; height: 40px;" type="text"/>

Anxiety	
Anxiety Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except Within Defined Limits (WDL) as evidence by: Patients exhibits no signs of the following behaviors: - Tension - Insomnia - Panic Attacks
Tension	<input type="checkbox"/> Restless <input type="checkbox"/> Startles Easily <input type="checkbox"/> Tearful <input type="checkbox"/> Trembles
Insomnia	<input type="checkbox"/> Difficulty Falling Asleep <input type="checkbox"/> Difficulty Staying Asleep <input type="checkbox"/> Nightmares <input type="checkbox"/> Wakefulness
Anhedonia	<input type="checkbox"/> Loss Of Interest <input type="checkbox"/> Loss Of Pleasure
Panic Attack Symptoms	<input type="checkbox"/> Hyperventilation <input type="checkbox"/> Weakness <input type="checkbox"/> Sweating Profusely <input type="checkbox"/> Choking Sensation <input type="checkbox"/> Feeling Overwhelmed <input type="checkbox"/> Palpitations <input type="checkbox"/> Shortness Of Breath
Panic Attacks Frequency	<input type="radio"/> Frequent <input type="radio"/> Seldom <input type="radio"/> Very Frequent
Anxiety Risk Interventions	<input type="checkbox"/> Avoid Info Overload <input type="checkbox"/> Monitor SS Anxiety <input type="checkbox"/> Rapid Prompt Intervention <input type="checkbox"/> Encourage Social Interact <input type="checkbox"/> Plan Developed To Manage <input type="checkbox"/> Use Calming Techniques <input type="checkbox"/> Medication
Anxiety Interventions Other	<input style="width: 100%;" type="text"/>
Anxiety Intervention Effective	<input type="radio"/> Yes <input type="radio"/> No Comment <input style="width: 80%;" type="text"/>
Anxiety Comments	<input style="width: 100%; height: 40px;" type="text"/>

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Sleep	
Sleep Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Within Defined Limits (WDL) as evidenced by: - No Identified Disturbed Sleep Pattern - No Reported or Observed Sleep Aggravating Factors - Estimated Amount of Sleep Per Night Adequate To Meet Patient Needs
Estimated Time Patient Sleeps Per Night	<input style="width: 100px;" type="text"/> (Hrs/Night)
Sleep Pattern	<input type="checkbox"/> Difficulty Falling Asleep <input type="checkbox"/> Insomnia <input type="checkbox"/> Sleepwalks <input type="checkbox"/> Early Morning Awakening <input type="checkbox"/> Nightmares <input type="checkbox"/> Wakes During Night <input type="checkbox"/> Hypersomnia <input type="checkbox"/> Restless <input type="checkbox"/> OOB Frequently
Sleep Aggravating Factors	<input type="checkbox"/> Agitation <input type="checkbox"/> Cough <input type="checkbox"/> Environmental Issues <input type="checkbox"/> Pain <input type="checkbox"/> Anxiety <input type="checkbox"/> Delusions <input type="checkbox"/> Hallucinations <input type="checkbox"/> Withdrawal Symptoms
Sleep Interventions	<input type="checkbox"/> Limit Caffeine <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Monitor Amt Sleep (7-9Hr) <input type="checkbox"/> Change In Room/Roommate <input type="checkbox"/> Expose Natural Sunlight <input type="checkbox"/> Promote Sleep/Wake Cycle <input type="checkbox"/> Day Activity/Exercise <input type="checkbox"/> Limit Nap <input type="checkbox"/> Quiet Relax Environment <input type="checkbox"/> Discourage Sleep Activity <input type="checkbox"/> Medications
Sleep Intervention Other	<input style="width: 100%;" type="text"/>
Sleep Interventions Effective	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 100%;" type="text"/>
Sleep Comments	<input style="width: 100%; height: 40px;" type="text"/>

Elopement	
Elopement Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> Within Defined Limits (WDL) as evidenced by: - No elopement behaviors reported or observed
Elopement Observed Behaviors	<input type="checkbox"/> Attempt To Leave Unit <input type="checkbox"/> Confusion <input type="checkbox"/> Stated Intent
Elopement Observed Behaviors Other	<input style="width: 100%;" type="text"/>
Elopement Risk Interventions	<input type="checkbox"/> Distraction Technique <input type="checkbox"/> Post Signage <input type="checkbox"/> Move To Higher Level Care <input type="checkbox"/> Diversional Activity <input type="checkbox"/> Therapeutic Communication <input type="checkbox"/> Safety Rounds Per Policy <input type="checkbox"/> Increased Level Of Observ
Elopement Interventions Other	<input style="width: 100%;" type="text"/>
Elopement Intervention Effective	<input type="radio"/> Yes <input type="radio"/> No Comment: <input style="width: 100%;" type="text"/>
Elopement Comments	<input style="width: 100%; height: 40px;" type="text"/>

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Perceptions	
Perceptions Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except <hr/> Within Defined Limits (WDL) as evidenced by: - Thought Process Intact And Linear - Thought Content Reality Oriented - Hallucinations Denies And None Noted - Delusions Denies And None Noted
Thought Process	<input type="checkbox"/> Circumstantial <input type="checkbox"/> Incoherent <input type="checkbox"/> Perseveration <input type="checkbox"/> Tangential <input type="checkbox"/> Disorganized <input type="checkbox"/> Loose Associations <input type="checkbox"/> Racing <input type="checkbox"/> Thought Blocking <input type="checkbox"/> Goal Directed <input type="checkbox"/> Concrete <input type="checkbox"/> Rumination <input type="checkbox"/> Word Salad <input type="checkbox"/> Flight Of Ideas
Hallucinations Present	<input type="radio"/> Yes <input type="radio"/> No
Hallucinations Type	<input type="checkbox"/> Auditory <input type="checkbox"/> Olfactory <input type="checkbox"/> Visual <input type="checkbox"/> Command <input type="checkbox"/> Tactile
Hallucination Descriptive Note	
Delusion Present	<input type="radio"/> Yes <input type="radio"/> No
Delusion Type	<input type="checkbox"/> Thought Insertion <input type="checkbox"/> Grandiose <input type="checkbox"/> Paranoid <input type="checkbox"/> Religious/Preoccupation <input type="checkbox"/> Thought Broadcast <input type="checkbox"/> Ideas Of Reference <input type="checkbox"/> Persecutory <input type="checkbox"/> Somatic <input type="checkbox"/> Thought Deletion <input type="checkbox"/> Magical Thinking <input type="checkbox"/> Phobias
Delusion Descriptive Note	
Perceptions Interventions	<input type="checkbox"/> Avoid Power Struggles <input type="checkbox"/> Re-direct <input type="checkbox"/> Minimize Sensory Stimuli <input type="checkbox"/> Respect Patient Boundary <input type="checkbox"/> Environmental Safety <input type="checkbox"/> Medication <input type="checkbox"/> Reality Orientation <input type="checkbox"/> Use Touch Judiciously
Perception Interventions Other	<input style="width: 100%;" type="text"/>
Perception Intervention Effective	<input type="radio"/> Yes <input type="radio"/> No Comment <input style="width: 80%;" type="text"/>
Perception Comments	

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Sensorium Cognition	
Sensorium and Cognition Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except Within Defined Limits (WDL) as evidenced by: - Alert - Orientated To Person, Place, Time, and Situation - Memory Intact - Judgment Usually Able To Make Logical Decisions - Insight Aware Of Illness
Alertness Level	<input type="radio"/> Intoxicated <input type="radio"/> Sedated <input type="radio"/> Stuperous
Orientation	<input type="checkbox"/> Disoriented To Person <input type="checkbox"/> Disoriented To Time <input type="checkbox"/> Disoriented To Place <input type="checkbox"/> Disoriented To Situ/Event
Memory Deficit	<input type="checkbox"/> Long Term Deficit <input type="checkbox"/> Short Term Deficit <input type="checkbox"/> Unable To Test
Ability to Make Logical Decisions	<input type="radio"/> Sometimes Able <input type="radio"/> Unable
Insight	<input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor <input type="radio"/> None
Sensorium and Cognition Comments	

Social Appropriateness	
Social Appropriateness Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except Within Defined Limits (WDL) as evidenced by: - Interacts With Others In A Respectful And Courteous Manner - Attends And Participates In Groups - Respectful Of Other's Personal Space - Demonstrates Ability To Control Impulse To Say And Do Things That Are Socially Acceptable
Socially Inappropriate Behavior	<input type="checkbox"/> Discourteous <input type="checkbox"/> Limited Group Attendance <input type="checkbox"/> Socially Inappropriate <input type="checkbox"/> Disrespectful <input type="checkbox"/> Minimal Interaction <input type="checkbox"/> Withdrawn <input type="checkbox"/> Intrusive <input type="checkbox"/> Provocative <input type="checkbox"/> Isolated
Socially Inappropriate Behavior Other	
Social Interaction Interventions	<input type="checkbox"/> 1:1 Interactions <input type="checkbox"/> Gradual Inc Participation <input type="checkbox"/> Set Firm Limits <input type="checkbox"/> Encourage App Behavior <input type="checkbox"/> Promote Unit Participation
Social Interaction Intervention Other	1:1 Interactions allow for expression of feelings and concerns in 1:1 setting Encourages appropriate behavior to gratify or express feelings
Social Intervention Effective	<input type="radio"/> Yes <input type="radio"/> No Comment <input style="width: 150px;" type="text"/>
Social Appropriateness Comments	

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Withdrawal	
Withdrawal Assessment Parameters	<input type="radio"/> WDL <input type="radio"/> WDL Except <hr/> Within Defined Limits (WDL) as evidenced by: - Exhibits No Medical Complications As Listed Below - LOC Awake Alert Oriented X4 And Opens Eyes To Voice Or Tactile Stimuli - Exhibits No Physical Symptoms As Listed Below - Able To Concentrate - Tolerates Normal Levels Of Sound, Light, And Tactile Sensation
Medical Complications	<input type="checkbox"/> Delirium <input type="checkbox"/> Hyperthermia <input type="checkbox"/> Tachycardia <input type="checkbox"/> Bradycardia <input type="checkbox"/> Hypertension <input type="checkbox"/> Seizure <input type="checkbox"/> DTs <input type="checkbox"/> Trembling
Withdrawal Level Of Consciousness	<input type="checkbox"/> Decreased <input type="checkbox"/> NOT Open Eyes To Touch <input type="checkbox"/> NOT Open Eyes To Voice
Withdrawal Physical Symptoms	<input type="checkbox"/> Abdominal Cramps <input type="checkbox"/> Diaphoresis <input type="checkbox"/> Muscle Cramps
Withdrawal Concentration	<input type="checkbox"/> Sometimes Able To Focus <input type="checkbox"/> Unable To Pay Attention <input type="checkbox"/> Sometimes Pays Attention <input type="checkbox"/> Unable To Focus
Hypersensitivity	<input type="checkbox"/> Light <input type="checkbox"/> Sound <input type="checkbox"/> Tactile Sensation
Other Drug And ETOH And Drug Assessment	
Drug And ETOH Interventions	<input type="checkbox"/> Monitor Mood And Lability <input type="checkbox"/> Per Policy <input type="checkbox"/> Therapeutic Support <input type="checkbox"/> Monitor SS Withdrawal <input type="checkbox"/> Nonjudgmental Approach <input type="checkbox"/> Request For Consultation
Other Drug And ETOH Interventions	
Drug And ETOH Intervention Effective	<input type="checkbox"/> Decrease Env Stimuli <input type="checkbox"/> Direct Approach
Withdrawal Comment	

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