| Placer County Psychiatric Hospital<br>Chart Review, Advocate: | Date: | | | MR#: |
|---|---|---|---|---|
| | Y | N | N/A | Notes |
| **Admission Process** | | | | |
| Advised of their rights | | | | |
| Given Patients' Rights Handbook within 24 hours | | | | |
| Received medical evaluation within 24 hours | | | | |
| Documentation of psychiatric evaluation within 24 hours | | | | |
| Advised of complaint/grievance procedure | | | | |
| Property inventoried in timely manner | | | | |
| Offered interpretation and translation services | | | | |
| Patient signed receipt of HIPAA Privacy Practices notice | | | | |
| Voluntary admission signed/dated by patient and doctor | | | | |
| Documentation of involuntary admission advisement present/complete at admission | | | | |
| **5150 Hold** | | | | |
| Original in chart | | | | |
| Legible, clearly documents probable cause | | | | |
| Completed correctly | | | | |
| **5250 Hold** | | | | |
| Completed prior to expiration of 5150 hold | | | | |
| Filled out completely and legibly | | | | |
| Two authorized signatures with dates | | | | |
| Advisement signature, date, including explanation and offer of Writ Hearing | | | | |
| Date/time MD ordered change in status | | | | |
| Timely Certification Review Hearing | | | | |
| **5270 Hold** | | | | |
| Completed prior to expiration of 5150 hold | | | | |
| Filled out completely and legibly | | | | |
| Two authorized signatures with dates | | | | |
| Advisement signature, date, including explanation and offer of Writ Hearing | | | | |
| Date/time MD ordered change in status | | | | |
| Timely Certification Review Hearing | | | | |
| **Other Type of Hold** | | | | |
| Documentation present and complete | | | | |
| **Psychiatric Medication (non-emergency/PRN) Informed Consent:** | | | | |
| Nature of patient's mental condition | | | | |
| Reasons for taking medications | | | | |
| Reasonable alternative treatments, if any | | | | |
| Type, frequency and dose, method, duration | | | | |
| Possible known side effects, short term and >3 months | | | | |
| Signature of patient for each class of medication (or physician notation that patient consents but declines to sign) | | | | |
| Notification patient may withdraw consent by stating intention to any treatment staff member | | | | |

| | Y | N | N/A | Notes |
|---|---|---|---|---|
| **Emergent Medication Documentation:** | | | | |
| Notation of maked change in patient's condition | | | | |
| Notation medication was required immediately for preservation of life or prevention of great bodily harm to patient or others | | | | |
| Evidence it was impractical to first obtain consent | | | | |
| Medication given only to treat the emergency | | | | |
| Medication given in least restrictive manner | | | | |
| MD order | | | | |
| **Denial of Rights Documentation Includes:** | | | | |
| Specific deniable right that was denied | | | | |
| Each denial noted seperately with date, time, signature | | | | |
| Good cause described | | | | |
| Right denied relates to reason for denial | | | | |
| Other less restrictive interventions attempted | | | | |
| Right restored when good cause no longer exists | | | | |
| Date and time right was restored | | | | |
| Patient advised of content of denial of rights | | | | |
| **Restraint and Seclusion Documentation:** | | | | |
| No PRN/standing orders for R&S | | | | |
| R&S used only to protect patient or others from injury | | | | |
| Other alternative methods explored and not effective | | | | |
| Written MD order, not to exceed 4 hours per order, defining reason for and type of R&S ordered | | | | |
| If order started as emergency verbal MD oder, was signed at a later time | | | | |
| RN present at application of restraints | | | | |
| Patient observed at least every 15 minutes | | | | |
| Description of episode leading to R&S, length of time R&S applied, name of staff applying, date/time R&S released | | | | |
| **Patient Interview:** | | | | |
| Handbook provided at admission? | | | | |
| Advised of complaint/grievance procedure? | | | | |
| Know how to access personal possessions? | | | | |
| Can make and receive confidential phone calls? | | | | |
| Access to letter writing materials? | | | | |
| Receive mail unopened? | | | | |
| Informed about you legal status? | | | | |
| Informed about your medications? | | | | |
| Able to see visitors daily? | | | | |
| Able to participate in activities/exercise? | | | | |
| Understand you can wear your own clothing? | | | | |
| Information provided in modality you understand? | | | | |
| Participate in your treatment planning? | | | | |
| Right to confidentiality respected by staff? | | | | |
| Writ of Habeus Corpus explained and offered? | | | | |
| Being treated with dignity and humane care? | | | | |