NAME _____

Disturbed Thought Process

(This includes any diagnosis with the following characteristics: **Impaired ability to perform ADLs, Confusion, Disorientation, and Inappropriate Social Behavior**)

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	Related To: □ altered perception/ cognition □ biochemical factors □ psychological factors □ conscious thought □ reality orientation □ problem solving □ judgment □ personality □ comprehension □ mental disorder _____ (state) □ other AEB: ***(check/circle all that apply)*** □ Impaired ability to perform ADLs □ Confusion □ Disorientation □ Inappropriate social behavior	***(circle all that apply)*** 1. Performs ADL at least 5 days/wk. 2. Oriented to person, place time and situation at least 5 days/wk. 3. No regression/ poor impulse control noted 4. Person recognizes changes in thinking/ behavior 5. Person verbalizes misinterpret-tations 6. Copes effectively with hallucination/ delusions 7. interacts/ cooperates appropriately with others	**NURSING** 1. Initial and ongoing nursing assessment/ Review Of Systems 2. Assess safety risk – Suicide/Homicide/ Self-Injury 3. Assess the person's ability/motivation to initiate/perform ADLs 4. Monitor weight _____(freq) 5. Monitor I&O/ elimination pattern _____(freq) 6. Collaborate/ Coordinate care with MAC Worker/Treatment Team 7. Document limits and unacceptable behavior; Be consistent (list) 8. Other (state)		***(Address all items circled in "goal/ outcome" column. If goal not met, revise plan)***	

Date	Problem	Goal/Outcome	Interventions	Date	Evaluation	NOTES
	□ Impaired cognitive process □ Altered mood state □ Associated organic/physical disorders □ Poor insight/judgment □ Delusions □ Hallucinations □ Obsessions/ Ritualistic behavior □ Suspiciousness □ Distractibility □ Impulsivity □ Other (state)	Other (state)	**DELEGATE** 1. Assist with meds as ordered/directed 2. Vital Signs (T/P/R/BP) 3. Monitor I&O/Elimination pattern as directed a. Encourage a minimum fluid intake of 32 ounces/day b. Notify MAS Nurse if no BM in 3 days 4. Assist with ADLs as needed/directed 5. Provide positive reinforcement for accomplishments/ efforts to comply with limits or accomplish goals 6. Approach in a calm and slow manner 7. DO NOT CHALLENGE ILLOGICAL THINKING 8. Do not force participation 9. Touch cautiously 10. Encourage person to verbalize feelings 11. Call MAS Nurse with any problems/concerns			
RN SIGNATURE:				**DATE:**		