Physician Orders ADULT

BEH Physician Discharge Note

Date: __________ Time: __________

Height: __________ cm Weight: __________ kg

Allergies: [ ] No known allergies
[ ] Medication allergy(s):
[ ] Latex allergy [ ] Other:

Diagnosis

Axis I: (Principle Discharge Diagnosis)
Axis II:
Axis III:
Axis IV:
Axis V:
Past year:

Prognosis

Note:

Medication Planning Information

NOTE: For patients discharged on two or more routinely scheduled antipsychotic medications:
(Check all that apply)

[ ] History of three or more failed trials of monotherapy.
List medications that failed trials:

[ ] Recommended plan to taper to monotherapy due to previous use of multiple antipsychotic medications.
List recommended medications to decrease:
List recommended medications to increase:

[ ] Cross taper in progress
List current medications being decreased:
List current medication being increased:

[ ] Augmentation of Clozapine:
**Suicidal / Homicidal**

Does the patient or others currently report:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ] The patient having suicidal ideation or making suicidal threats?</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] The patient having homicidal / assaultive ideations or making homicidal threats?</td>
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</tbody>
</table>

If the answer to either question above is yes, answer the questions below

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ] Is the ideation repetative or persistent?</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Does the ideation involve serious intent / lethal intent?</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Does the patient have a specific plan?</td>
</tr>
<tr>
<td>[ ]</td>
<td>[ ] Does the ideation have delusional or hallucinatory content?</td>
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</tbody>
</table>

**NOTE:** If the answer to any of the above questions is YES, describe the patient’s plan, ideations, etc. and if represent a risk to others at the time of discharge. Describe considerations regarding “duty to warn”.

**Outcome from the Hospitalization**

Note:

**Risk / Benefit of Treatment Plan**

Note:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ] Patient verbalizes understanding of proposed treatment plan</td>
</tr>
</tbody>
</table>

**Discharge Summary**

Note:

Discharge Summary: [ ] Dictated [ ] Electronically documented

**Date** [ ] **Time** [ ] **Physician's Signature** [ ] **MD Number** [ ]