

Garman Smith
JRSING SHIFT ASSESSMENT
 ITE: _____

ADD **X4**

SHIFT: Day(7A-7P) Night(7P-7A)

Label
 Name: _____
 D.O.B. _____
 MR#: _____

REVIEW OF SYSTEMS

- Cardio/Pulmonary:**
 DMNL Elevated BP JVP BP
 Chest Pain
 Edema: Upper Lower
Respiratory/Breath sounds:
 Clear Rales Crackles Wheezing
 Cough S.O.B. Other: _____
 O2 @ _____ Urin Cont. Ppv
 Via nasal cannula face mask
Neurological / L.O.C.:
 Unimpaired Apathetic Sedated
 Dizziness Headache Seizures
 Tremors Other: _____
Musculoskeletal/Safety:
 Ambulatory MAE Full ROM
 DWalker DMobile
 Pressure ulcer Unsteady gait
 Risk for pressure ulcer
 Reddened area(s)
Nutrition/Fluid:
 Adequate Inadequate Dehydrate
 Supplement Prompting Other
 new onset of choking risks assessed

- Skin:**
 Bruises Tear No new skin issue
 Wound(s) (see Wound Care Packs)
 Abrasion Integumentary Assess
 Other: _____
Elimination:
 Continent Incontinent Cathetic
 Diarrhea OTHER _____

- Hours of Sleep: _____ Day _____ Night _____
 At Risk for Falls: Yes No
 At Risk for FALL Precautions:
 Arm Band Non-skid footwear
 CBR light ambulate with assist
 Call bell Clear path
 Bed alarm 1:1 observation level
 Assist with ADLs Geri Chair
 Ensure assistive devices near
 Other _____

- Person Place Time Situation**
 Appropriate Inappropriate
 Flat Guarded Improved Blurred
 ADL Independent Assist Partial Assist Total Assist
 Normal Psychomotor retardation Psychomotor agitation
 Posturing Repetitive acts Pacing
 Irritable Depressed Anxious Dysphoric Agitated Labile Euphoric
 Withdrawn Suspicious Tearful Paranoid Isolative Preoccupied Demanding
 Aggressive Manipulative Complacent Sexually acting out Cooperative Guarded Intrusive

Thought Processes
 Goal Directed Tangential Blocking
 Flight of Ideas Loose association Indecisive
 Illogical Delusions: (type) _____
 In: Yes Pain scale score _____ Locations HEAD PELVIS
 pain causing any physical impairment in functioning today No Yes exp air _____

Thought Content
 Obsessions Compulsions Suicidal thoughts
 Hallucinations: Auditory Visual Olfactory Tactile Gustatory
 Worthless Somatic Assaultive Ideas Logical
 Hopeless Helpless Homicidal thoughts

Motor Activity
 Normal Psychomotor retardation Psychomotor agitation
 Posturing Repetitive acts Pacing

Mood
 Irritable Depressed Anxious Dysphoric Agitated Labile Euphoric

Behavior
 Withdrawn Suspicious Tearful Paranoid Isolative Preoccupied Demanding
 Aggressive Manipulative Complacent Sexually acting out Cooperative Guarded Intrusive

Physical health) DAILY SUICIDE RISK ASSESSMENT Note - for frequent assessment purposes, Question 1 has been omitted

1 Question 2* YES NO

Have you actually had thoughts about killing yourself? YES NO

Have you been thinking about how you might do this? YES NO

Have you had these thoughts and had some intention of acting on them?
 6. "I thought about taking an overdose, but I never made a specific plan as to when where or how I would actually do it...and I could never go through with it." YES NO

Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?
 I opposed to "I have the thoughts, but I definitely will not do anything about them." YES NO

Have you done anything, started to do anything, or prepared to do anything to end your life?
 examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, went the roof but didn't jump, or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. YES NO

Low Risk Moderate Risk High Risk

urse Signature(s) _____ Date: _____ Time: _____

Using Interventions:
 Close Obs. q15 Ind. Support Reality Orientation Toilet Q2 w/awake 1 to 1 Observation _____
 Milieu Therapy Monitor Intake Encourage Disclosure Neuro Checks Rounds Q2 _____
 N/S O2 sat. Tx Team Wt. Monitoring Elevate HOB MD notified _____
 Nursing group/session (list topic): _____
 ADLs assist I&O PRN Med per order _____

Hamilton Depression Rating Scale (HDRS)

Reference: Hamilton M. A rating scale for depression. *J Neurol Neurosurg Psychiatry* 1960; 23:56-62

Rating Clinician-rated

Administration time 20-30 minutes

Main purpose To assess severity of, and change in, depressive symptoms

Population Adults

Commentary

The HDRS (also known as the Ham-D) is the most widely used clinician-administered depression assessment scale. The original version contains 17 items (HDRS₁₇) pertaining to symptoms of depression experienced over the past week. Although the scale was designed for completion after an unstructured clinical interview, there are now semi-structured interview guides available. The HDRS was originally developed for hospital inpatients, thus the emphasis on melancholic and physical symptoms of depression. A later 21-item version (HDRS₂₁) included 4 items intended to subtype the depression, but which are sometimes, incorrectly, used to rate severity. A limitation of the HDRS is that atypical symptoms of depression (e.g., hypersomnia, hyperphagia) are not assessed (see SIGH-SAD, page 55).

Scoring

Method for scoring varies by version. For the HDRS₁₇, a score of 0-7 is generally accepted to be within the normal

range (or in clinical remission), while a score of 20 or higher (indicating at least moderate severity) is usually required for entry into a clinical trial.

Versions

The scale has been translated into a number of languages including French, German, Italian, Thai, and Turkish. As well, there is an Interactive Voice Response version (IVR), a Seasonal Affective Disorder version (SIGH-SAD, see page 55), and a Structured Interview Version (HDS-SIV). Numerous versions with varying lengths include the HDRS₁₇, HDRS₂₁, HDRS₂₉, HDRS₈, HDRS₆, HDRS₂₄, and HDRS₇ (see page 30).

Additional references

Hamilton M. Development of a rating scale for primary depressive illness. *Br J Soc Clin Psychol* 1967; 6(4):278-96.

Williams JB. A structured interview guide for the Hamilton Depression Rating Scale. *Arch Gen Psychiatry* 1988; 45(8):742-7.

Address for correspondence

The HDRS is in the public domain.

Hamilton Depression Rating Scale (HDRS)

PLEASE COMPLETE THE SCALE BASED ON A STRUCTURED INTERVIEW

Instructions: for each item select the one "cue" which best characterizes the patient. Be sure to record the answers in the appropriate spaces (positions 0 through 4).

1 DEPRESSED MOOD (*sadness, hopeless, helpless, worthless*)

- 0 Absent.
1 These feeling states indicated only on questioning.
2 These feeling states spontaneously reported verbally.
3 Communicates feeling states non-verbally, i.e. through facial expression, posture, voice and tendency to weep.
4 Patient reports virtually only these feeling states in his/her spontaneous verbal and non-verbal communication.

2 FEELINGS OF GUILT

- 0 Absent.
1 Self reproach, feels he/she has let people down.
2 Ideas of guilt or rumination over past errors or sinful deeds.
3 Present illness is a punishment. Delusions of guilt.
4 Hears accusatory or denunciatory voices and/or experiences threatening visual hallucinations.

3 SUICIDE

- 0 Absent.
- 1 Feels life is not worth living.
- 2 Wishes he/she were dead or any thoughts of possible death to self.
- 3 Ideas or gestures of suicide.
- 4 Attempts at suicide (any serious attempt rate 4).

4 INSOMNIA: EARLY IN THE NIGHT

- 0 No difficulty falling asleep.
- 1 Complains of occasional difficulty falling asleep, i.e. more than 1/2 hour.
- 2 Complains of nightly difficulty falling asleep.

5 INSOMNIA: MIDDLE OF THE NIGHT

- 0 No difficulty.
- 1 Patient complains of being restless and disturbed during the night.
- 2 Waking during the night - any getting out of bed rates 2 (except for purposes of voiding).

6 INSOMNIA: EARLY HOURS OF THE MORNING

- 0 No difficulty.
- 1 Waking in early hours of the morning but goes back to sleep.
- 2 Unable to fall asleep again if he/she gets out of bed.

7 WORK AND ACTIVITIES

- 0 No difficulty.
- 1 Thoughts and feelings of incapacity, fatigue or weakness related to activities, work or hobbies.
- 2 Loss of interest in activity, hobbies or work - either directly reported by the patient or indirect in listlessness, indecision and vacillation (feels he/she has to push self to work or activities).
- 3 Decrease in actual time spent in activities or decrease in productivity. Rate 3 if the patient does not spend at least three hours a day in activities (job or hobbies) excluding routine chores.
- 4 Stopped working because of present illness. Rate 4 if patient engages in no activities except routine chores, or if patient fails to perform routine chores unassisted.

8 RETARDATION (slowness of thought and speech, impaired ability to concentrate, decreased motor activity)

- 0 Normal speech and thought.
- 1 Slight retardation during the interview.
- 2 Obvious retardation during the interview.
- 3 Interview difficult.
- 4 Complete stupor.

9 AGITATION

- 0 None *C.S.*
- 1 Fidgetiness. *(D)*
- 2 Playing with hands, hair, etc.
- 3 Moving about, can't sit still.
- 4 Hand wringing, nail biting, hair-pulling, biting of lips.

10 ANXIETY PSYCHIC

- 0 No difficulty.
- 1 Subjective tension and irritability.
- 2 Worrying about minor matters.
- 3 Apprehensive attitude apparent in face or speech.
- 4 Fears expressed without questioning.

11 ANXIETY SOMATIC (physiological concomitants of anxiety) such as:

gastro-intestinal - dry mouth, wind, indigestion, diarrhoea, cramps, belching
cardio-vascular - palpitations, headaches
respiratory - hyperventilation, sighing
urinary frequency
sweating

- 0 Absent.
- 1 Mild.
- 2 Moderate.
- 3 Severe.
- 4 Incapacitating.

12 SOMATIC SYMPTOMS GASTRO-INTESTINAL

- 0 None.
- 1 Loss of appetite but eating without staff encouragement. Heavy feelings in abdomen.
- 2 Difficulty eating without staff urging. Requests or requires laxatives or medication for bowels or medication for gastro-intestinal symptoms.

13 GENERAL SOMATIC SYMPTOMS

- 0 None.
- 1 Heaviness in limbs, back or head. Backaches, headaches, muscle aches. Loss of energy and fatigability.
- 2 Any clear-cut symptom rates 2.

14 GENITAL SYMPTOMS (symptoms such as loss of libido, menstrual disturbances)

- 0 Absent.
- 1 Mild.
- 2 Severe.

15 HYPOCHONDRIASIS

- 0 Not present.
- 1 Self-absorption (bodily).
- 2 Preoccupation with health.
- 3 Frequent complaints, requests for help, etc.
- 4 Hypochondriacal delusions.

16 LOSS OF WEIGHT (RATE EITHER a OR b)

- | | |
|--|---|
| a) According to the patient: | b) According to weekly measurements: |
| 0 <input checked="" type="checkbox"/> No weight loss. | 0 <input type="checkbox"/> Less than 1 lb weight loss in week. |
| 1 <input type="checkbox"/> Probable weight loss associated with present illness. | 1 <input type="checkbox"/> Greater than 1 lb weight loss in week. |
| 2 <input type="checkbox"/> Definite (according to patient) weight loss. | 2 <input type="checkbox"/> Greater than 2 lb weight loss in week. |
| 3 <input type="checkbox"/> Not assessed. | 3 <input type="checkbox"/> Not assessed. |

17 INSIGHT

- 0 Acknowledges being depressed and ill.
- 1 Acknowledges illness but attributes cause to bad food, climate, overwork, virus, need for rest, etc.
- 2 Denies being ill at all.

Total score: 115

13

2

Hamilton Anxiety Rating Scale (HAM-A)

Below is a list of phrases that describe certain feeling that people have. Rate the patients by finding the answer which best describes the extent to which he/she has these conditions. Select one of the five responses for each of the fourteen questions.

0 = Not present, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe.

- | | |
|---|---|
| <p>1 Anxious mood <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 3
 Worries, anticipation of the worst, fearful anticipation, irritability.</p> <p>2 Tension <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 1
 Feelings of tension, fatigability, startle response, moved to tears easily, trembling, feelings of restlessness, inability to relax.</p> <p>3 Fears <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 3
 Of dark, of strangers, of being left alone, of animals, of traffic, of crowds.</p> <p>4 Insomnia <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 1
 Difficulty in falling asleep, broken sleep, unsatisfying sleep and fatigue on waking, dreams, nightmares, night terrors.</p> <p>5 Intellectual <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 3
 Difficulty in concentration, poor memory.</p> <p>6 Depressed mood <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 2
 Loss of interest, lack of pleasure in hobbies, depression, early waking, diurnal swing.</p> <p>7 Somatic (muscular) <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 3
 Pains and aches, twitching, stiffness, myoclonic jerks, grinding of teeth, unsteady voice, increased muscular tone.</p> | <p>8 Somatic (sensory) <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 1
 Tinnitus, blurring of vision, hot and cold flushes, feelings of weakness, pricking sensation.</p> <p>9 Cardiovascular symptoms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 3
 Tachycardia, palpitations, pain in chest, throbbing of vessels, fainting feelings, missing beat.</p> <p>10 Respiratory symptoms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 3
 Pressure or constriction in chest, choking feelings, sighing, dyspnea.</p> <p>11 Gastrointestinal symptoms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 3
 Difficulty in swallowing, wind abdominal pain, burning sensations, abdominal fullness, nausea, vomiting, borborygmi, looseness of bowels, loss of weight, constipation.</p> <p>12 Genitourinary symptoms <input checked="" type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 3
 Frequency of micturition, urgency of micturition, amenorrhea, menorrhagia, development of frigidity, premature ejaculation, loss of libido, impotence.</p> <p>13 Autonomic symptoms <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 3
 Dry mouth, flushing, pallor, tendency to sweat, giddiness, tension headache, raising of hair.</p> <p>14 Behavior at interview <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 2
 Fidgeting, restlessness or pacing, tremor of hands, furrowed brow, strained face, sighing or rapid respiration, facial pallor, swallowing, etc.</p> |
|---|---|

12
 ✓
 19
 6