

**DOCUMENT TYPE: FORM**

A MSE is part of every mental health assessment. Patients admitted for mental health concerns should have one completed qshift and PRN. This documentation tool may be used for all patients as part of their psychosocial assessment.

Interpretation of the MSE must keep in mind the patient's age, developmental level, and cultural norms etc.

MRP notification and Mental Health Clinician consultation must occur when a) a situation of immediate risk of harm to self or others by a patient, b) risk of imminent departure by a patient known to be at risk of harm to self or others, and/or c) patient is experiencing acute psychosis or agitation.

<b>General Appearance</b>	
<b>Age</b>	<input type="checkbox"/> Appears stated age <input type="checkbox"/> Appears younger than age <input type="checkbox"/> Appears older than age <input type="checkbox"/> See Nurse's Notes
<b>Hygiene/Grooming</b>	<input type="checkbox"/> Clean <input type="checkbox"/> Body odor <input type="checkbox"/> Dressed appropriately to season <input type="checkbox"/> Outstanding features <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes
<b>Build</b>	<input type="checkbox"/> Average <input type="checkbox"/> Frail <input type="checkbox"/> Obese <input type="checkbox"/> Muscular <input type="checkbox"/> Petite <input type="checkbox"/> Stocky <input type="checkbox"/> Slim
<b>Behavior</b>	
<b>Eye Contact</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Avoidant <input type="checkbox"/> Intense <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes
<b>Psychomotor Movements</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes
<b>Attitude</b>	<input type="checkbox"/> Cooperative <input type="checkbox"/> Guarded <input type="checkbox"/> Open <input type="checkbox"/> Fearful <input type="checkbox"/> Demanding <input type="checkbox"/> Defensive <input type="checkbox"/> Suspicious <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes
<b>Rapport</b>	<input type="checkbox"/> Easily established <input type="checkbox"/> Limited/Distant <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes
<b>Level of Consciousness</b>	<input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Sedated <input type="checkbox"/> Hyper alert <input type="checkbox"/> Fluctuating <input type="checkbox"/> Intoxicated <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes
<b>Eating Patterns</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Selective <input type="checkbox"/> Not eating enough resulting in weight loss <input type="checkbox"/> Overeating <input type="checkbox"/> Bingeing <input type="checkbox"/> Purging <input type="checkbox"/> Refusing to eat <input type="checkbox"/> Affected by current treatment <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes
<b>Sleeping Patterns</b>	<input type="checkbox"/> Normal <input type="checkbox"/> Disrupted nighttime sleep <input type="checkbox"/> Difficulty falling asleep <input type="checkbox"/> Sleeps in day (not including age appropriate napping) <input type="checkbox"/> Frequent nightmares <input type="checkbox"/> Frequent night terrors <input type="checkbox"/> Difficult to rouse after sleep <input type="checkbox"/> Affected by current treatment <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes
<b>Interaction with Caregivers</b>	<input type="checkbox"/> Secure <input type="checkbox"/> Anxious <input type="checkbox"/> Distant <input type="checkbox"/> Unable to assess <input type="checkbox"/> See Nurse's Notes
<b>Mood (reported by patient)</b>	
<input type="checkbox"/> Euthymic (normal) <input type="checkbox"/> Ambivalent <input type="checkbox"/> Calm <input type="checkbox"/> Anxious <input type="checkbox"/> Sad <input type="checkbox"/> Depressed <input type="checkbox"/> Frustrated <input type="checkbox"/> Angry <input type="checkbox"/> Labile <input type="checkbox"/> Energetic <input type="checkbox"/> Elevated <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes Current Mood Rated #1-10: _____ Normal Mood Rated #1-10: _____	
<b>Affect (observed by clinician)</b>	
<input type="checkbox"/> Normal range <input type="checkbox"/> Anxious <input type="checkbox"/> Downcast <input type="checkbox"/> Tearful <input type="checkbox"/> Angry <input type="checkbox"/> Euphoric <input type="checkbox"/> Overwhelmed <input type="checkbox"/> Irritable <input type="checkbox"/> Suspicious <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes	
<b>Stability/Range</b>	<input type="checkbox"/> Normal range <input type="checkbox"/> Blunted <input type="checkbox"/> Flat <input type="checkbox"/> Labile <input type="checkbox"/> See Nurse's Notes
<b>Congruency</b>	Is affect congruent with reported mood? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> See Nurse's Notes
<b>Risk</b>	
<b>Suicide Risk</b>	<input type="checkbox"/> Feelings of hopelessness <input type="checkbox"/> Distress <input type="checkbox"/> Suicidal Ideation <input type="checkbox"/> Suicidal Plan <input type="checkbox"/> MRP notified <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes

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<b>Recent Suicide Behaviour</b>	Has patient made a suicide attempt or engaged in significant intentional self-harm behavior within the past 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> See Nurse's Notes	
<b>Ideation / Plan</b> <i>*If suicidal ideation or plan in place, safety plan must be initiated and MRP notified.</i>	<b>Suicidal Ideation</b> <input type="checkbox"/> None <input type="checkbox"/> Passive <input type="checkbox"/> Active If active: Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Intent <input type="checkbox"/> Yes <input type="checkbox"/> No Means <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Homicidal Ideation</b> <input type="checkbox"/> None <input type="checkbox"/> Passive <input type="checkbox"/> Active If active: Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Intent <input type="checkbox"/> Yes <input type="checkbox"/> No Means <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Self-Harm</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See Nurse's Notes	
<b>Elopement</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> See Nurse's Notes	
<b>Aggression</b>	<input type="checkbox"/> Verbally aggressive <input type="checkbox"/> Physically aggressive <input type="checkbox"/> N/A <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes	
<b>Intoxication</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Substance of use: _____ Amount: _____ Last used: _____ <input type="checkbox"/> See Nurse's Notes	
<b>Other</b>	<input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes	
<b>Recent Protective Factors</b>	<input type="checkbox"/> Belief that suicide is immoral <input type="checkbox"/> Engaged in work or school <input type="checkbox"/> Fear of death or dying due to pain and suffering <input type="checkbox"/> Identifies reasons for living <input type="checkbox"/> Responsibility to family or others <input type="checkbox"/> Supportive social network or family <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes	
<b>Level of Risk to Patient</b> (observed by clinician)	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> High/Imminent <input type="checkbox"/> See Nurse's Notes <input type="checkbox"/> N/A <input type="checkbox"/> MRP notified <i>*MRP must be notified STAT if level is High/Imminent</i>	
<b>Thought</b>		
<b>Processes</b>	<input type="checkbox"/> Goal-directed and logical <input type="checkbox"/> Disorganized <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes	
<b>Content</b>	<input type="checkbox"/> Delusions <input type="checkbox"/> Obsessions <input type="checkbox"/> Compulsions <input type="checkbox"/> Phobias <input type="checkbox"/> Preoccupations <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes	
<b>Speech</b>		
<input type="checkbox"/> Normal rate, tone, volume without pressure <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes		
<b>Cognition</b>		
<b>Memory/Concentration</b>	<input type="checkbox"/> Short term intact <input type="checkbox"/> Long term intact <input type="checkbox"/> Distractible/inattentive <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes	
<b>Orientation</b>	<input type="checkbox"/> Person <input type="checkbox"/> Place <input type="checkbox"/> Time <input type="checkbox"/> Self <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes	
<b>Insight/Judgement</b>	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
<b>Care Plan</b>		
<input type="checkbox"/> Individualized Care Plan <input type="checkbox"/> Safety Plan <input type="checkbox"/> Violence Care Plan <input type="checkbox"/> Other: _____ <input type="checkbox"/> See Nurse's Notes <input type="checkbox"/> Mental Health Clinician consulted (ie. Psychiatric Consultation Liaison Nurse, Adolescent Medicine Nurse Clinician, Psychology etc.)		
<b>Date</b>	<b>Time</b>	<b>Nurse Signature</b>

**Developed By**

BC Children's Hospital – Inpatient – Clinical Nurse Educator

**Version History**

DATE	DOCUMENT NUMBER and TITLE	ACTION TAKEN
03-Jul-2019	C-05-06-60339 Pediatric Mental Status Exam	Approved at: BCCH Best Practice Committee

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