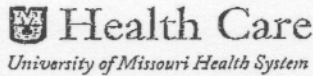


* Final *



MENU COUREY, SASHA Sex: F
VN: 20560851 ADM: 03/21/11 23:01
MRN: 012837984 DOB: 03/10/91 20 Y
UEI: 20198275 DT: TM: INIT:

MUPC Nursing Assessment

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CHANGES IN MENTAL STATUS

ALTERATION IN MOOD CHECK ALL THAT APPLY

- Depression
- Sleep ↓
- Energy ↓
- Psychomotor Activity ↑
- Suicidal/Homicidal
- Initiative ↓
- Concentration Decreased
- Anxiety ↑
- Mania
- Guilt
- Appetite ↓ x 3 days
- Panic Attacks
- Psychosis
- Hallucinations
- Delusions
- Dementia
- Confusion
- Disorientation
- Paranoia (suspicious, evasive)

HISTORY OF SEXUAL, PHYSICAL, OR EMOTIONAL ABUSE?

No Yes

HISTORY OF SEXUALLY ABUSING OTHERS?

No Yes

IF YES TO EITHER OF THESE QUESTIONS, BRIEFLY DESCRIBE

Raped football player

REVIEW OF SYSTEMS

CHECK THOSE THAT APPLY

- Skin/Breast (rash, itching, lumps, tenderness)
- EENT (headaches, glasses, hearing aid, dentures)
- Respiratory (SOB, asthma, emphysema, TB)
- Cardiovascular (HTN, murmur, edema, surgery)
- Neurologic (seizures, tremor, head injury, LOC)
- Gastrointestinal (pain, hepatitis, GERD)
- Genitourinary (incontinence, UTI, total hysterectomy, HRT)
- Musculoskeletal (pain, swelling, immobility)
- Endocrine/Immunology (thyroid, diabetes, lupus, fibromyalgia, rheumatoid, transplants)

BRIEFLY DESCRIBE

2
2 extra beats
ok LMP: 2 weeks ago broke 14 13

CURRENT SYMPTOMS

- Fever/Chills/Night Sweats
- Redness, swelling, drainage
- Abdominal cramps, pain
- Skin lesions
- Nausea/Vomiting
- Diarrhea
- Sore throat
- Cough/congestion
- Other: *diarrhea*

Are you under the care of a physician for an infectious disease? Yes No

Have you taken antibiotics in the past 30 days? Yes No

Reason: *1*

PSYCHIATRIC ASSESSMENT RISK FACTORS (CHECK ALL THOSE THAT APPLY AND DESCRIBE):

- Violence/Aggression: *0*
- Homicidal ideation/plan:
- Suicide attempt/ideation/plan (client or significant other reports self inflicted injury, overdose, or verbalizes plan for same): *Spin/pain*
- Elopement risk:
- Sexual assault:
- Physical assault:
- Command hallucinations:
- Signs of withdraw present:
- No risk factors

DATE: *3/22/11*

TIME: *0200*

SIGNATURE OF RN: *[Signature]*

PRINTED NAME OF RN: *Ruth Meyer RN*

Rights Read By:

SIGNATURE

PRINTED NAME

Not Applicable

MR736-10-09



Report to C. Crisman RN

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