

NURSING HOME SCREENING TOOL

- Gather basic demographic information for the contact sheet:

First and Last Name: _____

DOB: _____ SSN: _____ Phone #: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Ethnicity: _____

Caller's Name: _____ Phone #: _____

- Check – Consumer Information System (CIS)

- Description of Chief Complaint: _____

- Is this chronic or sudden escalation or symptoms? Yes No

If chronic, is there time to sort thing out and create a plan? Yes No

If sudden, more immediate and restrictive options may be needed.

- Does the nursing home have access to medical personnel? Yes No (Answer should be yes)

- Since onset of symptoms, has the nursing home consulted with the Medical Doctor (MD)?

Yes No If not, have them consult with their MD.

- After MD has reviewed symptoms, does MD believe that symptoms are due to medical issues?

Yes No

- Is the patient on psychotropic medication? Yes No

Has physician been consulted about changing medication? Yes No

Have PRNs been given? Yes No

- Have environmental manipulations and behavior management interventions been tried?

Yes No (Change of rooms, cooling off period, change of schedule, roommate, etc.)

- Does the facility have access to private psychiatric consultation for this patient?

Yes No (Some patients may have access to a private psychiatrist)

- Has private transfer to another facility or hospital been considered? Yes No. For private insurance patients, this can be accomplished with a physician's order and should not involve the Crisis Response system. For publicly funded patients, a face-to-face evaluation by a Crisis Response MHP is needed before transporting patient to the hospital for psychiatric reasons except in emergent situations.

- If the consumer's physician states that the symptoms are likely not the result of a medical condition and the above items have been tried or ruled out, a face-to-face mental health intervention by staff may be needed.