CAMHS Inpatient Nursing Admission Assessment

Young Person's Details	GP's Details
Name:	**GP Name:**
Alias:	**GP Address:**
Gender:	
Address:	
Date of Birth:	
Age:	**GP No:**
Telephone No:	**MRN:**

Parent(s)/Guardian(s) Details	
Name:	**Address:**
Contact No.:	

Name:	**Address:**
Contact No.:	

Admitting Details	Physical Description	Baseline Observations	
Adm Date:	Ethnicity:	Bp:	Pulse:
Adm Time	Height:	Temp:	Resp:
Consultant:	Weight:	Stats: Urinalysis:	
Parent/Guardian Consent To Admission: ☐ Voluntary: ☐ Involuntary: ☐	BMI:	Drug Screen:	
	Hair Colour:	Pregnancy Screen:	
	Eye Colour:	Allergies:	
Legal status Details:	Distinguishing Features:	Special Dietary Requirements:	
Date:			

Legal Representative Contact Details
Full Name:
Relationship:
Phone Number:
Occupation:

Presenting Complaint

Psychiatric History	Medical History
Reason For Referral	**Interagency Involvement**

1. Affect/Mood:	**2. Behaviour:**
Labile, elated, low, feelings of hopelessness, anxiety, etc.	*Over activity, anxiety, phobias, self-destructive behaviours, etc.*

3. Motivation: *Isolation, social withdrawal, inactivity, impaired ability to make decisions, etc.*	**4. Safety of self and others:** *Any plan or intent to harm themselves or others, fears for personal safety, etc.*
5.Thoughts/perceptions: *Delusions, Hallucinations, thought block, confusion, paranoia, etc.*	**6. Insight/Young Persons perceptions:** *Is the YP aware of why he/she is admitted, expectations of care givers, what does YP think is important to aid recovery:*
7. Sleeping: *Interrupted sleep, early morning wakening, nightmares, insomnia, etc.*	**8. Communication:** *Rate of speech, tone, pitch, facial expression, eye contact, monosyllables, absence of speech, etc.*

9. Orientation/Memory: *Memory deficits (time, place, person), long / short term memory, etc.*	**10. Self Care:** *Hygiene, self neglect clothing and grooming, personal presentation, etc.*
11. Nutrition/Hydration: *Dietary intake, changes in appetite, health eating plan, weight loss/gain, signs of dehydration, etc.*	**12. Mobility:** *Dyspraxia, deficits that may affect mobility, mobility aids used, etc.*
14. Interpersonal relationships: *Familial/social interactions etc.*	**14. Social Supports:** *Close relationships, any specific cultural needs, social activities/ isolation etc.*

Young Person Strengths: *Familial, Friends, School, Activities*	
Young Person Challenges:	
Young Person Goals for Discharge:	
Completion Date:	**Time:**
Assigned Young Person's Key Worker:	

Admission Checklist	✓ Tick	Initials	Comments
Young person (YP) orientated to the unit environment and routine.	☐		
Young person's details recorded in the unit register.	☐		
Headspace Toolkit given to young person and rights of the YP explained.	☐		
Information Booklet given to young person and parent/guardian.	☐		
Key Worker and Associate Key Worker assigned.	☐		
All relevant consent forms signed by the young person and parent/guardian.	☐		
HoNOSCA completed by the YP, parent/guardian and clinician. *(Results summarised - Time 1).*	☐		
CGAS completed.	☐		
Nursing Admission Assessment and YP's Profile completed.	☐		
Nutritional Screening Tool completed. *(To be completed within 48hrs of Admission).*	☐		
Care plan completed, signed and copy given to YP and Parent/Guardian.	☐		

Admission Checklist	✓ Tick	Initials	Comments
Drug screen completed	☐		
Urinalysis Completed	☐		
Risk assessment completed in collaboration with medical staff, young person and parent/guardian.	☐		
Property list completed and items stored in consideration of the young person's risk assessment. *(Property list stored in file and copy given to YP).*	☐		
MPAR completed. *(If medication not in stock; medication ordered).*	☐		
Kitchen staff made aware of any special dietary requirements/allergies.	☐		
YP's weight, height and BMI calculated the morning after admission to ensure accuracy.	☐		
ID photographs of young person placed in (1) Clinical Notes (2) Medication Chart (3) YP Profile and (4) In the event of AWOL . *(Name and address to be placed on all ID photographs of YP).*	☐		
Completion Date:	**Time:**		