# Student/RN Daily Communication Tool

## Behavioral Health

To be prepared for clinical, please fill out the form below for each patient every clinical day.

**Instructor _____________________ Contact# _____________________/School: __________________**

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>I am able to perform Mental Status Exam</th>
<th>Suicide Risk Assessment</th>
<th>ADL's</th>
<th>Therapeutic Interaction</th>
<th>Goal Setting</th>
<th>Medication Education</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Room</td>
<td>Vital Signs</td>
<td>Anxiety Scale</td>
<td>1____________________</td>
<td>2____________________</td>
<td>Response to PRN medication</td>
</tr>
<tr>
<td></td>
<td>Behavioral Observations</td>
<td>SI</td>
<td>Agitated/Aggressive Behavior</td>
<td>Sedation Scale</td>
<td>Schmid Fall Scale</td>
<td>Anxiety Level</td>
</tr>
</tbody>
</table>

**Describe positive observations:**

**Concerns or Special Request from Patient:**

_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Updated 12-4-17: bdf: Gdrive: Barbara folder