

**MTP
PROBLEM # _____
ELEVATED MOOD/MANIA**

GOAL CODE DESCRIPTION		<input checked="" type="checkbox"/> = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN, MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE, RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST		
DATE	D/C (<input checked="" type="checkbox"/>)	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____ _____	MD
			<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED	NSG
			<input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING _____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> COMPLIANT W/DIAGNOSTIC TESTING: _____	<input type="checkbox"/> EXPLAIN PROCEDURE IN AGE-APPROPRIATE MANNER REGARDING _____ BEFORE TREATMENT	MD NSG
		<input type="checkbox"/> NO ATTEMPT TO HARM SELF	<input type="checkbox"/> ASSESS SUICIDAL IDEATION DAILY IN GROUP/1:1	MD NSG SS MT RT PC
			<input type="checkbox"/> MONITOR Q 15 MINUTES PER PRECAUTION	MD NSG SS MT RT PC
		<input type="checkbox"/> EUTHYMIC MOOD	<input type="checkbox"/> ASSESS MOOD DAILY IN GROUP/1:1	MD NSG SS MT RT PC
		<input type="checkbox"/> NO ASSAULTIVE/AGGRESSIVE BEHAVIOR	<input type="checkbox"/> ASSESS ASSAULTIVE/AGGRESSIVE BEHAVIOR DAILY IN GROUP/1:1	MD NSG SS MT RT PC
		<input type="checkbox"/> STATE _____ SYMPTOMS OF ILLNESS	<input type="checkbox"/> EDUCATE PATIENT ON DISEASE SYMPTOMS Q _____	MD NSG SS MT RT PC
		<input type="checkbox"/> PATIENT SELF REPORT OF DIMINISHED OR CESSATION OF DELUSIONAL THOUGHTS SPECIFY: _____	<input type="checkbox"/> ASSESS DELUSIONAL THOUGHTS DAILY IN GROUP/1:1	MD NSG SS MT RT PC
		<input type="checkbox"/> DIMINISHED PRESSURED SPEECH; SPEECH AT NORMAL VOLUME AND TONE	<input type="checkbox"/> ASSESS SPEECH PATTERN DAILY IN GROUP/1:1	MD NSG SS MT RT PC
		<input type="checkbox"/> PATIENT SELF-REPORTS OF DIMINISHED OR CESSATION OF HALLUCINATIONS	<input type="checkbox"/> ASSESS HALLUCINATIONS DAILY IN GROUP/1:1	MD NSG SS MT RT PC
		<input type="checkbox"/> DECREASE/ELIMINATE OBSESSIVE/RACING THOUGHTS	<input type="checkbox"/> TEACH RELAXATION TECHNIQUES AND ASSESS ABILITY TO FOCUS THOUGHTS	NSG SS MT RT PC
		<input type="checkbox"/> SLEEPS _____ HOURS DAILY	<input type="checkbox"/> MONITOR SLEEP HOURS DAILY	NSG
		<input type="checkbox"/> DECREASED PSYCHOMOTOR AGITATION	<input type="checkbox"/> DECREASE ENVIRONMENTAL STIMULI	MD NSG SS
			<input type="checkbox"/> MONITOR # OF MINUTES IN GROUP	NSG SS MT RT PC
		<input type="checkbox"/> ATTENDS TO ADLS	<input type="checkbox"/> MONITOR AND ASSIST WITH ADL DAILY AND AS NEEDED	NSG
		<input type="checkbox"/> ABILITY TO STAY ON TASK FOR _____ MINUTES	<input type="checkbox"/> ASSESS ABILITY TO STAY ON TASK PER GROUP/DAILY	MD NSG SS MT RT PC
		<input type="checkbox"/> ABLE TO ATTEND AND REMAIN IN CLASS _____ % TIME	<input type="checkbox"/> ENCOURAGE SCHOOL ATTENDANCE	MD NSG SS
			<input type="checkbox"/> MONITOR SCHOOL ATTENDANCE	MD NSG SS
			<input type="checkbox"/> REVIEW TEACHER FEEDBACK FORM	MD NSG SS
		<input type="checkbox"/> FOCUS ON TASK FOR _____ MINUTES WITH _____ REDIRECTIONS	<input type="checkbox"/> PROVIDE TASK-ORIENTED LEISURE ACTIVITIES TO INCREASE CONCENTRATION	RT
		<input type="checkbox"/> IDENTIFY _____ POSITIVE SPIRITUAL COPING TECHNIQUES	<input type="checkbox"/> PROVIDE POSITIVE SPIRITUAL COPING TECHNIQUES	PC
		<input type="checkbox"/> AFTERCARE TREATMENT REFERRAL UPON DISCHARGE	<input type="checkbox"/> REFERRAL FOR FOLLOW-UP TREATMENT PER AFTERCARE TREATMENT	SS
		<input type="checkbox"/> PLACEMENT/HOUSING UPON DISCHARGE	<input type="checkbox"/> DISCHARGE PLACEMENT PLAN	SS
		<input type="checkbox"/> MEDIATE/REDUCE FAMILY CONFLICT	<input type="checkbox"/> FAMILY SESSION _____ TIMES PER STAY	SS
		<input type="checkbox"/> IDENTIFY _____ RELAPSE PREVENTION TECHNIQUES	<input type="checkbox"/> TEACH/ASSESS RELAPSE PREVENTION TECHNIQUES IN GROUP	SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS MT RT PC

**MTP
PROBLEM # _____
PSYCHOSIS**

GOAL CODE DESCRIPTION		<input checked="" type="checkbox"/> = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN, MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE, RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST		
DATE	D/C (<input checked="" type="checkbox"/>)	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____ _____	MD
			<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED	NSG
			<input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING ____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> COMPLIANT W/DIAGNOSTIC TESTING: _____	<input type="checkbox"/> EXPLAIN _____ PROCEDURE/TEST IN AN AGE-APPROPRIATE MANNER BEFORE PROCEDURE/TEST	MD NSG
		<input type="checkbox"/> NO ATTEMPT TO HARM SELF OR OTHERS	<input type="checkbox"/> ASSESS ASSAULTIVE BEHAVIOR DAILY	MD NSG SS MT RT PC
			<input type="checkbox"/> MONITOR Q 15 MINUTES PER PRECAUTION	NSG
		<input type="checkbox"/> STATE ____ SYMPTOMS OF ILLNESS	<input type="checkbox"/> EDUCATE PATIENT ON DISEASE SYMPTOMS Q _____	MD NSG SS MT RT PC
		<input type="checkbox"/> DIMINISHED OR CESSATION OF DELUSIONAL THOUGHTS EXPRESSED	<input type="checkbox"/> ASSESS OF DELUSIONAL THOUGHTS DAILY IN GROUP/1:1	MD NSG SS MT RT PC
		<input type="checkbox"/> PATIENT SELF-REPORTS IMINISHED OR CESSATION OF HALLUCINATIONS	<input type="checkbox"/> ASSESS HALLUCINATIONS DAILY IN GROUP/1:1	MD NSG SS MT RT PC
		<input type="checkbox"/> DIMINISHED OR CESSATION OF PARANOIA THOUGHTS EXPRESSED	<input type="checkbox"/> ASSESS PARANOID THOUGHTS DAILY IN GROUP/1:1	MD NSG SS MT RT PC
		<input type="checkbox"/> DECREASED PSYCHOMOTOR AGITATION	<input type="checkbox"/> DECREASE ENVIRONMENTAL STIMULI	MD NSG SS MT RT PC
			<input type="checkbox"/> MONITOR AGITATION SELF REPORT OR PER GROUP/DAILY	MD NSG SS MT RT PC
		<input type="checkbox"/> ATTENDS TO ADLS	<input type="checkbox"/> MONITOR AND ASSIST WITH ADL DAILY AND AS NEEDED	MD NSG SS MT RT PC
		<input type="checkbox"/> IDENTIFIES SUPPORT AT SCHOOL	<input type="checkbox"/> ASSIST PATIENT TO IDENTIFY SUPPORT SYSTEMS AT SCHOOL/HOME	MD NSG SS MT RT PC
		<input type="checkbox"/> ABLE TO IDENTIFY _____ SUPPORT RESOURCES	<input type="checkbox"/> EDUCATE AND REFER PATIENT	MD NSG SS MT RT PC
		<input type="checkbox"/> COMPLETE _____ MINUTES OF LEISURE ACTIVITY	<input type="checkbox"/> PROVIDE LEISURE ACTIVITIES TO STIMULATE REALITY ORIENTATION	RT
		<input type="checkbox"/> IDENTIFY _____ POSITIVE SPIRITUAL COPING TECHNIQUES	<input type="checkbox"/> PROVIDE POSITIVE SPIRITUAL COPING TECHNIQUES	MD NSG SS MT RT PC
		<input type="checkbox"/> IDENTIFY _____ RELAPSE PREVENTION TECHNIQUES	<input type="checkbox"/> TEACH/ASSESS RELAPSE PREVENTION TECHNIQUES IN GROUP	MD NSG SS MT RT PC
		<input type="checkbox"/> MEDIATE/REDUCE FAMILY CONFLICT	<input type="checkbox"/> FAMILY SESSIONS ____ X PER WEEK	MD NSG SS MT RT PC
		<input type="checkbox"/> PLACEMENT/HOUSING UPON DISCHARGE	<input type="checkbox"/> DISCHARGE PLACEMENT PLAN	MD NSG SS MT RT PC
		<input type="checkbox"/> AFTERCARE TREATMENT REFERRAL UPON DISCHARGE	<input type="checkbox"/> REFERRAL FOR FOLLOW-UP TREATMENT PER AFTERCARE TREATMENT	MD NSG SS MT RT PC
		<input type="checkbox"/> TOLERATE _____ MINUTES IN GROUP	<input type="checkbox"/> ASSESS ABILITY TO TOLERATE _____ MINUTES IN GROUP	MD NSG SS MT RT PC
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS MT RT PC
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS MT RT PC
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS MT RT PC

**MTP
PROBLEM # _____
DEPRESSED MOOD**

GOAL CODE DESCRIPTION		<input checked="" type="checkbox"/> = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN, MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE, RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST		
DATE	D/C <input checked="" type="checkbox"/>	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____ _____	MD
			<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED	NSG
			<input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING _____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> COMPLIANT W/DIAGNOSTIC TESTING: _____	<input type="checkbox"/> EXPLAIN _____ PROCEDURE/TEST IN AN AGE-APPROPRIATE MANNER BEFORE PROCEDURE/TEST	MD NSG
		<input type="checkbox"/> NO SUICIDAL TREND OR BEHAVIOR	<input type="checkbox"/> ASSESS FOR SUICIDAL IDEATION DAILY DURING 1:1 AND/OR IN GROUP	MD NSG SS MT RT PC
		<input type="checkbox"/> IMPROVED MOOD	<input type="checkbox"/> ASSESS MOOD BY SELF-REPORT DAILY DURING 1:1 AND/OR IN GROUP	MD NSG SS MT RT
		<input type="checkbox"/> STATE _____ SYMPTOMS OF ILLNESS	<input type="checkbox"/> EDUCATE PATIENT ON DISEASE SYMPTOMS AND ASSIST TO IDENTIFY TRIGGERS FOR NEGATIVE THOUGHTS	MD NSG SS MT RT PC
		<input type="checkbox"/> IMPROVED ENERGY	<input type="checkbox"/> ASSESS, MONITOR AND DOCUMENT BEHAVIOR DAILY	NSG SS MT RT
		<input type="checkbox"/> IMPROVED CONCENTRATION	<input type="checkbox"/> ASSESS CONCENTRATION DAILY	NSG SS MT RT PC
			<input type="checkbox"/> DECREASE ENVIRONMENTAL STIMULI	NSG
			<input type="checkbox"/> MONITOR # OF MINUTES IN GROUP	NSG SS MT RT PC
		<input type="checkbox"/> IMPROVED MEMORY/ORIENTATION	<input type="checkbox"/> ASSESS MEMORY/ORIENTATION DAILY	MD NSG SS MT RT PC
		<input type="checkbox"/> SLEEPS _____ HOURS	<input type="checkbox"/> MONITOR SLEEP HOURS DAILY	MD NSG
		<input type="checkbox"/> EATS _____ % OF MEALS	<input type="checkbox"/> MONITOR MEAL INTAKE DAILY	MD NSG
		<input type="checkbox"/> DECREASE BY _____ # EPISODES/ELIMINATE CRYING SPELLS	<input type="checkbox"/> ASSESS CRYING SPELLS BY SELF-REPORT PER 1:1/GROUP	MD NSG SS MT RT PC
		<input type="checkbox"/> IDENTIFY _____ STRATEGIES TO MANAGE SAD MOOD	<input type="checkbox"/> ASSIST PATIENT TO IDENTIFY STRATEGIES TO MANAGE SAD MOOD	MD NSG SS MT RT PC
		<input type="checkbox"/> DECREASE/ELIMINATE RUMINATING THOUGHTS	<input type="checkbox"/> TEACH RELAXATION TECHNIQUES AND ASSESS ABILITY TO FOCUS THOUGHTS	MD NSG SS MT RT PC
		<input type="checkbox"/> DECREASE SOCIAL ISOLATION THROUGH GROUP ATTENDANCE _____X'S PER DAY	<input type="checkbox"/> ENCOURAGE/MONITOR FREQUENCY OF GROUP ATTENDANCE	NSG SS MT RT PC
		<input type="checkbox"/> DEMONSTRATE/IDENTIFY _____ LEISURE ACTIVITY TO ENHANCE MOOD	<input type="checkbox"/> PROVIDE LEISURE ACTIVITIES TO ENHANCE MOOD	RT
		<input type="checkbox"/> IDENTIFY _____ POSITIVE SPIRITUAL COPING TECHNIQUES	<input type="checkbox"/> ASSESS/PROVIDE TECHNIQUES FOR SPIRITUAL COPING	PC
		<input type="checkbox"/> AFTERCARE TREATMENT REFERRAL UPON DISCHARGE	<input type="checkbox"/> REFERRAL FOR FOLLOW-UP TREATMENT PER AFTERCARE TREATMENT	SS
		<input type="checkbox"/> PLACEMENT/HOUSING UPON DISCHARGE	<input type="checkbox"/> DISCHARGE PLACEMENT PLAN	SS
		<input type="checkbox"/> MEDIATE/REDUCE FAMILY CONFLICT	<input type="checkbox"/> FAMILY SESSION _____ TIMES PER STAY	SS
		<input type="checkbox"/> IDENTIFY _____ RELAPSE PREVENTION TECHNIQUES	<input type="checkbox"/> TEACH/ASSESS RELAPSE PREVENTION TECHNIQUES IN GROUP	SS
		<input type="checkbox"/>	<input type="checkbox"/> POSITIVE REINFORCEMENT FOR EXPRESSION OF FEELINGS AND PARTICIPATION IN PROGRAM	MD NSG SS MT RT PC
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS MT RT PC

**MTP
PROBLEM # _____
IMPULSE CONTROL**

GOAL CODE DESCRIPTION	<input checked="" type="checkbox"/> = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN, MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE, RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST			
DATE	D/C (<input checked="" type="checkbox"/>)	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____ _____	MD
			<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED	NSG
			<input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING _____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> MAINTAINS HYGIENE	<input type="checkbox"/> MONITOR AND ASSIST WITH ADLS DAILY AS NEEDED	NSG
		<input type="checkbox"/> IMPROVE GOAL-DIRECTED ACTIVITY	<input type="checkbox"/> MONITOR LEVEL OF ACTIVITY DAILY	NSG
		<input type="checkbox"/> IMPROVE CONCENTRATION, ATTENTION SPAN, TASK COMPLETION	<input type="checkbox"/> MONITOR # OF MINUTES IN GROUP	NSG SS
			<input type="checkbox"/> DECREASE ENVIRONMENTAL STIMULI	NSG SS
		<input type="checkbox"/> SLEEPS _____ HOURS DAILY	<input type="checkbox"/> MONITOR SLEEP HOURS DAILY	MD NSG
		<input type="checkbox"/> DIMINISHED PRESSURED SPEECH; SPEECH AT NORMAL VOLUME AND TONE	<input type="checkbox"/> ASSESS SPEECH PATTERN DAILY IN GROUP/1:1	NSG SS
		<input type="checkbox"/> DECREASED AGITATION	<input type="checkbox"/> DECREASE ENVIRONMENTAL STIMULI	NSG SS
		<input type="checkbox"/> ABLE TO ATTEND AND REMAIN IN CLASS _____ % TIME	<input type="checkbox"/> ENCOURAGE SCHOOL ATTENDANCE	MD NSG SS
			<input type="checkbox"/> MONITOR SCHOOL ATTENDANCE	MD NSG SS
			<input type="checkbox"/> REVIEW TEACHER FEEDBACK FORM	MD NSG SS
		<input type="checkbox"/> PATIENT WILL ACHIEVE _____ LEVEL OF POINT SYSTEM	<input type="checkbox"/> ENCOURAGE/SUPPORT INVOLVEMENT IN MILIEU PROCESS	MD NSG SS
		<input type="checkbox"/> FOCUS ON TASK FOR _____ MINUTES WITH _____ REDIRECTIONS	<input type="checkbox"/> PROVIDE TASK-ORIENTED LEISURE ACTIVITIES TO INCREASE CONCENTRATION	RT
		<input type="checkbox"/> IDENTIFY ___ POSITIVE SPIRITUAL COPING TECHNIQUES	<input type="checkbox"/> ASSESS/PROVIDE TECHNIQUES FOR SPIRITUAL COPING	PC
		<input type="checkbox"/> AFTERCARE TREATMENT REFERRAL UPON DISCHARGE	<input type="checkbox"/> REFERRAL FOR FOLLOW-UP TREATMENT PER AFTERCARE TREATMENT	SS
		<input type="checkbox"/> PLACEMENT/HOUSING UPON DISCHARGE	<input type="checkbox"/> DISCHARGE PLACEMENT PLAN	SS
		<input type="checkbox"/> MEDIATE/REDUCE FAMILY CONFLICT	<input type="checkbox"/> FAMILY SESSION _____ TIMES PER STAY	SS
		<input type="checkbox"/> IDENTIFY _____ RELAPSE PREVENTION TECHNIQUES	<input type="checkbox"/> TEACH/ASSESS RELAPSE PREVENTION TECHNIQUES IN GROUP	SS
		<input type="checkbox"/> TOLERATE _____ MINUTES IN GROUP	<input type="checkbox"/> ASSESS ABILITY TO REMAIN IN GROUP _____ MINUTES	MD NSG SS MT RT PC
		<input type="checkbox"/> IDENTIFIES _____ STRATEGIES TO MANAGE IMPULSIVITY	<input type="checkbox"/> ASSIST PATIENT IN IDENTIFYING ALTERNATIVE STRATEGIES TO DEAL WITH IMPULSIVE THOUGHTS/BEHAVIORS	MD NSG SS MT RT PC
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS MT RT PC
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS MT RT PC
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS MT RT PC
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS MT RT PC

**MTP
PROBLEM # _____
SUICIDAL THOUGHTS/BEHAVIOR**

GOAL CODE DESCRIPTION = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD
DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN,
 MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE,
 RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST

DATE	D/C (<input checked="" type="checkbox"/>)	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____	MD
		<input type="checkbox"/> MOOD IS STABLE/IMPROVED	<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED	NSG
			<input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING _____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> DEVELOP/DISCUSS ADAPTIVE ALTERNATIVES FOR SUICIDAL THOUGHTS/BEHAVIOR	<input type="checkbox"/> EDUCATE PATIENT RE: ALTERNATIVES	MD NSG SS
		<input type="checkbox"/> SLEEP _____ HOURS DAILY	<input type="checkbox"/> MONITOR SLEEP	MD NSG SS
		<input type="checkbox"/> CONSUME _____ % OF MEALS DAILY	<input type="checkbox"/> MONITOR MEAL INTAKE	MD NSG SS
			<input type="checkbox"/> DIETARY CONSULT	MD NSG SS
		<input type="checkbox"/> INCREASED ENERGY LEVEL	<input type="checkbox"/> MONITOR ENERGY LEVEL	MD NSG SS
			<input type="checkbox"/> ENCOURAGE PARTICIPATION IN MILIEU MANAGEMENT	MD NSG SS
		<input type="checkbox"/> DEMONSTRATE/IDENTIFY _____ LEISURE ACTIVITIES TO ENHANCE MOOD	<input type="checkbox"/> PROVIDE LEISURE ACTIVITIES TO ENHANCE MOOD	RT
		<input type="checkbox"/> IDENTIFY ____ POSITIVE SPIRITUAL COPING TECHNIQUES	<input type="checkbox"/> ASSESS/PROVIDE TECHNIQUES FOR SPIRITUAL COPING	PC
		<input type="checkbox"/> AFTERCARE TREATMENT REFERRAL UPON DISCHARGE	<input type="checkbox"/> REFERRAL FOR FOLLOW-UP TREATMENT PER AFTERCARE TREATMENT	SS
		<input type="checkbox"/> PLACEMENT/HOUSING UPON DISCHARGE	<input type="checkbox"/> DISCHARGE PLACEMENT PLAN	SS
		<input type="checkbox"/> MEDIATE/REDUCE FAMILY CONFLICT	<input type="checkbox"/> FAMILY SESSION _____ TIMES PER STAY	SS
		<input type="checkbox"/> IDENTIFY _____ RELAPSE PREVENTION TECHNIQUES	<input type="checkbox"/> TEACH/ASSESS RELAPSE PREVENTION TECHNIQUES IN GROUP	SS
		<input type="checkbox"/> NO SELF-HARM ON UNIT AND IN HOME AFTER DISCHARGE	<input type="checkbox"/> INSTRUCT FAMILY/CAREGIVERS TO REMOVE WEAPONS OR MEANS OF SELF-HARM FROM HOME	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/> SECURE NO SELF-HARM CONTRACT	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/> ASSESS FOR SUICIDAL THOUGHTS	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/> INVOLVE FAMILY/CARETAKERS IN CARE	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/> MONITOR Q 15 MINUTES ON SUICIDE PRECAUTIONS	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/> IMPLEMENT 1:1 AS ORDERED FOR PATIENT SAFETY	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/> ENVIRONMENTAL SAFETY CHECKS ARE PERFORMED AND DOCUMENTED	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS

**MTP
PROBLEM # _____
AGGRESSION**

GOAL CODE DESCRIPTION		<input checked="" type="checkbox"/> = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN, MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE, RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST		
DATE	D/C <input checked="" type="checkbox"/>	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____ _____	MD
			<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED	NSG
			<input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING _____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> NO/REDUCED PHYSICAL AGGRESSION	<input type="checkbox"/> ASSESS/MONITOR FOR AGGRESSIVE BEHAVIOR DAILY	MD NSG SS
			<input type="checkbox"/> MONITOR FOR COMBATIVE BEHAVIOR Q 15 MINUTES	MD NSG SS
		<input type="checkbox"/> REDUCED FREQUENCY OF VERBAL AGGRESSION	<input type="checkbox"/> ASSESS/MONITOR FOR VERBAL AGGRESSION DAILY	MD NSG SS
		<input type="checkbox"/> IDENTIFIES _____ STRATEGIES TO MANAGE AGGRESSION	<input type="checkbox"/> EDUCATE PATIENT RE: STRATEGIES/COPING MECHANISMS	MD NSG SS
		<input type="checkbox"/> PRACTICES IDENTIFIED STRATEGIES TO MANAGE AGGRESSION	<input type="checkbox"/> MONITOR STRATEGIES TO MANAGE AGGRESSION _____ (TIMEFRAME)	MD NSG SS
		<input type="checkbox"/> ACHIEVE _____ LEVEL OF POINT SYSTEM	<input type="checkbox"/> ENCOURAGE/SUPPORT IN MILIEU PROCESS DAILY	MD NSG SS
			<input type="checkbox"/> PROVIDE PATIENT FEEDBACK RE: POINT STATUS DAILY	MD NSG SS
		<input type="checkbox"/> ABLE TO ATTEND AND REMAIN IN CLASS _____ % TIME	<input type="checkbox"/> ENCOURAGE SCHOOL ATTENDANCE	MD NSG SS
			<input type="checkbox"/> MONITOR SCHOOL ATTENDANCE	MD NSG SS
			<input type="checkbox"/> REVIEW TEACHER FEEDBACK FORM	MD NSG SS
		<input type="checkbox"/> DEMONSTRATE _____ LEISURE ACTIVITIES AS ALTERNATIVES TO AGGRESSIVE BEHAVIOR	<input type="checkbox"/> PROVIDE LEISURE EDUCATION TO INCREASE AWARENESS OF ACTIVITIES FOR DECREASING AGGRESSIVE BEHAVIOR	RT
		<input type="checkbox"/> IDENTIFY ___ POSITIVE SPIRITUAL COPING TECHNIQUES	<input type="checkbox"/> ASSESS/PROVIDE TECHNIQUES FOR SPIRITUAL COPING	PC
		<input type="checkbox"/> AFTERCARE TREATMENT REFERRAL UPON DISCHARGE	<input type="checkbox"/> REFERRAL FOR FOLLOW-UP TREATMENT PER AFTERCARE TREATMENT	SS
		<input type="checkbox"/> PLACEMENT/HOUSING UPON DISCHARGE	<input type="checkbox"/> DISCHARGE PLACEMENT PLAN	SS
		<input type="checkbox"/> MEDIATE/REDUCE FAMILY CONFLICT	<input type="checkbox"/> FAMILY SESSION _____ TIMES PER STAY	SS
		<input type="checkbox"/> IDENTIFY _____ RELAPSE PREVENTION TECHNIQUES	<input type="checkbox"/> TEACH/ASSESS RELAPSE PREVENTION TECHNIQUES IN GROUP	SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS

**MTP
PROBLEM # _____
HYPERACTIVITY**

GOAL CODE DESCRIPTION		<input checked="" type="checkbox"/> = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN, MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE, RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST		
DATE	D/C (✓)	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____ _____	MD
			<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED	NSG
			<input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING _____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> INCREASED GOAL-DIRECTED BEHAVIOR	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/> IMPROVED TASK COMPLETION (SPECIFY) _____	<input type="checkbox"/> POSITIVE REINFORCEMENT FOR MAINTAINING FOCUS/REMAINING ON TASK	MD NSG SS
		<input type="checkbox"/> IDENTIFIES _____ STRATEGIES TO MANAGE IMPULSIVITY	<input type="checkbox"/> EDUCATE RE: STRATEGIES	MD NSG SS
		<input type="checkbox"/> DECREASED LEVEL OF PHYSICAL ACTIVITY	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/> ABLE TO ATTEND AND REMAIN IN CLASS _____ % TIME	<input type="checkbox"/> ENCOURAGE SCHOOL ATTENDANCE	MD NSG SS
			<input type="checkbox"/> MONITOR SCHOOL ATTENDANCE	MD NSG SS
			<input type="checkbox"/> REVIEW TEACHER FEEDBACK FORM	MD NSG SS
		<input type="checkbox"/> ABLE TO ATTEND AND REMAIN IN GROUP _____ % OF TIME	<input type="checkbox"/> ENCOURAGE GROUP PARTICIPATION	MD NSG SS
			<input type="checkbox"/> MONITOR % TIME IN GROUP	MD NSG SS
		<input type="checkbox"/> ABLE TO PROGRESS TO LEVEL _____ BY DISCHARGE	<input type="checkbox"/> ENCOURAGE/SUPPORT INVOLVEMENT IN MILIEU PROCESS	MD NSG SS
		<input type="checkbox"/> FOCUS ON TASK FOR _____ MINUTES WITH _____ REDIRECTIONS	<input type="checkbox"/> PROVIDE TASK-ORIENTED LEISURE ACTIVITIES TO INCREASE CONCENTRATION	RT
		<input type="checkbox"/> IDENTIFY ___ POSITIVE SPIRITUAL COPING TECHNIQUES	<input type="checkbox"/> ASSESS/PROVIDE TECHNIQUES FOR SPIRITUAL COPING	PC
		<input type="checkbox"/> AFTERCARE TREATMENT REFERRAL UPON DISCHARGE	<input type="checkbox"/> REFERRAL FOR FOLLOW-UP TREATMENT PER AFTERCARE TREATMENT	SS
		<input type="checkbox"/> PLACEMENT/HOUSING UPON DISCHARGE	<input type="checkbox"/> DISCHARGE PLACEMENT PLAN	SS
		<input type="checkbox"/> MEDIATE/REDUCE FAMILY CONFLICT	<input type="checkbox"/> FAMILY SESSION _____ TIMES PER STAY	SS
		<input type="checkbox"/> IDENTIFY _____ RELAPSE PREVENTION TECHNIQUES	<input type="checkbox"/> TEACH/ASSESS RELAPSE PREVENTION TECHNIQUES IN GROUP	SS
		<input type="checkbox"/> ABILITY TO TOLERATE _____ MINUTES IN GROUP	<input type="checkbox"/> ASSESS ABILITY TO TOLERATE _____ MINUTES IN GROUP	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS

**MTP
PROBLEM # _____**

WITHDRAWAL

(Specify)

GOAL CODE DESCRIPTION		<input checked="" type="checkbox"/> = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN, MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE, RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST		
DATE	D/C (<input checked="" type="checkbox"/>)	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION <input type="checkbox"/> REFER TO INTERNAL MEDICINE MD <input type="checkbox"/> REFER TO PEDIATRICS	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____ _____	MD
			<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED <input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	NSG MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING _____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> ACHIEVE MEDICALLY SAFE DETOX FROM SUBSTANCES WITHIN _____ DAYS	<input type="checkbox"/> ASSESS PATIENT'S LEVEL OF INTOXICATION ON ADMISSION <input type="checkbox"/> COMPLETE CIWA-AR AT TIME OF ADMISSION <input type="checkbox"/> NOTIFY MD IF CIWA-AR SCORE IS 8 OR MORE <input type="checkbox"/> OBSERVE FOR TREMORS, SEIZURES, NAUSEA, HEADACHES, SWEATING, OR INSOMNIA	MD NSG MD NSG MD NSG MD NSG
		<input type="checkbox"/> PATIENT BP WILL BE WITHIN NORMAL RANGE/STABLE (SPECIFY RANGE): _____	<input type="checkbox"/> MONITOR VITAL SIGNS PER PHYSICIAN ORDER	NSG
		<input type="checkbox"/> PATIENT IS ABLE TO TOLERATE FOOD/FLUIDS	<input type="checkbox"/> DIETARY CONSULT PER PHYSICIAN ORDER <input type="checkbox"/> ENCOURAGE PATIENT TO MAINTAIN HEALTHY NUTRITION	RD MD NSG
		<input type="checkbox"/> IDENTIFY AND ACCEPT NEED FOR SUBSTANCE ABUSE TREATMENT	<input type="checkbox"/> PROVIDE RELAPSE PREVENTION GROUP 3-5 TIMES/WEEK	SS
		<input type="checkbox"/> PATIENT WILL IDENTIFY EFFECTS OF SUBSTANCE ABUSE ON SCHOOL/FAMILY/FUTURE	<input type="checkbox"/> SUBSTANCE ABUSE EDUCATION	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/> PROVIDE REFERRAL TO REHAB/SUPPORT (SPECIFY): _____	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG

**MTP
PROBLEM # _____
DIABETES**

GOAL CODE DESCRIPTION = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD
DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN,
 MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE,
 RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST

DATE	D/C (<input checked="" type="checkbox"/>)	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION <input type="checkbox"/> REFER TO INTERNAL MEDICINE MD <input type="checkbox"/> REFER TO PEDIATRICS	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____ _____	MD
			<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED	NSG
			<input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING _____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> MAINTAIN NORMAL BLOOD GLUCOSE LEVEL OF (SPECIFY) _____	<input type="checkbox"/> EXPLAIN PROCEDURE OF GLUCOSE MONITORING AND MONITOR BLOOD GLUCOSE LEVEL Q _____ PER PHYSICIAN ORDER	MD NSG
		<input type="checkbox"/> VERBALIZE UNDERSTANDING OF MEDICATION AND TREATMENT OF DIABETES	<input type="checkbox"/> DIABETIC TEACHING Q _____ IN GROUP/1:1	MD NSG RD
		<input type="checkbox"/> COMPLY WITH DIETARY REGIMEN	<input type="checkbox"/> ASSESS AND EVALUATE PATIENT DIETARY REGIMEN	MD NSG RD
			<input type="checkbox"/> NUTRITION TEACHING Q _____	MD NSG RD
			<input type="checkbox"/> ORDER NUTRITION CONSULT	MD
		<input type="checkbox"/> IDENTIFIES _____ RESOURCES FOR ONGOING TREATMENT	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
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		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG

**MTP
PROBLEM # _____
HYPERTENSION**

GOAL CODE DESCRIPTION		<input checked="" type="checkbox"/> = Discharge criterion: Should be stable for 48h (always a short term goal) – To be completed by MD DISCIPLINE LEGEND: MD – MEDICAL STAFF, NSG – NURSING STAFF, SS – SOCIAL SERVICES CLINICIAN, MT – MUSIC THERAPIST, RT – RECREATIONAL THERAPIST, PC – PASTORAL CARE, RD – REGISTERED DIETITIAN, RPH – REGISTERED PHARMACIST		
DATE	D/C (<input checked="" type="checkbox"/>)	GOAL(S) SHORT TERM ACCOMPLISHED DURING HOSPITAL STAY (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	INTERVENTION (PLACE AN "X" IN THE BOX FOR ALL THAT APPLY)	RESPONSIBLE DISCIPLINE(S) (Circle or add in)
		<input type="checkbox"/> COMPLIANT WITH MEDICATION <input type="checkbox"/> REFER TO INTERNAL MEDICINE MD <input type="checkbox"/> REFER TO PEDIATRICS	<input type="checkbox"/> PRESCRIBE MEDICATION SPECIFY: _____ _____ _____	MD
			<input type="checkbox"/> ADMINISTER MEDICATION AS ORDERED	NSG
			<input type="checkbox"/> MONITOR MEDICATION COMPLIANCE DAILY	MD NSG
		<input type="checkbox"/> STATE NAME, DOSAGE, REASON, TIME OF MEDICATION	<input type="checkbox"/> PATIENT/FAMILY MEDICATION TEACHING _____X PER WK GRP. AND/OR INDIV.	MD NSG SS RPH
		<input type="checkbox"/> ATTAIN BLOOD PRESSURE WITHIN THE RANGE OF _____ TO _____	<input type="checkbox"/> ASSESS VITAL SIGNS ACCORDING TO PHYSICIAN ORDER	NSG
			<input type="checkbox"/> RELAXATION THERAPY 2-3 TIMES PER WEEK	NSG SS
			<input type="checkbox"/> STRESS MANAGEMENT GROUP 2-3 TIMES PER WEEK	NSG SS
		<input type="checkbox"/> COMPLY WITH TREATMENT REGIMEN PRIOR TO DISCHARGE	<input type="checkbox"/> DIETARY COUNSELING FOR SPECIAL DIETARY NEEDS AS INDICATED	MD NSG RD
			<input type="checkbox"/> TEACH PATIENT ABOUT DIET AND EXERCISE BEFORE DISCHARGE	MD NSG SS
		<input type="checkbox"/> COMPLY WITH DIETARY REGIMEN	<input type="checkbox"/> ASSESS AND EVALUATE PATIENT DIETARY REGIMEN	MD NSG RD
			<input type="checkbox"/> NUTRITION TEACHING q _____	MD NSG RD
			<input type="checkbox"/> ORDER NUTRITION CONSULT	MD
		<input type="checkbox"/> VERBALIZE APPOINTMENT INSTRUCTIONS FOR FOLLOW-UP	<input type="checkbox"/> REFERRAL TO MEDICAL CLINIC FOR FOLLOW-UP	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
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		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS
		<input type="checkbox"/>	<input type="checkbox"/>	MD NSG SS

