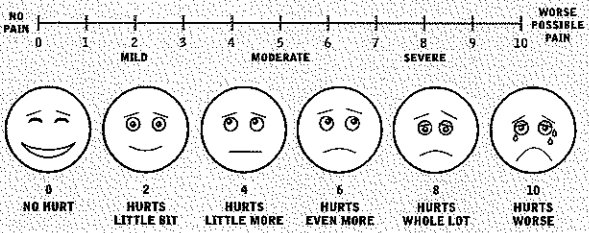
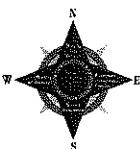



# MY CARE BOARD

OUR GOAL IS TO PROVIDE YOU WITH EXCELLENT QUALITY CARE

<p><b>TODAY'S DATE:</b></p> <p><b>PREFERRED NAME:</b></p>	<p><b>MY ROOM NUMBER:</b> <b>NA02</b></p> <p><b>ADOLESCENT MENTAL HEALTH UNIT PHONE NUMBER:</b> <b>320-255-5704</b></p>
<p><b>MY CARE TEAM</b></p> <p><b>RN:</b></p> <p><b>MHA:</b></p> <p><b>CLINICAL SOCIAL WORKER:</b></p>	<p><b>PHYSICIAN/PROVIDER:</b></p> <p><b>ADDITIONAL MEMBERS:</b></p>
<p><b>FAMILY SPOKESPERSON</b></p>	
<p><b>WHAT'S IMPORTANT TO ME:</b></p> <p><b>ABOUT ME:</b></p>	<p><b>ON UNIT</b></p> <p><b>OFF UNIT</b></p>
<p><b>PLAN OF CARE:</b></p>	<p><b>PAIN SCALE: WORKING TOGETHER TO MANAGE YOUR PAIN.</b></p> <p><b>PAIN RATING SCALE® MOSBY</b></p>  <p><b>PAIN PLAN:</b></p> <p><b>LAST DOSE:</b>                      <b>NEXT DOSE:</b></p>
<p><b>HOURLY ROUNDING</b></p> <ul style="list-style-type: none"> <li style="width: 33%;"><b>• PERSONAL NEEDS</b></li> <li style="width: 33%;"><b>• PLAN FOR THE DAY</b></li> <li style="width: 33%;"><b>• PUMPS</b></li> <li style="width: 33%;"><b>• PATHWAYS</b></li> <li style="width: 33%;"><b>• PAIN (EMOTIONAL &amp; PHYSICAL)</b></li> </ul>	
<p><b>DEPARTMENT NURSING DIRECTOR AND PHONE NUMBER:</b></p> <p><b>Chris Walker - ext. 53228</b></p> <p><small>FOR ANY COMMENTS OR CONCERNS PLEASE CONTACT THE DEPARTMENT NURSING DIRECTOR. THANK YOU.</small></p>	 <p><b>CENTRACARE</b> <b>St. Cloud Hospital</b></p> 

**UNIQUE TREATMENT PLAN DEVELOPMENT FORM**

Date Created: \_\_\_\_\_

Patient Name: \_\_\_\_\_

MRN: \_\_\_\_\_

DOB: \_\_\_\_\_

LABEL
-------

**TYPE OF PLAN**

New Plan                       Update to existing Plan

- Complex Medical (i.e. Non CC HealthCare Home or other Care Plans)
- Behavioral/Social Needs **without** violence
- Behavioral/Social Needs **WITH** Potential For Violence
- Medication Contract

**UNIQUE NEEDS INFORMATION**

(Only use sections needed. You may delete and add external pages as appropriate)

Date: \_\_\_\_\_

Author: \_\_\_\_\_

Background leading to plan:

Individualized Interventions: (when patient is In the Emergency Room)

Additional Individualized Interventions: (when patient is admitted to the hospital)

Goals/strengths/passion:

Target Behavior(s)/Challenges: willful actions – address each action separately

Special Concerns/Fears

Procedures/Food/Activities to be avoided

Family and Support Systems

Replacement Behavior: expectations are to be measurable and specific

Intervention: consequences of non-conformity

Cheerleading Statement (Behavioral Health Plans only):

Add Sections as needed:

Approval Signatures:

\_\_\_\_\_

\_\_\_\_\_

Date:

Reviewed/revised:

\*\*Place completed plan in patient chart (will be scanned at next rounding) or send to HIM Coordinator electronically for entry into EMR.

# DISCHARGE CHECKLIST

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## 1. Psychiatrist

- Discharge order

## 2. Registered Nurse (RN)

### a. Medications/treatment orders

- Contact consulted physician(s) for additional discharge orders (insulin, etc.)
- Use discharge navigator to review that all parts of discharge are complete. Review discharge medication orders (make sure all bars are green).
- Take home medications in lock box reviewed for pt to take home.
- Check on any medications that pt may have come in on, bulk meds in med box or refrigerator to take home.
- MA pending patients only: a week's worth of meds can be dispensed through SCH OP pharmacy (55670) until MA is effective.
- Review any written prescriptions (right pt name)

### b. Discharge process

- Does the pt meet any "Core Measures" criteria? (pneumonia, heart failure, acute MI)?
- Review AVS with patient/family/community staff
- Call report (if pt discharging to a facility)
- Complete discharge documentation

## 3. Mental Health Associate (MHA)

- Help patient pack their belongings. Once all belongings are packed, attach sign to wire basket with your initials.
- Retrieve pt valuables from unit safe/hospital safe/cell phone/cigarettes/off unit storage
- Patient can get into street clothes 30 minutes before anticipated discharge time.

## 4. Health Unit Coordinator (HUC)

- Write pt name, room number & anticipated discharge time on white discharge board.
- Place pt chart, folder, valuables/medication envelopes & discharge checklist(s) in Discharge basket on back shelf behind HUC.
- Print IMM (if not already done) & place in discharge folder. Pt must be given a printed Copy at least 4 hours prior to discharge (can be given as early as 48 hours before DC).
- Pull used BP cuff from file box.
- Taxi voucher for pt leaving by taxi with address information completed. Call taxi one hour in advance of anticipated discharge time.
- When pt is discharged to home, add the discharge follow-up call to the AVS. Enter a phone number where the patient can be reached.
- If pt has a Unique Treatment Plan (UTP), send most recent copy to Health Information Management (HIM). (Tube 200).
- Empty & clean medication box. Send back to pharmacy. Certain meds need to be disposed Of or it not ordered for home use. Remove valuables/medication copies from chart.
- Remove observation sheet from rounds binder once pt is discharged.
- Discharge pt from EPIC.

## 5. Any staff member (HUC/MHA/SW/RN)

- Hand out patient satisfaction survey (Press Ganey)
- Confirm that "Managing My Recovery" plan is complete at discharge as well as PHQ-9 (ID label needs to be on these forms).
- Escort pt when leaving (hospital standard of practice). Use wheelchair if pt is a fall risk.