Mental Status Exam

Client Name					Date
OBSERVATIONS					
Appearance	☒ Neat	☐ Disheveled	☐ Inappropriate	☐ Bizarre	☐ Other
Speech	☒ Normal	☐ Tangential	☐ Pressured	☐ Impoverished	☐ Other
Eye Contact	☒ Normal	☐ Intense	☐ Avoidant	☐ Other	
Motor Activity	☐ Normal	☐ Restless	☐ Tics	☐ Slowed	☐ Other
Affect	☐ ~~Full~~	☐ Constricted	☐ Flat	☐ Labile	☐ Other
Comments:					
MOOD					
☒ Euthymic	☐ Anxious	☐ Angry	☐ Depressed	☐ Euphoric	☒ Irritable ☐ Other
Comments: Client is calm but was irritated from a previous argument.					
COGNITION					
Orientation Impairment	☒ None	☐ Place	☐ Object	☐ Person	☐ Time
Memory Impairment	☒ None	☐ Short-Term	☐ Long-Term	☐ Other	
Attention	☒ Normal	☐ Distracted	☐ Other		
Comments:					
PERCEPTION					
Hallucinations	☒ None	☐ Auditory	☐ Visual	☐ Other	
Other	☒ None	☐ Derealization	☐ Depersonalization		
Comments: Hasn't experienced any of these.					
THOUGHTS					
Suicidality	☐ None	☐ Ideation	☐ Plan	☐ Intent	☒ Self-Harm
Homicidality	☒ None	☐ Aggressive	☐ Intent	☐ Plan	
Delusions	☒ None	☐ Grandiose	☐ Paranoid	☐ Religious	☐ Other
Comments:					
BEHAVIOR					
☒ Cooperative	☐ Guarded	☐ Hyperactive	☐ Agitated	☐ Paranoid	
☐ Stereotyped	☐ Aggressive	☐ Bizarre	☐ Withdrawn	☐ Other	
Comments:					
INSIGHT	☒ Good	☐ Fair	☐ Poor	Comments:	
JUDGMENT	☒ Good	☐ Fair	☐ Poor	Comments:	

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NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ○ Yes ○ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ○ Yes ○ No
3. **In the past week, have you been having thoughts about killing yourself?** ○ Yes ○ No
4. **Have you ever tried to kill yourself?** ○ Yes ○ No

   If yes, how? overDosed on 20 pills

   When? She was at School Last week and Thats when She Tried to OverDose.

If the patient answers **Yes** *to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ○ Yes ○ No

   If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary *(*Note: Clinical judgment can always override a negative screen).*
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ "Yes" to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation.** Patient cannot leave until evaluated for safety.
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ **"No"** to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed.** Patient cannot leave until evaluated for safety.
    - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

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Reflection Assignment

Noticing	Interpreting	Responding	Reflecting
What did you notice during your **mental status examination** of the client? Were there any assessments that were abnormal or that stood out to you? I noticed that the client doesn't like when someone else is being attacted. She stated that is a trigger for her and that is why she got irritated & started crying. She quickly calmed herself and she began to interact with the rest of the Group.	If something stood out to you or it was abnormal, explain it's potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so – briefly explain. She express to the nurse she didn't like when others are disrespected in front of her. so she stood up for them. I also notice the self harm because she felt she be better not here. She says stress is to much.	What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse? What therapeutic communication techniques did you utilize? I would need to know her family history to know exactly whats stressing her out or contributing to her feeling the way she does. I listened to her express her feeling with no judgement. as a nurse I can provide healthy ways for her to deal with her emotions, make sure she's getting proper help.	What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction. I learned that different things going on in people life can be hard for them and something are more overwhelming for one than for others. I listened and made her trust me. I feel when I educate myself & have more experience I can help more.

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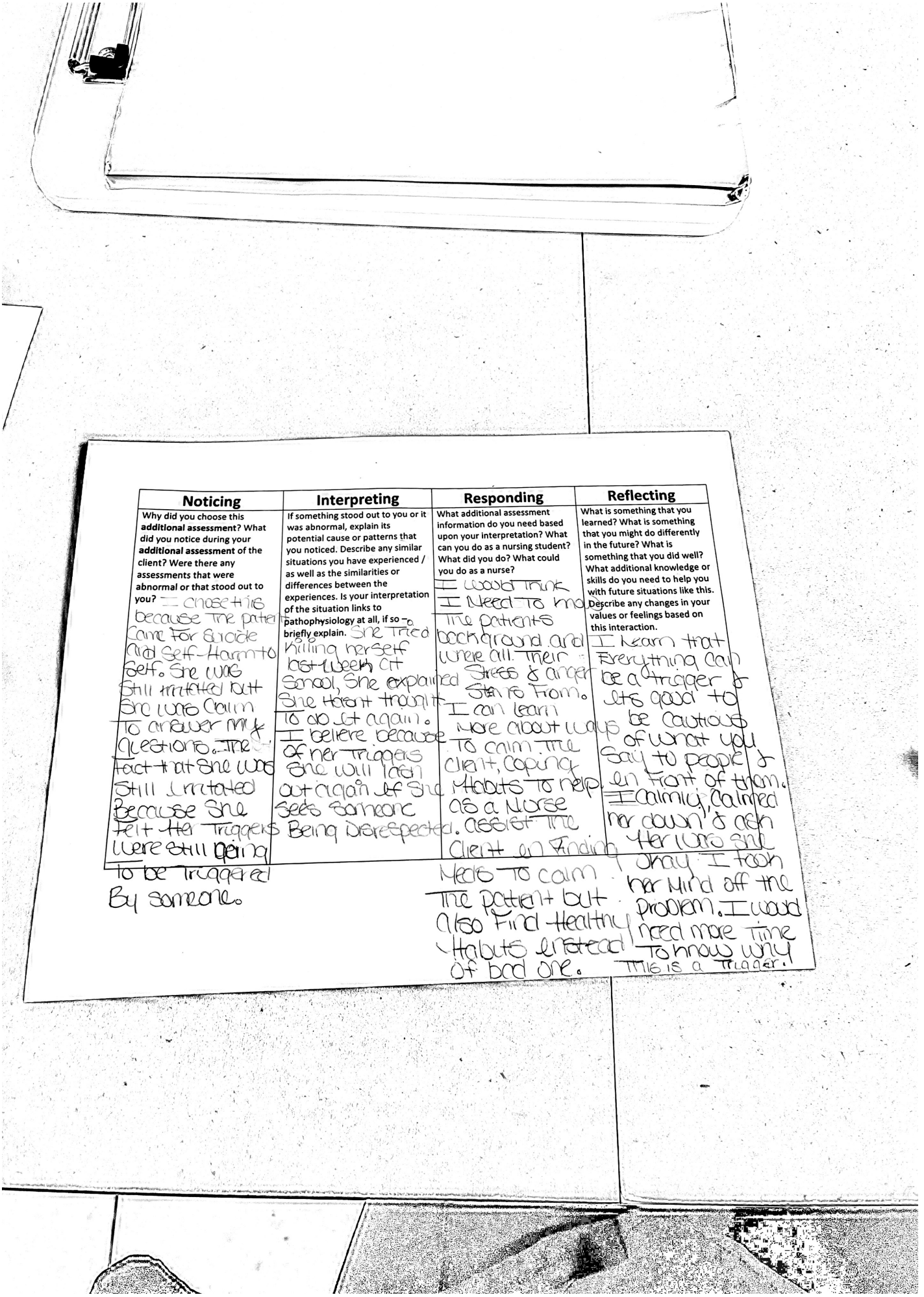

Noticing	Interpreting	Responding	Reflecting
Why did you choose this additional assessment? What did you notice during your additional assessment of the client? Were there any assessments that were abnormal or that stood out to you? I chose this because the patient came for suicide and self-harm to self. She was still irritated but she was calm to answer my questions. The fact that she was still irritated because she felt the triggers were still going to be triggered by someone.	**If something stood out to you or it was abnormal, explain its potential cause or patterns that you noticed. Describe any similar situations you have experienced / as well as the similarities or differences between the experiences. Is your interpretation of the situation links to pathophysiology at all, if so – briefly explain.** She tried killing herself last week at school, She explained she hasn't thought to do it again. I believe because of her triggers she will act out again if she sees someone being disrespected.	What additional assessment information do you need based upon your interpretation? What can you do as a nursing student? What did you do? What could you do as a nurse? I would think I need to know the patients background and where all their stress & anger stems from. I can learn more about ways to calm the client, coping Habits to help as a Nurse. Assist the client in finding Meds to calm the patient but also find healthy Habits instead of bad one.	What is something that you learned? What is something that you might do differently in the future? What is something that you did well? What additional knowledge or skills do you need to help you with future situations like this. Describe any changes in your values or feelings based on this interaction. I learn that Everything can be a trigger & its good to be cautious of what you say to people & in front of them. I calmly, calmed her down & ask her was she okay. I took her mind off the problem. I would need more time to know why this is a trigger.

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