



Quick Reference for Inpatient Continued Stay Requests-Acute

Has the symptom improved and discharge is expected today? y/n _____

Are the symptoms improving or expected to improve, but the member is not clinically stable for discharge? y/n _____

What are the behaviors/symptoms that have occurred within the last 24 hours? (please include specific behaviors and date) Please include any symptoms related to psychosis, eating disorder complications/symptoms, unable to perform hygiene, homicidal ideations, suicidal ideations, psychosis, aggression, Self-injury, paranoia extreme, sexually inappropriate behaviors, etc.:

What Interventions have occurred within the last 24-48 hours? (specify intervention needed and date/time). This could include medication interventions (med adjustments/titration and response), chemical or physical restraints, seclusions, self-injury interrupted, unit restrictions, multidisciplinary interventions, etc:

Has there been staff intervention needed at least 3 times per day and support unavailable/unable to provide needed care or supervision? Y/N____ If yes, what staff intervention was needed? _____

Has there been a symptom-specific treatment plan developed by the multidisciplinary team to manage acute symptoms? Y/N____ If yes, please include specifics of the plan and results of daily evaluation of plan efficacy.

