

Mental Health – Admission Process and Documentation for Nurses

This document details the Mental Health Admission process for Nurses including associated admission tasks. This begins when the patient arrives to the unit.

Note that in most cases, several steps will be completed before the patient arrives:

- The admitting provider has placed an admission PowerPlan. The admission PowerPlan may be
 place in a planned state depending on the clinical scenario (for example, in the case of a planned
 direct admission). For more information about PowerPlans in a planned state, see the PowerPlans
 reference guide.
- A Best Possible Medication History (BPMH) has been completed/reviewed. For more information about BPMH, see the BPMH reference guide.

Adding the Patient to Your Assignment List

- 1. Upon arrival, transfer the patient to the unit. This can be completed either by the Nurse or the Unit Clerk. If the patient is not transferred to your unit but you require access to the chart, see the note in step 2 below.
- 2. If the patient is coming from the Emergency Department, complete the **Facility Transfer** in **PM Conversation**





NOTE: If a Pending Facility Transfer was not initiated by the Emergency Department staff, you may need to enter transfer details into the Facility Transfer window

If the patient is a direct admission, ensure the patient is registered to the unit by the Unit Clerk or call Registration for after-hours direct admissions

3. If your unit uses the Staff Assignment function, the patient may be assigned to you by the Charge Nurse or Supervisor. If your unit is not using the Staff Assignment function, you will need to add the patient to your custom patient list.

CLINICAL + SYSTEM

TRANSFORMATIONAL

LEARNING

- 4. Navigate to Patient List to view the location list of your unit.
- 5. Find your patient and right click their name. Click **Add Patient to List** and choose your custom list.



NOTE:

- If the patient is not yet transferred to your facility/unit, access the patient list of the unit where the patient is currently located.
- For example, if you need to access the patient chart while the patient is in ED, access the ED patient list.

Patient List

LGH MIU Mental Health Inpatient Unit LGH YCD Carlile Centre Youth Concurrent Disord...

All Patients - LGH YCD Carlile Centre Youth Concurrent Disorders

1	Patien	t Name		Location		MRN	Encounter #
	MHTE	ST, KYLE		LGH YCD	Carlile Y002 01	700020896	70000020143
~	MHTE	Patient Sn	apshot		Carlile Y006 01	700007815	70000001290
	CST-TT	Provider	nformation		Carlile Y009 01	700007365	700000020189
1	MHTE	Visit List			Carlile Y008 01	700004950	70000020169
	CSTPR CST-TT	Inactivate	Relationship		Carlile YCDL 02 Carlile Y003 01	700007480	70000001204
1/20	CST-TT	Add/View	Sticky Notes		Carlile Y010 01	700007381	70000001282
	CSTLE	Sort			Carlile Y004 01 Carlile Y007 01	700021150 700008217	70000020181
	CSTLE	Hide			Carlile Y005 01	700008864	70000001653
1	ITTEST	Customiz	e Columns		Carlile Y001 01	700021154	70000020182
		Add to a F	Patient List	×	My Assig	nment	
		Сору	Ctrl+C				
		Paste	Ctrl+V				
		Open Pati	ent Chart	+			



6. Your patient is now visible on your custom list on CareCompass.

Reviewing the Patient Chart

- 1. Review the patient's chart in CareCompass.
- 2. Click the exclamation mark to review new orders. Click **Mark as Reviewed** once you are done.



- If the patient is **voluntary**, check that the patient has the MHA Form 1 and MHA Form 2 orders
- If the patient is **involuntary**, check that the patient has the MHA Form 4 x1, MHA Form x2, or MHA Form 6 orders



NOTE:

- The MHA Form 4 x2 order initiates 4 other orders to be completed: the MHA Form 5, 13, 15, and 16.
- See the Mental Health Act reference guide for more details about Mental Health Act status and tasks

Ordered By Entered By ✓ & MHA Form 5 Consent for Treatment - Involu 20-Feb-2018 14:42 PST Comment: Ordered secondary to MHA For SYSTEM, SYSTEM Ce 14:42 Today SYSTEM, SYSTEM, SYSTEM Ce 14:42 Today ✓ & MHA Form 13 Patient Rights 20-Feb-2018 14:42 PST Comment: Ordered secondary to MHA For SYSTEM, SYSTEM Ce 14:42 Today SYSTEM, SYSTEM Ce 14:42 Today ✓ & MHA Form 15 Nomination of Near Relative 20-Feb-2018 14:42 PST Comment: Ordered secondary to MHA For SYSTEM, SYSTEM Ce 14:42 Today SYSTEM, SYSTEM Ce 14:42 Today ✓ & MHA Form 16 Notification to Near Relative 20-Feb-2018 14:42 PST Comment: Ordered secondary to MHA For SYSTEM, SYSTEM Ce 14:42 Today SYSTEM, SYSTEM Ce 14:42 Today ✓ & Select All Select All SYSTEM, SYSTEM Ce SYSTEM, SYSTEM.	Orders	5				
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3. Review patient information in the **Handoff tool** tab in the Mental Health Summary page if you have not done so already.



Completing Admission Tasks

Admission tasks are listed in the Scheduled/Unscheduled tab of the CareCompass task list. Each task acts as a reminder and shortcut to complete the corresponding assessment in Cerner.

CSTTEST, MHADMISSION	Age: 17yrs	Sex: M	DOB: 01/01/2001	MRN: 700009343	Encounter #: 7000000017464	8
Scheduled/Unscheduled PRN/	Continuous Plans of Ca	are Patient Informa	ition			
🖋 🖬 🖹 📝 🛛 2 Н	ours 4 Hours	12 Hours				
Current						
Humpty Dumpty Fall Risk As Comment: Ordered secon	sessment Humpty Dump dary to admission ment 09-Feb-2018 15:02	ty Fall Scale 09-Feb-20 PST, Stop: 09-Feb-20	018 15:02 PST, Stop: 09-Feb-	2018 15:02 PST		ш
Comment: Ordered secon	dary to admission					
MH Supplementary Admission Comment: Ordered second	on Assessment 09-Feb-2 dary to admission	018 15:02 PST, Stop: (09-Feb-2018 15:02 PST			
MHA Form 5 Consent for Tre Comment Ordered secon	atment - Involuntary Verif dar/ to MHA Form 4 x2 /In	y Form 5 Consent for 1 voluntary Admission)	Freatment is completed 09-Fe	eb-2018 15:07 PST		
				Done	Not Done Docu	ment

Document each admission task as appropriate.

- 1. Click **Document** to complete an assessment. This will automatically take you to the appropriate PowerForm or iView section
- 2. Click Done to document task completion date and time if applicable
- 3. Click Not Done If the task/assessment cannot be completed and provide a reason

The following tasks are assigned to the nurse upon admission of a patient:

4. **MH Initial Admission Assessment** – This PowerForm contains basic information that should be completed within 24 hours of the patient admission



NOTE:



- If the medication history component has been completed, you will see a green checkmark beside the Meds History (see screenshot below).
- If it has not been done complete the BPMH as required by your site-specific workflow. For more information about BPMH, see the BPMH reference guide.

	• 🖾 🖻.	
*Performed on: 13-Mar-2018		By: TestMH, Nurse-MH
General Information	Medication History	
Barriers to Communication		
Appearance and Behaviour		G Print
Speech, Affect, Mood	+ Add Document Medication by Hx	Check Interactions Reconciliation Status
Thought Process and Content		Meds History Admission Discharge
Cognition, Insight, Judgment	View	Orders for Signature
* Violence and Aggression Screening	- Orders for Signature	gov [O] = 7 F Urder Name Status Status
Review Violence Risk Alert	Medication List	⊿ Medications
Medication History	Admit/Transfer/Discharge	🗳 ibuprofen Document 13-Mar-2018 16:28 10 mg/kg, PO, q8h, PRN other (see comment), drug form: tab, dispense,
Delirium Screen	Patient Care	
★ Weight	Activity	
Allergy	Diet/Nutrition	
	Continuous infusions Medications	
	Blood Products	
	Laboratory	
	Procedures	
	Respiratory	
	Allied Health	
	Consults/Referrals	
	Supplies	
	Non Categorized	
	Medication History Medication History	Urder Comments
	Reconciliation History	Dose Route of Admi Frequency Duration Dispense Refill
		◆ 10 mg/kg ● PO 🛛 q8h 1 bottle ◆ 0 + 🐂 🐘 🖡 🖉
		RNI other (see comment)
		Special Instructions:
	Diagnoses & Problems	
	Formulary Details	0 Missing Required Details Orders For Cosignature Orders For Nurse Review Leave Med History Incomplete - Finish Later Sign
	· · · · · · · · · · · · · · · · · · ·	

5. **MH Supplementary Admission Assessment** – This PowerForm contains additional information that can be documented within 48 hours of the patient admission.

Substance Use A	Social History		
Housing, Employm			
Legal Status and	Mak all at Reviewed		
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Netton	5008		
Social History	🕈 Add 🗹 Modily 🛛 D	isplay: Active y	Unable to Obtain
Family History	Category	Details	Last Reviewed
Problem History	Exercise		
Procedure History	Tobacco		
Advance Care Pla	Substance Use		

NOTE:

- The Social History section is used in non-Mental Health settings however may have duplicate information as parts of the MH Supplementary Admission Assessment.
- Review information in the Social History section, but be cautious about recording



duplicate documentation and sensitive information.

6. **CSSRS Full Screen** is a multi-part suicide screening and assessment PowerForm tool that records the patient's current and historical risk.



NOTE: See the Suicide Risk Assessment reference guide for additional information about the CSSRS Full Screen PowerForm.

- Morse (for adults) or Humpty Dumpty (for youth under 18 years old) Falls Risk Assessment – This task brings you to the corresponding iView section. Document this assessment on all patients within 24 hours of admission
- Infectious Disease Screening If the patient has arrived from ED, review the information in this form and ensure all necessary isolation precautions are recorded. Sign the form to confirm previous assessments. If the patient is a direct admission, document this form within 24 hours

NOTE: A positive infectious disease screen initiates 2 things:

- Patient Isolation order(s) which flag precautions necessary as per the screening
- **Update Encounter Isolation Information** task which is shared between the Nurse and the Unit Clerk. It can be found in the CareCompass task list.
- More information about updating the encounter isolation information can be found in the Isolation Orders and Creating Alerts reference guides.
- Admission Discharge Outcomes Assessment This assessment records baseline information about the needs of the patient upon admission and compares the responses to the needs upon discharge. It is done twice in a patient visit for the adult population only.
- 10. **Valuables and Belongings** This task is shared with the Health Care Worker and/or Youth Care Worker. Coordinate the documentation of this task with them as necessary.
- 11. **Mental Health Act Forms** There are four tasks that are generated from the Form 4 x2 and Form 6 orders:
 - MHA Form 5 Consent to Treatment
 - MHA Form 13 Patient Rights Form 14 (Notification of Rights for Patient Under 16)
 - MHA Form 15 Nomination of Near Relative
 - MHA Form 16 Notification to Near Relative (Admission)



- 12. Document these tasks as they are completed and/or reviewed with the patient by clicking **Done** to document their completion date and time. For more information about the Mental Health Act orders and tasks, see the Mental Health Act Orders reference guide.
- 13. If necessary, document observations in **Safety and Attendance** found in the Organizer toolbar.

P	PowerChart Organizer for TestUser, Nurse-MH
Task Edit Viev	v Patient Chart Links Navigation Help
🗄 🎬 CareCompass	🎬 Safety and Attendance 📲 Clinical Leader Organizer 🗼 Patient List Perioperative
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🗄 🛨 Exit 🏾 🎦 AdHo	: 🎟 Medication Administration 🔒 PM Conversation 👻 🖹 Medical Record Request 🧃

14. Review the MAR to view the patient's medication schedule. Launch the **Medication Administration** wizard from the Organizer toolbar and administer medications as necessary.



NOTE: You can find more information about how to administer medications in one of the Medication Administration reference guides.

Related Topics

- Mental Health Suicide Risk Assessment
- Mental Health Mental Health Act Orders, Tasks, Forms
- Medication Administration
- Isolation Orders
- Creating Alerts

Related Positions

• Mental Health Nurse

Key Words

- Admission/Mental Health Admission
- Admission tasks