

Nursing Documentation

Status

General Info

Triage Report Start Time (CDT)

12/18/2025 10:18

Is this for Triage?

No

Video Assessment start time

12/18/2025 10:22

Select Age Group

Adult

Arrival time to Emergency Department or Medical Inpatient Unit

12/18/2025 09:18

Site Time Zone

Central (CST)

Hold Status at Time of Assessment

None

Does the patient consent to assessment?

Yes

Is this Emergent or Routine?

Routine

Reason for Assessment

Suicidal Ideation

Arrival Mode

Law Enforcement

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Page 1 of 12

P#: (844) 250-7302 **F#:** (605) 910-5730

Bedside report:

Patient presented to the ED via Law enforcement after contacting 911 and stating she was thinking about harming herself.

After arriving at ED, the patient endorsed suicidal ideation to the bedside team, but denies any plan or intent. Reported she stopped taking her medications 2 weeks ago due to side effects.

Psychiatric Diagnosis

Anxiety, Depression

Is patient prescribed psychiatric medication?

Yes

Is patient compliant with taking psychiatric medications?

No

Has patient received PRN psychiatric medications?

No

Do you know of recent psychiatric medication changes?

No

List of psychiatric medications

Wellbutrin 300mg AM, Buspar 15mg TID

Has patient reported suicidal ideation?

Yes

Has patient reported homicidal ideation?

No

Are hallucinations or delusions present?

No

Treatment Team Disposition Recommendations

Treatment team states discharge plan unknown

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Page 2 of 12

P#: (844) 250-7302 **F#:** (605) 910-5730

Patient report - Presenting problems / Primary complaint / Precipitating events / Stressors (Type Not Applicable, if Triage Only)

"I have just been feeling really down the last few weeks and keep thinking about hurting myself."
Patient does report chronic suicidal ideation, but reports an increase over the last few weeks. Patient reports increased work-related stress over the past several weeks. The patient also reports a decreased appetite and difficulty sleeping.
Patient reports that she has struggled with her mental health for several years and has tried different medications. She reports she stopped her medications because the Wellbutrin was causing increased anxiety, and the Buspar was not helping.

Patient Preferred Treatment Plan

Patient does not have an opinion about discharge.

Additional Patient Preferred Treatment Plan

Patient reports she is open to inpatient if that is what is recommended, but also report a friend will come stay with her if discharged.

Was collateral obtained?

No

Review of Symptoms

Suicidal Ideation

Yes

Self-Harm

Denies

Homicidal Ideation

No

Homicide

No Thought/Plan/Intent

Homicidal Risk Notification

N/A

Violence

No Thought/Plan/Intent

Violence Risk Notification

N/A

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Page 3 of 12

P#: (844) 250-7302 **F#:** (605) 910-5730

Sleep Changes

Yes

Anhedonia

Yes

Guilt

Yes

Worthlessness

Yes

Hopelessness

Yes

Energy changes

Yes

Concentration changes

Yes

Appetite change

Yes

Psychomotor retardation or agitation

Unknown

Do you worry often/would you describe yourself as a worrier?

Yes

Do you have thoughts that you ruminate on/can't get off your mind?

Yes

Do you feel easily overwhelmed or on edge?

Yes

Do your muscles feel tense, tired, or sore at the end of the day?

Yes

Nightmares

No

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Page 4 of 12

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Flashbacks

No

Hypervigilance

No

Avoidance

No

Anger

No

Grandiosity

None

Do you feel like your thoughts are moving too fast to catch?

No

Do you feel like your head is full of too many thoughts?

Yes

Do you feel like you can't complete a thought before another one takes its place?

No

Have you felt like you've had too much energy lately?

No

Do you ever feel like you're run by a motor?

No

Have you been doing things out of the ordinary for yourself (starting extra hobbies, picking up an excessive number of chores?)

No

Is it hard for you to resist acting on your urges?

No

Do you find yourself acting before thinking through the consequences?

No

Do you feel like people are out to get you?

No

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Page 5 of 12

P#: (844) 250-7302 **F#:** (605) 910-5730

Do you even feel like someone is watching you?

No

Hallucinations

No

Psych & Med History

Medical History Per Patient or Bedside Report

Denies any allergies

Pregnant or Breastfeeding

No

Medical Diagnoses

Type 1 Diabetic

Non-Psychiatric medications

N/A

Allergies

NDKA

Medical Treatment Team

Approximate # of inpatient visits

Primary Care Provider

Dr. Reints

Do you have a psychiatrist

No

Do you have a counselor or therapist

Yes

Counselor/Therapist's name

Gretchen

Last seen counselor/therapist

12/12

Next appointment with counselor/therapist

12/26

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Do you have Case Management / ACT Worker or attend Group Therapy
No

Have you ever been to mental health inpatient or residential treatment?
Yes

Last inpatient hospitalization
2023

Approximate # of inpatient visits
1

Family and Social

Patient lives with
Friend

Marital Status
Never married

Are there known completed suicides in your family
no

Are there known suicide attempts in your family
no

Is there known mental illness in your family
yes

Additional Family History Information
Mother has depression

Have you experienced a traumatic event?
No

Have you experienced abuse?
No

Employment
Full Time

Education
College Graduate

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Page 7 of 12

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Military Status

N/A

Do you have any pending legal charges?

No

If potential for placement, do you have any past charges of sexual assault or aggravated assault?

No

Are you on parole/probation?

No

In the last 30 days, have you used any of the following substances

Denies Substance Use

Current Withdrawal

Denies withdrawal symptoms

History of Withdrawal Seizures

No

History of Delirium tremens (DT)

No

Addiction Treatment History with approximate timeline of treatment

N/A

Positive History of Substance Abuse

Denies Problem

Columbia and SAFET

Can patient complete the Columbia assessment?

Yes

1) Wish to be dead ->>- Have you wished you were dead or wished you could go to sleep and not wake up?

Yes

2) Current suicidal thoughts ->>- Have you actually had any thoughts of killing yourself?

Yes

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Page 8 of 12

P#: (844) 250-7302 F#: (605) 910-5730

3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) ->>- Have you been thinking about how you might do this?

No

4) Suicidal Intent without Specific Plan ->>- Have you had these thoughts and had some intention of acting on them?

No

5) Suicidal Intent w/ Plan *Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*

No

6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? (In the last 30 days)

no

C-SSRS Suicidal Behavior - Lifetime

Yes

Additional Suicidal Ideation Comments

Attempted to overdose in 2023

Means Safety Counseling - Means Safety Counseling Completed *(Explained rationale for means safety, identified potential means, discussed impulsivity and poor problem solving when highly stressed, discussed importance of means safety and security means)*

Means Safety Counseling Education Provided

Means safety counseling completed. Individual denies access to firearms

Means safety counseling completed

Means safety counseling completed. Individual in agreement to secure medications

Means safety counseling completed. Educated collateral on means safety counseling to decrease suicide risk

Means Safety Counseling - Means Safety Counseling Completed

Means Safety Counseling Education Provided

Yes

Means safety counseling completed

Yes

Activating events

Recent losses or other significant negative event(s) (legal, financial, relationship, etc.)

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Page 9 of 12

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CSSRS Treatment History

Non-compliant with treatment, Hopeless or dissatisfied with provider or treatment

Presenting Symptoms

Hopelessness, Major depressive disorder, Agitation or severe anxiety

Internal

Identifies reasons for living

External

Supportive social network or family or friends, Engaged in work or school, Responsibility to family or others

How many times have you had these thoughts?

(3) 2 - 5 times in week

When you have the thoughts how long do they last?

(3) 1 - 4 hours/a lot of time

Could/can you stop thinking about killing yourself or wanting to die if you want to?

(3) Can control thoughts with some difficulty

Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?

(2) Deterrents probably stopped you

What sort of reasons did you have for thinking about wanting to die or killing yourself?

(5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)

Risk stratification

Moderate

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Page 10 of 12

Safety Plan

Can patient complete the Safety Plan?

Yes

Warning Signs

Easily Agitated
Feeling overwhelmed
Isolating

Coping Skills

Listen to music
Go for a walk

Reasons for Living

Family
Pets

Social Support System

Friends
Mom

Crisis and Professional Service

Call My Doctor, Call/Text Crisis Hotline: 988, Go to ER/Call 911, Provided Education on 988 Services

Safety Plan Collaboration

Individual agrees to accept responsibility of this safety plan

Patient Education – Purpose of Safety Plan

A safety plan is a list of strategies we can use before or during crisis. Use your safety plan when you begin to notice warning signs. Use coping skills to help take your mind off what may be bothering you with relaxation techniques, physical activity, or other skills. Contact personal or professional supports to help you through the crisis.

Patient Education – Safeguard your Home

Safeguard Your Home Following these simple steps to protect you or your family member when experiencing a mental health crisis 1) Firearms: Ask a trusted family member or friend to keep firearms until the situation improves. 2) Upon returning firearms to your home, always use gun locks for general household safety and risk reduction, store firearms in locked commercial safes or cases rather than in plain view, and secure ammunition separately to decrease the potential for impulsive firearm use. 3) Medications: Store all medications in a lock box or locked medicine cabinet. Dispose of unused medications at your local pharmacy

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Page 11 of 12



4500 N. LEWIS AVE
SIOUX FALLS, SD 57104

Patient Name: 15patient, test
DOB: 05/06/2025 **Sex:** Female

Facility: Sioux Falls, SD - Avera McKennan Hospital

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Finish

Assessment completed

Yes

RN Service Provided

24/7 Emergency Assessment

Assessment Type

Assessment Evaluation

Interpreter used

No

Assessment Information Collected from

Healthcare Professional, Individual/Patient

Assessment completed time

12/18/2025 10:50

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Page 12 of 12