

BEHAVIORAL - PSYCHIATRIC SYMPTOMS

PSYCHOSIS	ANXIETY	DEPRESSION	MOOD
<ul style="list-style-type: none"> <input type="checkbox"/> Bizarre thoughts –strikingly unusual, non-conforming with social norms <input type="checkbox"/> Confabulation - makes up gaps in memory with false statements <input type="checkbox"/> Delusion - fixed false belief intrusive or perseveration types (false accusations) <input type="checkbox"/> Denial of illness <input type="checkbox"/> Disorganized thought process - symptom of psychotic illness <input type="checkbox"/> Flight of ideas – thoughts jump from one to another b/4 complete <input type="checkbox"/> Hallucination: __auditory;__ tactile;__ visual <input type="checkbox"/> Ideas of reference-inserts others events into their life <input type="checkbox"/> Intrusive thoughts-psychotic type-involuntary insertion of the non- real ideas <input type="checkbox"/> Lack of insight – unaware of their impairment (anosognosia) <input type="checkbox"/> Loose associations-thoughts flow with minimal relationship. <input type="checkbox"/> Paranoia – delusion with excessive irrational fear/anxiety <input type="checkbox"/> Perseveration / Rumination-psychotic type repetitions which interfere with QOL <input type="checkbox"/> Pica – eating objects <input type="checkbox"/> Poverty of thought – minimal ability to converse <input type="checkbox"/> Thought blocking – interruption of thought <input type="checkbox"/> Pressured speech – incessant type <input type="checkbox"/> Tangential thinking–speech which moves in a divergent direction DANGER TO SELF OR OTHERS <input type="checkbox"/> Biting / Hitting / Kicking / Spitting /Throwing <input type="checkbox"/> Lack of safety awareness, risking injury <input type="checkbox"/> Physical resistance <input type="checkbox"/> Suicidal behavior-thoughts <input type="checkbox"/> Threatening OTHERS (requires higher level of documentation) <input type="checkbox"/> Yelling / screaming w/ no purpose <input type="checkbox"/> Inability for staff to provide care <input type="checkbox"/> Too preoccupied to have interest in QOL (eating, conversing, etc.) <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Anticipates worst <input type="checkbox"/> Calling out <input type="checkbox"/> Chest pressure / pain <input type="checkbox"/> Choking sensation <input type="checkbox"/> Concentration – poor <input type="checkbox"/> Crying <input type="checkbox"/> Dry mouth <input type="checkbox"/> Dysphagia <input type="checkbox"/> Faint feeling <input type="checkbox"/> Fearful <input type="checkbox"/> Fidgeting/picking / tearing items <input type="checkbox"/> Inability to relax <input type="checkbox"/> Isolation <input type="checkbox"/> Motor restlessness <input type="checkbox"/> Muscle aches or pains <input type="checkbox"/> Nausea / Vomiting <input type="checkbox"/> Pacing <input type="checkbox"/> Refusing care (verbal) <input type="checkbox"/> Ruminating <input type="checkbox"/> Rummaging <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Swearing / Cursing <input type="checkbox"/> Sweating / Pallor / Flushing <input type="checkbox"/> Startles / Trembling <input type="checkbox"/> Tachycardia / Palpitations <input type="checkbox"/> Tearing items <input type="checkbox"/> Teeth grindings (bruxism) <input type="checkbox"/> Threatening <input type="checkbox"/> Undressing <input type="checkbox"/> Urinary urgency or freq <input type="checkbox"/> Worrying <input type="checkbox"/> Yelling / Screaming <input type="checkbox"/> V/O anxiety <input type="checkbox"/> Sexual behaviors CARE ISSUES <input type="checkbox"/> Pulling off diapers <input type="checkbox"/> Pulling out tubes / IV's <input type="checkbox"/> Resisting personal care DANGER TO SELF OR OTHERS <input type="checkbox"/> Striking / Kicking / etc. <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Anger – Swearing <input type="checkbox"/> Anhedonia <input type="checkbox"/> Anorexia <input type="checkbox"/> Anxiety – Phobias <input type="checkbox"/> Apathy – Hopelessness <input type="checkbox"/> Brooding <input type="checkbox"/> c/o depression <input type="checkbox"/> Concentration loss/difficulty <input type="checkbox"/> Crying <input type="checkbox"/> Depersonalization <input type="checkbox"/> Energy – loss <input type="checkbox"/> Gastro-Intestinal symptoms <input type="checkbox"/> Genital symptoms <input type="checkbox"/> Guilt – ideas <input type="checkbox"/> Hypochondriasis <input type="checkbox"/> Insomnia <input type="checkbox"/> Interest - loss <input type="checkbox"/> Irritability <input type="checkbox"/> Isolation / Withdrawn <input type="checkbox"/> Motivation - low <input type="checkbox"/> Negative statements <input type="checkbox"/> Pain <input type="checkbox"/> Pessimism <input type="checkbox"/> Psychomotor retardation <input type="checkbox"/> Refusing food/meds/care <input type="checkbox"/> Repetitive statements <input type="checkbox"/> Repetitive complaints <input type="checkbox"/> Refusing care / food / meds <input type="checkbox"/> Sad expression / sadness <input type="checkbox"/> Self-deprecation <input type="checkbox"/> Sleeplessness <input type="checkbox"/> Somatic symptoms <input type="checkbox"/> Suicidal actions / Thoughts <input type="checkbox"/> Tearfulness <input type="checkbox"/> v/o depression <input type="checkbox"/> Worthlessness feelings <input type="checkbox"/> Worry – excessive <input type="checkbox"/> Other: 	<ul style="list-style-type: none"> <input type="checkbox"/> Anger - Swearing <input type="checkbox"/> Anxiety – Phobias <input type="checkbox"/> Calling out <input type="checkbox"/> Hypochondriasis <input type="checkbox"/> impulsive behavior <input type="checkbox"/> Irritability <input type="checkbox"/> Loose associations-thoughts flow with minimal relationship. <input type="checkbox"/> Mood swings <input type="checkbox"/> Negative statements <input type="checkbox"/> Perseveration / Rumination- psychotic type repetitions which interfere with QOL <input type="checkbox"/> Pica – eating objects <input type="checkbox"/> Refusing care <input type="checkbox"/> Repetitive statements <input type="checkbox"/> Somatic symptoms <input type="checkbox"/> Suicidal actions / thoughts <input type="checkbox"/> Swearing / Cursing <input type="checkbox"/> Pressured speech – incessant ty <input type="checkbox"/> Tangential thinking–speech which moves in a divergent direction <input type="checkbox"/> Threatening <input type="checkbox"/> Yelling CARE ISSUES <input type="checkbox"/> Pulling off diapers <input type="checkbox"/> Pulling out tubes / IV's <input type="checkbox"/> Resisting personal care DANGER TO SELF OR OTHERS <input type="checkbox"/> Biting / Hitting / Kicking / Spitting /Throwing <input type="checkbox"/> Lack of safety awareness, risking injury <input type="checkbox"/> Suicidal behavior-thoughts SEXUAL ISSUES <input type="checkbox"/> Sexual behaviors <input type="checkbox"/> Other:

Resident: