NORTHERN NEVADA ADULT MENTAL HEALTH SERVICES (NNAMHS)

POLICY AND PROCEDURE

SUBJECT: PHYSICAL HEALTH SCREENING

NUMBER: NN-PC-AS-05

ORIGINAL DATE: 04/06/06

REVIEW/REVISE DATE: 4/16/09, 10/18/12

APPROVAL:_______Cody L. Phinney__________________________Agency Director

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I. PURPOSE

To establish procedures for a Physical Health Screening for all individuals requesting admission to outpatient services at NNAMHS

II. POLICY

All individuals who present for admission to outpatient services will be provided a nursing assessment that may identify physical health problems and the need for further medical assessment and/or treatment.

III. REFERENCES

Joint Commission Comprehensive Accreditation Manual for Hospitals, Provision of Care Treatment and Services.
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IV. PROCEDURE

1. All individuals presenting to the Psychiatric Assessment Services (PAS), subsequent to being triaged, will participate in a nursing assessment that includes the following elements:
   a. Allergy assessment
   b. General physical condition, including vital signs
   c. Medical history, treatments, health habits
   d. Medication history
   e. Systems Review
   f. Pain Assessment
   g. Consumer Family education
   h. Physical marks/wounds/injuries
2. In the following circumstances, taking into consideration the individual's clinical presentation and medical history, a consultation from a NNAMHS physician or other provider may be obtained and referral for further assessment and/or treatment will be given:
   a. Blood pressure: Systolic – greater than or equal 180
      Diastolic – greater than or equal 110
   b. Pulse: greater than or equal 120 or less than or equal 50
   c. Temperature: greater than 101
   d. Respirations: greater than or equal 30
3. For those individuals with a history of diabetes, taking into consideration the individual's clinical presentation, an order may be obtained for blood glucose testing. If the testing results are below 60 mg/dl or above 300 mg/dl, a consultation from a NNAMHS physician or other provider will be obtained.
4. For those individuals who have significant medical history or are currently receiving medical care, an Authorization for Disclosure of Health Information

(MR-150) will be completed and mailed to the identified medical providers to obtain copies of medical records.