

Jane's medications have been adjusted, and she will continue to receive close monitoring for suicidal ideation and safety. A psychiatric consultation has been requested to further evaluate and manage her condition. Jane has been referred for therapy and counseling. Discharge planning will involve coordination with her outpatient mental health provider and support network.

RECOMMENDATIONS

ASSESSMENT

Mental status: Jane is alert and oriented x3. She appears anxious and fidgety. Her speech is clear and coherent. Jane reports feeling hopeless and helpless and expresses thoughts of wanting to die. She denies any current or past hallucinations or delusions.

Vital signs: Blood pressure 128/76 mmHg, heart rate 84 bpm, respiratory rate 16 breaths/min, temperature 98.6°F (37°C), oxygen saturation 98% on room air.

Lab results: Sodium 138 mmol/L, potassium 3.9 mmol/L, chloride 102 mmol/L, bicarbonate 25 mmol/L, blood urea nitrogen (BUN) 10 mg/dL, creatinine 0.8 mg/dL.

Safety assessment: Jane reports having a plan to overdose on her medications. She denies any current or past history of physical violence or self-harm. She is on suicide precautions and has been placed on one-to-one observation.

Jane Smith is a 35-year-old female patient who was admitted to the psychiatric unit on 03/23/2023 due to suicidal ideation. She has a history of depression and anxiety and has been taking Lithium 300mg twice a day and Fluoxetine 20mg once a day for the past 6 months. Jane reports feeling overwhelmed with stress related to her job as a high school teacher and is experiencing difficulty sleeping. She denies any current or past history of substance abuse. Jane reports a history of childhood trauma but is not currently receiving any therapy or counseling.

BACKGROUND

SITUATION

Patient: Jane Smith Age: 35 years old Gender: Female

Date of admission: 03/23/2023

Reason for admission: Suicidal ideation

Current medications: Lithium 300mg 2x/day, Fluoxetine 20mg 1x/day

Allergies: None reported

PSYCHIATRIC SBAR