

## SUMMARY OF ASSESSMENT

### DATA

*The initial circumstances resulting in contact with Emergency Services, including primary concerns of the person making contact.*

This is the section where you note why emergency services are involved (law enforcement, hospital, crisis).

Example: Jane called 911 indicating she was having unsafe thoughts to kill herself. Law enforcement responded, as well as, EMS. Jane was taken to the hospital. Upon arrival, Jane continued to verbalize feelings of suicidality; including a specific plan. Law enforcement then engaged NWC. Jane would not speak on the telephone due to paranoia evidenced by statements such as “they will implant devices in my brain if I talk on the phone”, therefore the telephone worker dispatched a mobile worker for face to face assessment.

### NARRATIVE

*Include mental status and observations, any events that may have led up to the contact, client/collateral discussions/quotes, the apparent severity of the immediate problem, including risk and protective factors and the potential for harm to self or others.*

The summary should describe in detail the assessment and reasoning related. Including what you observed, who you talked to and quotes related are of great benefit.

Remember your documentation can be read by people other than the county.

### RESPONSE PLAN

*Notate outcome clearly and type carbon response plan as created; Include justification related to determination of need, include why lesser restrictive tiers of restriction weren't utilized.*

This section should include your outcome in a clear statement, as well as, clinical reasoning for your decision. Document all considerations for lesser restrictive options and reasoning for their inappropriateness related to the case.

Include the written portion of the carbon response plan in this section as well.

For example:

Jane was unable to identify appropriate supports she wanted to engage. She stated, “anyone who understands me is dead or lives in other countries.” Jane lives alone and no supports were found. A neighbor was considered, however refused to take part in a safety plan for Jane. Jane also refused to go anywhere voluntarily; such as the crisis bed or a hospital, as she was focused on the need to care for her fish and the arrival of her “cleaning lady” the following day. Jane seemed to have some connection to her suicidal thoughts displayed through verbalizations. Jane stated, “I have a stash of pills to take and not wake up.” “I just want to go to sleep forever.” In collaboration with Nurse Janice, Officer Johnson, and this writer an Emergency Detention was approved.

Carbon Response plan created as follows (this is exactly as you wrote on your carbon response plan while in the field):

Jane is being placed on an Emergency Detention based on mental illness; displayed by erratic behavior, verbalizations, demonstrated paranoia, and harm to self. Jane admits to hearing voices to harm herself, specific plans related to suicide, and a note written via face book post. Officer Johnson transported Jane to Sacred Heart Hospital’s Emergency Department. The response plan was signed by Nurse Janice, Officer Johnson and this writer. Jane declined to sign paperwork as she continued to focus on returning home. Jane further refused to sign any paperwork that appeared legal in nature. This worker reviewed all forms and paperwork related to this incident which were left with her at the hospital.