

**RECOMMENDATIONS**

* Ensure patient safety by implementing suicide precautions and close monitoring.
* Consider starting or adjusting antidepressant medication as appropriate.
* Initiate therapy or increase frequency of therapy sessions to address patient's symptoms and limited social support.
* Assess for financial resources and provide referrals for financial counseling if necessary.
* Collaborate with patient's primary care provider to manage hypertension and ensure coordinated care.

**Mental Health SBAR**

**SITUATION**

**Patient Name:** John Doe

**Medical Record Number:** 123456

**Reason for Admission:** Suicidal ideation and depressive symptoms

**Current Diagnosis:** Major Depressive Disorder

**Current Medications:** Lexapro 10mg daily, Ativan PRN for anxiety

**Allergies:** None reported

**Other Medical Conditions:** Hypertension, history of alcohol use disorder

**Current Symptoms:** Patient reports feeling hopeless, worthless, and having thoughts of suicide. Has trouble sleeping and eating regularly. Reports feeling overwhelmed by daily tasks.

**Date of Birth:** 01/01/1955

**Date of Admission:** 03/22/2023

**BACKGROUND**

**Patient history:** John Doe has a history of depression and anxiety. He was previously treated with therapy and medication. He has a history of alcohol use disorder, but reports being sober for over a year. He has a history of hypertension and is currently taking Lisinopril.

**Social history:** John Doe is divorced and lives alone. He has two adult children who live out of state. He reports feeling isolated and has limited social support. He is unemployed and has financial stressors.

**Mental Status Exam:** The patient is alert and oriented to person, place, and time. Speech is coherent and relevant. Affect is depressed. Mood is sad and anxious. Thoughts are focused on hopelessness, worthlessness, and suicidal ideation. No homicidal ideation reported. Judgment and insight are impaired.

**ASSESSMENT**

Major Depressive Disorder with suicidal ideation. The patient is at high risk for self-harm and requires close monitoring. Impaired judgment and insight may interfere with treatment compliance. Limited social support and financial stressors may contribute to the patient's current symptoms.