

**GARY A LEVINSON MD APC
INITIAL PSYCHAITRIC EVAULATION**

FACILITY _____ **PATIENT** _____ ☐ office

DATE: _____ DOB: _____ Referred by: ☐ FAMILY ☐ PCP

Primary Spoken Language: English _____ Spanish _____ Other _____ interpreter yes no

History of Present Illness: _____

Past Psychiatric Treatment: _____

Substance Abuse History: _____

Past Family/Social History: _____

Past Medical History: _____

ROS ☐ NON-CONTRIBUTORY ☐ PERTINENT FINDINGS ☐ 14 POINT REVIEW ☐ NEG

☐ POSITIVE _____

Current Medications: _____

Medication Allergies: _____

GARY A LEVINSON MD APC

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INITIAL PSYCHIATRIC EVALUATION PATIENT: _____

MENTAL STATUS EXAM

Behavior: ☐ Appropriate

☐ Agitated ☐ Cooperative

☐ Hostile ☐ Uncooperative

☐ Slowed ☐ Other _____

General Appearance:

☐ Appropriate ☐ stated age

☐ younger ☐ older

☐ Disheveled ☐ W/D, WG

☐ Under ☐ Over weight

☐ preoccupied ☐ other _____

Speech: ☐ Normal ☐ Pressured

☐ Loud ☐ Soft ☐ Slowed

☐ Aphasic ☐ Fluent ☐ Nonfluent

☐ Indistinct ☐ Clear ☐ other _____

☐ spontaneous ☐ non-spontaneous

Mood: ☐ Appropriate to

Situation ☐ sad

☐ Depressed ☐ Elated ☐ Anxious

☐ Apathetic ☐ Worried ☐ Angry

☐ Labile ☐ Blunted ☐ Happy

Thought Process: ☐ Normal

☐ logical ☐ loose ☐ obsessions

☐ Preoccupied ☐ Disorganized

☐ Personalized ☐ Circumstantial

☐ Tangential ☐ Blocking ☐ Somatic

☐ other _____

Hallucinations: ☐ Auditory ☐ Visual

Delusions: ☐ Guilt ☐ Grandiose

☐ Somatic ☐ Other _____

Suicidal: ☐ Yes ☐ No ☐ Plan

Risk ☐ Mild ☐ Moderate ☐ Severe

Homocidal: ☐ Yes ☐ No ☐ Plan

Orientation: ☐ x3 ☐ x2 ☐ x1

☐ Disoriented

Attention: ☐ Alert ☐ Lethargic

Concentration: ☐ Intact

☐ Impaired ☐ Confused

Fund of Knowledge: ☐ Average

☐ Superior ☐ impaired ☐ Poor

Memory: ☐ Intact ☐ Impaired

☐ Selectively ☐ Poor

☐ Immediate ☐ Recent ☐ Past

☐ Remote

Abstract Reasoning: ☐ Intact

☐ Impaired ☐ Poor

Judgment: ☐ Good ☐ Fair

☐ Poor

Insight: ☐ Good ☐ Fair ☐ Poor

Intelligence: ☐ Average ☐ High

☐ Low ☐ MR

Vital Signs: ☐ Stable ☐ Abnormal

B/P _____ Temp _____

Pulse _____ Res _____

Weight _____

Gait: ☐ Stable ☐ Ataxic

☐ Unsteady

☐ Shuffling ☐ Impaired

☐ In WC

☐ Uses walker ☐ muscle

tone/strength

☐ normal ☐ impaired

Current Condition:

☐ Resolving

☐ Inadequate Response

☐ Complications

☐ Partial Response

Labs _____

X-RAYS: _____

Side effects: ☐ None ☐ EPS

☐ Sedation ☐ Constipation

☐ Other: _____

Tardive Dyskinesia: ☐ Yes

☐ No

DIAGNOSTIC IMPRESSIONS(DSM IV:)

AXIS I: _____

AXIS II: _____

AXIS III: _____

AXIS IV: _____ AXIS V: _____

PROGNOSIS: ☐ GOOD ☐ FAIR ☐ POOR ☐ GUARDED _____

Treatment Plan/ Recommendations:

Assessment: _____

PLAN: _____

Lab Work: _____ CHEM() _____ CBC _____ TSH _____ () level

_____ Treatment modalities risks & benefits discussed. _____ Patient understands and consents to treatment ☐ yes ☐ no

_____ Guardian/Family understands and consents to treatment. CUSTOMARY DISCUSSIONN HELD RE: _____

_____ USED OFF LABEL/Benefits outweigh risks

Signature: _____ GARY A. LEVINSON, M.D. APC

FOLLOW UP _____

PROGRESS NOTE

GARY A LEVINSON M.D.

FACILITY _____ OFFICE _____

Medication Management / Psychotherapy _____ 20/30 _____ 30/45 _____

Category: ☐ SNF ☐ Assisted Living ☐ Other _____
FAMILY PRESENT ☐ S ☐ W ☐ H OTHER _____

Discussed & Coordinated care with: ☐ Staff ☐ Family ☐ Social Service
☐ pcp ☐ Treatment plan and chart reviewed

CC & HPI/ INTERIM HX: _____ YEAR OLD ☐ MAN ☐ WOMAN

SINCE LAST SEEN: _____

☐ Improved ☐ worsened ☐ stable with no new problems

MENTAL STATUS EXAM:

Behavior: ☐ Appropriate ☐ agitated ☐ cooperative ☐ restless
☐ Hostile ☐ Uncooperative ☐ slowed ☐ other _____

General Appearance: ☐ Appropriate ☐ stated age ☐ older ☐ younger
☐ Disheveled ☐ W/D, WG

☐ Under ☐ Over weight ☐ preoccupied ☐ other _____

Speech: ☐ Normal ☐ Pressured ☐ loud ☐ soft ☐ slowed
☐ spontaneous ☐ non-spontaneous ☐ aphasic ☐ fluent ☐ nonfluent
☐ Indistinct ☐ Clear ☐ other: _____

Mood/Affect: ☐ Appropriate to Situation ☐ depressed ☐ elated
☐ Anxious ☐ sad ☐ apathetic ☐ worried ☐ angry ☐ labile ☐ blunted
☐ Happy ☐ _____

Thought Process: ☐ Normal ☐ logical
☐ Preoccupied ☐ Disorganized: ☐ Intact
☐ Personalized ☐ Circumstantial ☐ loose ☐ somatic
☐ Tangential ☐ Blocking ☐ Obsessions ☐ Scattered

Hallucinations: ☐ Auditory ☐ Visual ☐ none

Delusions: ☐ Paranoid ☐ Grandiose ☐ somatic ☐ guilt ☐ none

Suicidal: ☐ Yes ☐ No ☐ Plan

Risk ☐ Mild ☐ Moderate ☐ Severe

Homocidal: ☐ Yes ☐ No ☐ Plan

Orientation: ☐ x3 ☐ x2 ☐ x1 ☐ Disoriented

Attention: ☐ Alert ☐ Lethargic ☐ Impaired ☐ Distracted

Concentration: ☐ Intact ☐ Impaired ☐ Confused

Fund Knowledge: ☐ Average ☐ Superior ☐ Impaired ☐ Poor

Memory: ☐ Intact ☐ Impaired ☐ immediate

☐ Selectively ☐ Poor ☐ Recent ☐ Remote

Customary discussion held re: _____

PATIENT NAME: _____

DOB: _____ LAST SEEN: _____

TIME IN: _____ TIME OUT: _____

Abstract Reasoning: ☐ Intact ☐ Impaired ☐ Poor

Judgment: ☐ Good ☐ Fair ☐ Poor

Insight: ☐ Good ☐ Fair ☐ Poor

Intelligence: ☐ Average ☐ High ☐ Low ☐ MR

Vital Signs: ☐ Stable ☐ Abnormal BP _____ Temp _____

P _____ RESP _____ WEIGHT _____

Gait: ☐ Stable ☐ Ataxic ☐ Unsteady

☐ Shuffling ☐ Impaired ☐ In W.C.

☐ Uses walker ☐ muscle tone/strength ☐ normal ☐ impaired

Current Condition: ☐ Resolving ☐ inadequate response

☐ Complications ☐ partial response

ROS: ☐ Noncontributory ☐ New Findings

Labs: _____

Side effects: ☐ None ☐ EPS ☐ sedation ☐ constipation ☐ other _____

Tardive Dyskinesia: ☐ Yes ☐ No

Diagnosis:

I

II

III

IV

V

GAF: _____ Current _____ Past Year

Assessment: Symptomatically Prognosis: ☐ good ☐ poor ☐ guarded
☐ improving ☐ unchanged ☐ worse ☐ other _____

Medications: ☐ effective ☐ ineffective ☐ partially effective
☐ tolerating well _____

Treatment Plan

☐ adjust medications ☐ continue current approach

Decision Making: ☐ minimal ☐ moderate ☐ complex

Risks of complications, morbidity mortality:

☐ none ☐ limited ☐ moderate ☐ severe

MEDICATIONS REVIEWED/ADJUSTED

1.

2.

3.

4.

5.

Psychotropic medication has been reviewed for
Decrease or D/C _____

Psychotropic Medication is at maintenance dose and will continue as
prescribed _____

USED OFF LABEL: BENEFITS OUTWEIGH RISKS

_____ Treatment modalities risks & benefits & Options discussed

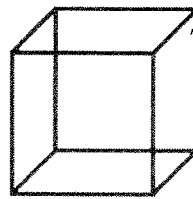
_____ Patient understands and consent to treatment

Follow Up: _____

Signature: _____ Date: _____

Gary A. Levinson, M.D.

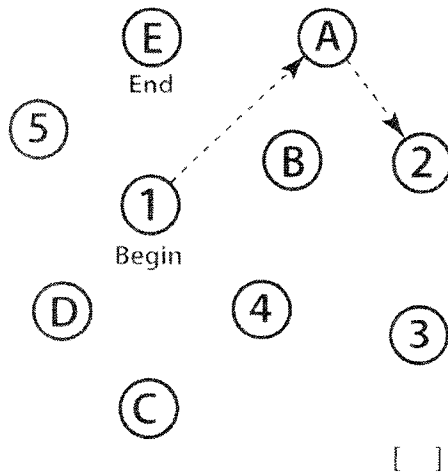
VISUOSPATIAL / EXECUTIVE



Copy
cube

Draw CLOCK (Ten past eleven)
(3 points)

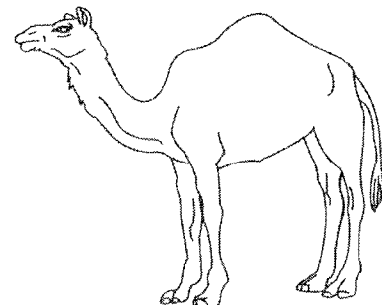
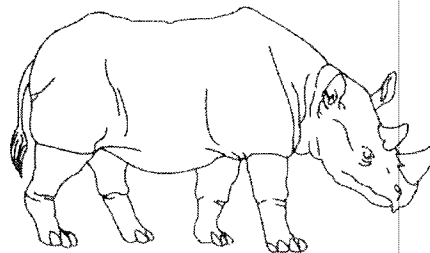
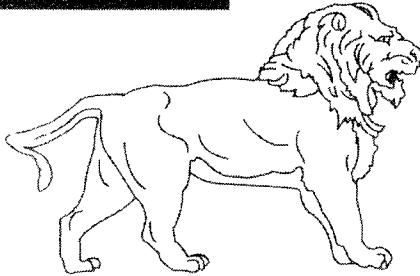
POINTS



[] Contour [] Numbers [] Hands

/5

NAMING



[]

[]

[]

/3

MEMORY

Read list of words, subject must repeat them. Do 2 trials, even if 1st trial is successful. Do a recall after 5 minutes.

	FACE	VELVET	CHURCH	DAISY	RED
1st trial					
2nd trial					

No points

ATTENTION

Read list of digits (1 digit/ sec.).

Subject has to repeat them in the forward order

[] 2 1 8 5 4

Subject has to repeat them in the backward order

[] 7 4 2

/2

Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors

[] F B A C M N A A J K L B A F A K D E A A A J A M O F A A B

/1

Serial 7 subtraction starting at 100

[] 93

[] 86

[] 79

[] 72

[] 65

4 or 5 correct subtractions: **3 pts**, 2 or 3 correct: **2 pts**, 1 correct: **1 pt**, 0 correct: **0 pt**

/3

LANGUAGE

Repeat : I only know that John is the one to help today. []

The cat always hid under the couch when dogs were in the room. []

/2

Fluency / Name maximum number of words in one minute that begin with the letter F [] _____ (N ≥ 11 words)

/1

ABSTRACTION

Similarity between e.g. banana - orange = fruit [] train - bicycle [] watch - ruler

/2

DELAYED RECALL

Has to recall words
WITH NO CUE

FACE
[]

VELVET
[]

CHURCH
[]

DAISY
[]

RED
[]

Points for
UNCUED
recall only

/5

Optional

Category cue

Multiple choice cue

ORIENTATION

[] Date

[] Month

[] Year

[] Day

[] Place

[] City

/6

Routine Orders for Alcohol Withdrawal
(Check boxes and fill in blanks that apply)

Draft-revised 7/21/10

Draft-revised 7/21/10		Allergy/Reactions	
Admit To	<input type="checkbox"/> ICU/CCU <input type="checkbox"/> Tele <input type="checkbox"/> Med/Surg		
Diagnosis			
Attending MD(s)			
Consults			
Vital Signs with Continuous Pulse Oximetry	<input type="checkbox"/> ICU Protocol with Ramsay Sedation Scale scores (RSS) <input type="checkbox"/> V/S, SPO ₂ , Ramsay Sedation Scale score Q2h X 8 hours; then Q4h until CIWA score <10 for 24 hours, then Q8h <input type="checkbox"/> V/S, SPO ₂ , Ramsay Sedation Scale score every hour X 4 hours after each dose of Diazepam or Lorazepam IV		
Reversal Agent	<input type="checkbox"/> Have flumazenil (Romazicon) available in Omnicell <input type="checkbox"/> If RR < 10/minute, call MD, give flumazenil 0.2mg IV over 15 seconds, may repeat in 1 minute if needed.		
Labs/Tests	<input type="checkbox"/> CBC, UA, CMP, Urine Drug Screen, Blood Alcohol, Ammonia, Magnesium, Phosphorus, Amylase, TSH <input type="checkbox"/> Serum pregnancy test for women <input type="checkbox"/> EKG before Alcohol DETOX orders begin as a baseline <input type="checkbox"/> Other		
Foley Catheter	<input type="checkbox"/> Urinary catheter to gravity drainage <input type="checkbox"/> DC Foley catheter after 72 hours or		
Diet	<input type="checkbox"/> NPO <input type="checkbox"/> Ice Chips/Sips of water sparingly <input type="checkbox"/> Progress to clear liquid diet if tolerates sips <input type="checkbox"/> Clear Liquids <input type="checkbox"/> Full Liquids <input type="checkbox"/> Advance to diet if tolerates liquid. <input type="checkbox"/> Regular <input type="checkbox"/> Carbohydrate consistent diabetes meal plan <input type="checkbox"/> Cardiac Diet <input type="checkbox"/> Caffeine free		
Activity	<input type="checkbox"/> Bed Rest <input type="checkbox"/> Turn Q2h <input type="checkbox"/> Keep head of bed elevated at least 30° <input type="checkbox"/> Fall Precautions <input type="checkbox"/> Out of Bed to Chair Q12h and prn <input type="checkbox"/> Other		
Respiratory Therapy	<input type="checkbox"/> O ₂ @ liters/minute via <input type="checkbox"/> Known CO ₂ retainer, maintain SPO ₂ between 88-92% <input type="checkbox"/> If non-CO ₂ retainer, maintain SPO ₂ between 94-96%; call MD if SPO ₂ < 90% <input type="checkbox"/> Incentive Spirometer 10 times every 1 hour when awake <input type="checkbox"/> Other		
SECTION 1: Assessment: Levels of Withdrawal Symptoms	Mild	Moderate	Severe
	Clinical Institute Withdrawal Assessment (CIWA) = 8-10 and/or	Clinical Institute Withdrawal Assessment (CIWA) = 10-20 and/or	Clinical Institute Withdrawal Assessment (CIWA) = >20 and/or
	Pulse >100	Heart rate 110-140	Heart rate >140
	SDP ≥ 150 mmHg DBP >90 mmHg	SDP ≥ 150 mmHg DBP >90 mmHg	SDP ≥ 150 mmHg DBP >90 mmHg
	Temp >37.7c	Temp 37.7-38.3c	Temp >38.3c
	Tremulousness, insomnia, or agitation	Tremulousness, insomnia, or agitation	Tremulousness, insomnia, agitation or hallucinations
SECTION 2: Medication Regimen for patients age ≤65 with minimal hepatic disease.	Choose the medication regimen based on the patient's highest level of withdrawal symptoms. Use new order form to change regimen based on the elevation of symptoms. Do not regress to lower level medication regimen if symptoms improve. HOLD MED FOR RR<10, SBP<100, OR RAMSAY SEDATION SCALE SCORE 5-6 AND CALL MD STOP DETOX FOR CIWA SCORE <5 X 3 AND CALL MD		
MILD Symptoms: Choose EITHER Diazepam (Valium) or Chlorodiazepoxide (Librium)	Start date: _____ Time: _____	<input type="checkbox"/> Diazepam (Valium) PO/IV (Circle one)	<input type="checkbox"/> Chlorodiazepoxide (Librium) PO
		10mg Q6h x 4 doses	50mg PO Q6h x 4 doses
		5mg Q6h x 4 doses	25mg PO Q6h x 4 doses
		5mg Q8h x 3 doses	25mg PO Q8h x 3 doses
		5mg at HS	25mg PO at HS
MODERATE Symptoms: Choose EITHER Diazepam (Valium) or Chlorodiazepoxide (Librium)	Start date: _____ Time: _____	<input type="checkbox"/> Diazepam (Valium) PO/IV (circle one)	<input type="checkbox"/> Chlorodiazepoxide (Librium) PO
		10mg Q6h x 6 doses	50mg PO Q6h x 6 doses
		5mg Q6h x 4 doses	25mg PO Q6h x 4 doses
		5mg Q8h x 3 doses	25mg PO Q8h x 3 doses
		5mg at HS	25mg PO at HS
	<input type="checkbox"/> Lorazepam (Ativan) PO/IV (circle one) 2mg Q1h prn for CIWA ≥ 10 (breakthrough agitation) NTE 6 doses in 24 hours	<input type="checkbox"/> Lorazepam (Ativan) PO/IV (circle one) 2mg Q1h prn for CIWA ≥ 10 (breakthrough agitation) NTE 6 doses in 24 hours	

Routine Orders for Alcohol Withdrawal (Check boxes and fill in blanks that apply)

Draft-revised 7/21/10

SEVERE Symptoms: Choose EITHER Diazepam (Valium) or Chlorodiazepoxide (Librium)	Start date: _____ Time: _____	<input type="checkbox"/> Diazepam (Valium) PO/IV (circle one) 20mg Q6h x 6 doses 10mg Q6h x 4 doses 10mg Q8h x 3 doses 10mg Q12h x 2 doses 10mg at HS <input type="checkbox"/> Lorazepam (Ativan) PO/IV (circle one) 4mg Q1h prn for CIWA \geq 20 (breakthrough agitation) NTE 8 doses in 24 hours	<input type="checkbox"/> Chlorodiazepoxide (Librium) PO 100mg PO x 1 dose, wait 6 hours, then 50mg PO Q6h x 6 doses 50mg PO Q8h x 3 doses 25mg PO Q8h x 3 doses 25mg PO Q12h x 3 doses 25mg PO at HS <input type="checkbox"/> Lorazepam (Ativan) PO/IV (circle one) 4mg Q1h prn for CIWA \geq 20 (breakthrough agitation) NTE 8 doses in 24 hours
SECTION 2A: Medication Regimen for patients age \geq 65 or with severe hepatic disease.	Choose the medication regimen based on the patient's highest level of withdrawal symptoms. Use new order form to change regimen based on the elevation of symptoms. Do not regress to lower level medication regimen if symptoms improve. HOLD MED FOR RR<10, SBP<100, OR RAMSAY SEDATION SCALE SCORE 5-6 AND CALL MD STOP DETOX IF CIWA SCORE <5 X 3 AND CALL MD		
MILD Symptoms: Choose Lorazepam (Ativan) IV or PO	Start date: _____ Time: _____	<input type="checkbox"/> Lorazepam (Ativan) IV if unable to take PO medications 2mg Q4h x 4 doses 1mg Q6h x 4 doses 1mg Q8h x 3 doses 1mg Q12h x 2 doses	<input type="checkbox"/> Lorazepam (Ativan) PO 2mg PO Q4h x 4 doses 1mg PO Q6h x 4 doses 1mg PO Q8h x 3 doses 1mg PO Q12h x 2 doses
MODERATE Symptoms: Choose Lorazepam (Ativan) IV or PO	Start date: _____ Time: _____	<input type="checkbox"/> Lorazepam (Ativan) IV 2mg Q4h x 6 doses 1mg Q6h x 4 doses 1mg Q8h x 3 doses 1mg Q12h x 2 doses	<input type="checkbox"/> Lorazepam (Ativan) PO 2mg PO Q4h x 6 doses 1mg PO Q6h x 4 doses 1mg PO Q8h x 3 doses 1mg Q12h x 2 doses
SEVERE Symptoms: Choose Lorazepam (Ativan) IV or PO	Start date: _____ Time: _____	<input type="checkbox"/> Lorazepam (Ativan) IV 4mg Q4h x 4 doses 2mg Q4h x 4 doses 1mg Q6h x 4 doses 1mg Q8h x 3 doses 1mg Q12h x 2 doses <input type="checkbox"/> Lorazepam (Ativan) IV 1mg Q1h prn for CIWA \geq 10 (breakthrough agitation) NTE 6 doses in 24 hrs	<input type="checkbox"/> Lorazepam (Ativan) PO 4mg PO Q4h x 4 doses 2mg PO Q4h x 4 doses 1mg PO Q6h x 4 doses 1mg PO Q8h x 3 doses 1mg PO Q12h x 2 doses <input type="checkbox"/> Lorazepam (Ativan) PO 1mg Q1h prn for CIWA \geq 10 (breakthrough agitation) NTE 6 doses in 24 hrs
SECTION 3: Routine Medications	<input type="checkbox"/> Thiamine 100mg IV X 1, then PO Q24h (may add 100mg in IVF q24h if unable to tolerate PO) <input type="checkbox"/> IVF _____ + KCL _____ mEq/L + Thiamine 100mg @ _____ ml/hr then: <input type="checkbox"/> IVF _____ + KCL _____ mEq/L @ _____ ml/hr <input type="checkbox"/> Magnesium Sulfate _____ gm IVPB over _____ hours X1, then check magnesium level in AM <input type="checkbox"/> Other _____		
SECTION 4: Symptom Management Medications	<input type="checkbox"/> Clonidine 0.1mg PO Q3h prn SBP >160, DBP >100 or HR >110 <input type="checkbox"/> Haloperidol (Haldol) _____ mg (range 1-5mg) PO/IV Q1h prn for hallucinations, severe agitation not relieved by Benzodiazepines, NTE 50mg in 24 hr (For IV MUST monitor EKG/QTc interval prior to and after dose SEE BBW guide) <input type="checkbox"/> Ondansetron (Zofran) 4mg PO/IV Q6h prn nausea/vomiting <input type="checkbox"/> Dicyclomine (Bentyl) _____ mg (10 or 20mg) PO Q6h prn stomach cramps <input type="checkbox"/> Zolpidem (Ambien) _____ mg (5 or 10mg) PO QHS prn insomnia <input type="checkbox"/> Nicotine Patch _____ mg (7, 14, or 21mg) TP Q24h <input type="checkbox"/> Other _____		
SECTION 5: GI Prophylaxis	<input type="checkbox"/> Pantoprazole (Protonix) 40mg IV Q day <input type="checkbox"/> Pantoprazole (Protonix) 40mg PO Q day <input type="checkbox"/> Other _____		
SECTION 6: DVT/PE Prophylaxis	<input type="checkbox"/> Bilateral sequential compression device (SCD) while in bed (unless contraindicated) <input type="checkbox"/> Anti-coagulant according to Adult Venous Thromboembolism Prophylaxis Order (UNR 6010-05) <input type="checkbox"/> CBC Q2 days if on Heparin or low molecular weight heparin (Enoxaparin/Lovenox) <input type="checkbox"/> Nursing to check coagulation-related labs (Hgb/Hct/PLT) and contact MD prior to administration if _____ <input type="checkbox"/> Anticoagulation contraindicated secondary to _____		
Other Orders: _____			
Other Orders: _____			
Physician Signature _____		Date/Time _____	
RN Signature: _____		Date/Time: _____	
<input type="checkbox"/> Telephone order read back to physician and verified _____		RN initial _____	

ROUTINE ORDERS OPIATES DETOX

ROUTINE ORDERS OPIATES DETOX					
Admit to Diagnosis _____ Attending MD(s) _____ Consults _____		Allergy/Reactions _____			
Vital Signs With Continuous Pulse Oximetry	<input type="checkbox"/> ICU Protocol with Ramsay Sedation Scale scores (RSS) <input type="checkbox"/> V/S, Ramsay Sedation Scale scores Q2h X 8 hours; then Q4h X 48 hours; then Q8h X 24 hours; then BID <input type="checkbox"/> Clinical Opiate Withdrawal Scale (COWS) scores Q4h <input type="checkbox"/> Call MD for : HR >115 or < 50 and/or Systolic BP >160 or <100 RR<10 Ramsay Sedation Score 5-6 Urine Output < _____ per _____ hours Temp > _____ SpO ₂ > _____ or < _____				
Labs/Tests	<input type="checkbox"/> CBC, UA, CMP, Urine Drug Screen, Blood Alcohol, Ammonia, Magnesium, Phosphorus, Amylase, TSH <input type="checkbox"/> Serum pregnancy test for women <input type="checkbox"/> EKG before opiates DETOX orders begin as a baseline <input type="checkbox"/> Other _____				
Foley Catheter	<input type="checkbox"/> Urinary catheter to gravity drainage <input type="checkbox"/> DC Foley catheter after 72 hours or _____				
Diet	<input type="checkbox"/> NPO <input type="checkbox"/> Ice Chips/Sips of water sparingly <input type="checkbox"/> Progress to clear liquid diet if tolerates sips <input type="checkbox"/> Clear Liquids <input type="checkbox"/> Full Liquids <input type="checkbox"/> Advance to _____ diet if tolerates liquids <input type="checkbox"/> Regular <input type="checkbox"/> Carbohydrate consistent diabetes meal plan <input type="checkbox"/> Cardiac Diet <input type="checkbox"/> Caffeine free <input type="checkbox"/> Other _____				
Activity	<input type="checkbox"/> Bed Rest <input type="checkbox"/> Turn Q2h <input type="checkbox"/> Keep head of bed elevated at least 30° <input type="checkbox"/> Fall Precautions <input type="checkbox"/> Out of Bed to Chair Q12h and pm <input type="checkbox"/> Other _____				
Respiratory Therapy	<input type="checkbox"/> O ₂ @ _____ liters/minute via _____ <input type="checkbox"/> Known CO ₂ retainer, maintain SPO ₂ between 88-92% <input type="checkbox"/> If non-CO ₂ retainer, maintain SPO ₂ between 94-96%; call MD if SPO ₂ < 90% <input type="checkbox"/> Incentive Spirometer 10 times every 1 hour when awake <input type="checkbox"/> Other _____				
<p align="center">MEDICATIONS</p> <p align="center">START DETOX MEDICATIONS WHEN COWS SCALE > 8 STOP DETOX IF COWS SCALE SCORE < 5 X 2 AND CALL MD HOLD DETOX MEDS FOR RR<10, SBP<100, OR RAMSAY SEDATION SCORE 5-6 AND CALL MD ***PHARMACY TO ADJUST DOSE FOR RENAL INSUFFICIENCY***</p>					
Routine	<input type="checkbox"/> Clonidine (Catapres) 0.1mg PO Q8h x 5 Days. Hold if BP< 90/60 or HR< 60 <input type="checkbox"/> Methocarbamol (Robaxin) 750mg PO TID AND Methocarbamol (Robaxin) 1500mg PO at HS X 3 days THEN: Methocarbamol (Robaxin) 500mg PO TID AND Methocarbamol (Robaxin) 1000mg PO HS X 2 days, THEN discontinue <input type="checkbox"/> Propantheline (Pro-Banthine) 30mg PO Q12h x 5 days <input type="checkbox"/> Ibuprofen (Motrin) 600mg PO Q6h x 3 days then Q6h prn pain				
PRN	<input type="checkbox"/> Lorazepam (Ativan) 2mg PO Q2h prn agitation/anxiety x 2 days then 1mg Q4h prn agitation/anxiety, NTE 6 doses in 24hrs. Discontinue after 5 days <input type="checkbox"/> Promethazine (Phenergan) 25mg PO/IM Q4h prn nausea or vomiting <input type="checkbox"/> Ibuprofen (Motrin) 600mg Q6h prn pain. Start on day 4 <input type="checkbox"/> Mylanta 30cc Q4h prn heartburn <input type="checkbox"/> Loperamide (Imodium) 4mg PO STAT after 1st bout of diarrhea, then 2mg Po Q4h prn diarrhea NTE 16mg in 24 hrs <input type="checkbox"/> Other _____				
GI Prophylaxis	<input type="checkbox"/> Pantoprazole (Protonix) 40mg IV Q day <input type="checkbox"/> Pantoprazole (Protonix) 40mg PO Q day <input type="checkbox"/> Other _____				

Draft-revised 7/21/10

Ramsay Sedation Scale (RSS)

Scale	Description
1	Anxious and agitated or restless, or both
2	Cooperative, oriented and tranquil
3	Response to commands only
4	Brisk response to light glabellar* tap or loud auditory stimulus
5	Sluggish response to light glabellar* tap or loud auditory stimulus
6	No response to light glabellar* tap or loud auditory stimulus

*Glabellar reflex (also known as the "glabellar tap sign") is a primitive reflex. It is elicited by repetitive tapping on the forehead. Subjects blink in response to the first several taps.

Patient Identification

Routine Orders for Alcohol Withdrawal
(Check boxes and fill in blanks that apply)

Draft-revised 7/21/10

Clinical Institute Withdrawal Assessment (CIWA-Ar)

Addiction Research Foundation Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar)

This scale is not copyrighted and may be used freely.

Patient's Name: _____		Date and Time: _____	
Pulse Taken for One Minute: _____		Blood Pressure: _____	
Nausea and Vomiting: Ask: "Do you feel sick to your stomach? Have you vomited?" <i>Observation:</i> 0 No nausea and no vomiting 1 2 3 4 Intermittent nausea with dry heaves 5 6 7 Constant nausea, frequent dry heaves and vomiting	Tactile Disturbances: Ask: "Have you had any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling on or under your skin?" <i>Observation:</i> 0 None 1 Very mild itching, pins and needles, burning or numbness 2 Mild itching, pins and needles, burning or numbness 3 Moderate itching, pins and needles, burning or numbness 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations		
Tremors: Arms extended and fingers spread apart. <i>Observation:</i> 0 No tremor 1 Not visible, but can be felt fingertip to fingertip 2 3 4 Moderate, with patient's arm extended 5 6 7 Severe, even with arms not extended	Auditory Disturbances: Ask: "Are you more aware of sounds around you? Are they harsh? Do they frighten you? Are you hearing anything that is disturbing you? Are you hearing things you know are not there?" <i>Observation:</i> 0 Not present 1 Very mild harshness or ability to frighten 2 Mild harshness or ability to frighten 3 Moderate harshness or ability to frighten 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations		
Paroxysmal Sweats: <i>Observation:</i> 0 No sweat visible 1 Barely perceptible sweating, palms moist 2 3 4 Beads of sweat obvious on forehead 5 6 7 Drenching sweats	Visual Disturbances: Ask: "Does the light appear to be too bright? Is the color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?" <i>Observation:</i> 0 Not present 1 Very mild sensitivity 2 Mild sensitivity 3 Moderate sensitivity 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations		
Anxiety: Ask: "Do you feel nervous?" <i>Observation:</i> 0 No anxiety, at ease 1 Mildly anxious 2 3 4 Moderately anxious, or guarded so anxiety is inferred 5 6 7 Equivalent to acute panic states, as seen in severe delirium or acute schizophrenic reactions.	Headache, Fullness in Head: Ask: "Does your head feel different? Does it feel like there is a band around your head?" Do not rate dizziness or lightheadedness. 0 Not present 1 Very mild 2 Mild 3 Moderate 4 Moderately severe 5 Severe 6 Very severe 7 Extremely severe		
Agitation: <i>Observation:</i> 0 Normal activity 1 Somewhat more than normal activity 2 3 4 Moderately fidgety and restless 5 6 7 Paces back and forth during most of the interview or constantly thrashes about.	Orientation and Clouding of Sensorium: Ask: "What day is this? Where are you? Who am I?" 0 Oriented and can do serial additions 1 Cannot do serial additions or is uncertain about date 2 Disoriented for date by no more than 2 calendar days 3 Disoriented for date by more than 2 calendar days 4 Disoriented for place and/or person		

Total CIWA Score () Maximum Possible Score 67

Rater's Signature _____

Patient Identification _____

ROUTINE ORDERS OPIATES DETOX

DVT/PE Prophylaxis	Initiation of anticoagulation recommended within 12 to 24 hours of surgery end time	
	<input type="checkbox"/>	Bilateral sequential compression device (SCD) while in bed (unless contraindicated)
	<input type="checkbox"/>	Anti-coagulant according to Adult Venous Thromboembolism Prophylaxis Order (UNR 6010-05)
	<input type="checkbox"/>	CBC Q2 days if on Heparin or low molecular weight heparin (Enoxaparin/Lovenox)
	<input type="checkbox"/>	Nursing to check coagulation-related labs (Hgb/Hct/PLT) and contact MD prior to administration if _____
	<input type="checkbox"/>	Anticoagulation contraindicated secondary to _____
Referrals	<input type="checkbox"/>	Social Service Evaluation
	<input type="checkbox"/>	Case Management: Discharge Planning
Other Orders: _____		
Other Orders: _____		
Other Orders: _____		
Other Orders: _____		
Physician Signature _____		Date/Time _____
RN Signature: _____		Date/Time: _____
<input type="checkbox"/> Telephone order read back to physician and verified _____		RN initial _____

Ramsay Sedation Scale (RSS)

Scale	Description
1	Anxious and agitated or restless, or both
2	Cooperative, oriented and tranquil
3	Response to commands only
4	Brisk response to light glabellar* tap or loud auditory stimulus
5	Sluggish response to light glabellar* tap or loud auditory stimulus
6	No response to light glabellar* tap or loud auditory stimulus

*Glabellar reflex (also known as the "glabellar tap sign") is a primitive reflex. It is elicited by repetitive tapping on the forehead. Subjects blink in response to the first several taps

Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date and Time: _____

Reason for This Assessment: _____

Resting Pulse Rate: _____ beats/minute
Measured after patient is sitting or lying for one minute

- 0 Pulse rate 80 or below
- 1 Pulse rate 81-100
- 2 Pulse rate 101-120
- 4 Pulse rate greater than 120

GI Upset: Over last ½ hour

- 0 No GI symptoms
- 1 Stomach cramps
- 2 Nausea or loose stool
- 3 Vomiting or diarrhea
- 5 Multiple episodes of diarrhea or vomiting

Sweating: Over past ½ hour not accounted for by room temperature or patient activity.

- 0 No report of chills or flushing
- 1 Subjective report of chills or flushing
- 2 Flushed or observable moistness of face
- 3 Beads of sweat on brow or face
- 4 Sweat streaming off face

Tremor: Observation of outstretched hands

- 0 No tremor
- 1 Tremor can be felt, but not observed
- 2 Slight tremor observable
- 3 Gross tremor or muscle twitching

Restlessness: Observation during assessment

- 0 Able to sit still
- 1 Reports difficulty sitting still, but is able to do so
- 3 Frequent shifting or extraneous movements of legs/arms
- 5 Unable to sit still for more than a few seconds

Yawning: Observation during assessment

- 0 No yawning
- 1 Yawning once or twice during assessment
- 2 Yawning three or more times during assessment
- 4 Yawning several times/minute

Pupil Size:

- 0 Pupils pinned or normal size for room light
- 1 Pupils possibly larger than normal for room light
- 2 Pupils moderately dilated
- 5 Pupils so dilated that only the rim of the iris is visible

Anxiety or Irritability:

- 0 None
- 1 Patient reports increasing irritability or anxiousness
- 2 Patient obviously irritable or anxious
- 4 Patient so irritable or anxious that participation in the assessment is difficult

Bone or Joint Aches: If patient was having pain previously, only the additional component attributed to opiate withdrawal is scored.

- 0 Not present
- 1 Mild diffuse discomfort
- 2 Patient reports severe diffuse aching of joints/muscles
- 4 Patient is rubbing joints or muscles and is unable to sit still because of discomfort.

Gooseflesh Skin

- 0 Skin is smooth
- 3 Piloerection of skin can be felt or hairs standing up on arms
- 5 Prominent piloerection

Runny Nose or Tearing: Not accounted for by cold symptoms or allergies.

- 0 Not present
- 1 Nasal stuffiness or unusually moist eyes
- 2 Nose running or tearing
- 4 Nose constantly running or tears streaming down cheeks

Total Score _____

The total score is the sum of all 11 items

Signature of Person Completing Assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

ROUTINE ORDERS SEDATIVE/HYPNOTIC DETOX

Admit To	<input type="checkbox"/> ICU/CCU <input type="checkbox"/> Tele <input type="checkbox"/> Med/Surg Diagnosis _____ Attending MD(s) _____ Consults _____	Allergy/Reactions _____
Vital Signs with Continuous Pulse Oximetry	<input type="checkbox"/> ICU Protocol with Ramsay Sedation Scale (RSS) scores <input type="checkbox"/> V/S, Ramsay Sedation Scale scores Q2h X 8 hours; then Q4h X 48 hours; then Q8h X 24 hours; then BID <input type="checkbox"/> Clinical Institute Withdraw Assessment (CIWA) scores Q4h <input type="checkbox"/> Contact MD for 3 Consecutive CIWA scores of <5 Call MD for: HR >115 or <50 and/or Systolic BP >160 or <100 RR < 10 Ramsay Sedation Score 5-6 Urine Output < _____ per _____ hours Temp > _____ SpO ₂ > _____ or < _____	
Labs/Tests	<input type="checkbox"/> CBC, UA, CMP, Urine Drug Screen, Blood Alcohol, Ammonia, Magnesium, Phosphorus, Amylase, TSH <input type="checkbox"/> Serum pregnancy test for women <input type="checkbox"/> EKG before Sedative/Hypnotic DETOX orders begin as a baseline <input type="checkbox"/> Other _____	
Foley Catheter	<input type="checkbox"/> Urinary catheter to gravity drainage <input type="checkbox"/> DC Foley catheter after 72 hours or _____	
Diet	<input type="checkbox"/> NPO <input type="checkbox"/> Ice Chips/Sips of water sparingly <input type="checkbox"/> Progress to clear liquid diet if tolerates sips <input type="checkbox"/> Clear Liquids <input type="checkbox"/> Full Liquids <input type="checkbox"/> Advance to _____ diet if tolerates liquids <input type="checkbox"/> Regular <input type="checkbox"/> Carbohydrate consistent diabetes meal plan <input type="checkbox"/> Cardiac Diet <input type="checkbox"/> Caffeine free <input type="checkbox"/> Other _____	
Activity	<input type="checkbox"/> Bed Rest <input type="checkbox"/> Turn Q2h <input type="checkbox"/> Keep head-of-bed elevated at least >30° <input type="checkbox"/> Fall Precautions <input type="checkbox"/> Out of Bed to Chair Q12h and prn <input type="checkbox"/> Other _____	
Respiratory Therapy	<input type="checkbox"/> O ₂ @ _____ liters/minute via _____ <input type="checkbox"/> Known CO ₂ retainer, maintain SPO ₂ between 88-92% <input type="checkbox"/> If non-CO ₂ retainer, maintain SPO ₂ between 94-96%; call MD if SPO ₂ <90% <input type="checkbox"/> Incentive Spirometer 10 times every 1 hour when awake <input type="checkbox"/> Other _____	
MEDICATIONS START DETOX MEDICATIONS WHEN CIWA SCALE > 8 HOLD DETOX MEDS FOR RR<10, SBP<100 OR RAMSAY SEDATION SCORE 5-6 AND CALL MD ***PHARMACY TO ADJUST DOSE FOR RENAL INSUFFICIENCY***		
Routine	DAY # 1 <input type="checkbox"/> Phenobarbital 200mg PO now Test dose: If patient sleeps after first dose of Phenobarbital, stop DETOX. AND if awake in 2 hours THEN give: <input type="checkbox"/> Phenobarbital 200mg PO Q2h until sedated or maximum of 600mg total	
Routine	DAY #2 <input type="checkbox"/> Phenobarbital PO QID (total dose given in # 1 until sedated, divided into 4 equal doses). RN to notify pharmacy of day 1 total for dose calculation.	
Routine	DAY #3 + <input type="checkbox"/> Reduce DAY #2 Phenobarbital dose by 10% and then 10% per day until dose = total of 60mg and then give 60mg HS & discontinue. Pharmacy to calculate taper.	
PRN	<input type="checkbox"/> Promethazine (Phenergan) 25mg PO/IM Q4h prn nausea/vomiting <input type="checkbox"/> Ibuprofen (Motrin) 400mg PO Q6h prn pain <input type="checkbox"/> Mylanta 30cc PO Q4h prn heartburn <input type="checkbox"/> Other _____	
GI Prophylaxis	<input type="checkbox"/> Pantoprazole (Protonix) 40mg IV Q day <input type="checkbox"/> Pantoprazole (Protonix) 40mg PO Q day <input type="checkbox"/> Other _____	

ROUTINE ORDERS SEDATIVE/HYPNOTIC DETOX

DVT/PE Prophylaxis	<input type="checkbox"/> Bilateral sequential compression device (SCD) while in bed (unless contraindicated)
	<input type="checkbox"/> Anti-coagulant according to Adult Venous Thromboembolism Prophylaxis Order (UNR 6010-05)
	<input type="checkbox"/> CBC Q2 days if on Heparin or low molecular weight heparin (Enoxaparin/Lovenox)
	<input type="checkbox"/> Nursing to check coagulation-related labs (Hgb/Hct/PLT) and contact MD prior to administration if _____
	<input type="checkbox"/> Anticoagulation contraindicated secondary to _____
	<input type="checkbox"/> Other _____
Referrals	<input type="checkbox"/> Social Service Evaluation
	<input type="checkbox"/> Case Management: Discharge Planning
Other Orders: _____	
Other Orders: _____	
Other Orders: _____	
Other Orders: _____	
Physician Signature _____ Date/Time _____	
RN Signature: _____ Date/Time: _____	
<input type="checkbox"/> Telephone order read back to physician and verified _____ RN initial _____	

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Clinical Institute Withdrawal Assessment (CIWA-Ar)

Northridge Hospital Medical Center

Patient Identification



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ROUTINE ORDERS SEDATIVE/HYPNOTIC DETOX

Addiction Research Foundation Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar) This scale is not copyrighted and may be used

Patient's Name: _____		Date and Time: _____	
Pulse Taken for One Minute: _____		Blood Pressure: _____	
Nausea and Vomiting: Ask: "Do you feel sick to your stomach? Have you vomited?" <i>Observation:</i> 0 No nausea and no vomiting 1 2 3 4 Intermittent nausea with dry heaves 5 6 7 Constant nausea, frequent dry heaves and vomiting		Tactile Disturbances: Ask: "Have you had any itching, pins and needles sensations, any burning, any numbness or do you feel bugs crawling on or under your skin?" <i>Observation:</i> 0 None 1 Very mild itching, pins and needles, burning or numbness 2 Mild itching, pins and needles, burning or numbness 3 Moderate itching, pins and needles, burning or numbness 4 Moderately severe hallucinations 5 Severe hallucinations 6 Extremely severe hallucinations 7 Continuous hallucinations	
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Total CIWA Score () Maximum Possible Score 67 Rater's Signature _____