

HSE 340 Sample Discharge Plan

The Psychiatric Hospital
1111 Main Street
Anywhere, USA
555-555-5555

DISCHARGE PLAN

Date of Exam: 1/1/2015

Time of Discharge Exam: 3:15 pm

Patient Name: John Doe

Patient ID: 10050049

Date of Birth: 2/15/1965

Date Admitted: 12/14/2014

Date Discharged: 1/1/2015

This discharge summary and plan includes:

1. Initial psychiatric assessment at admission
2. Treatment progress
3. Clinician's narrative(s)
4. Discharge status and instructions

Initial psychiatric assessment at admission completed on 12/14/2014

History: John Doe is a 49-year-old divorced man who presented at the emergency room with psychotic features, alcohol on his breath, and was on the verge of passing out. Mr. Doe was transported to this hospital after a two-day detoxification of alcohol intoxication and saying he "wants to die."

At the time of this assessment, Mr. Doe indicates the following: "I am always nervous and I can't think straight. I drink sometimes because it helps me with anxiety. I get down a lot, and think about killing myself." Mr. Doe arrived with medication of Ativan for anxiety and continued detoxification from alcohol dependence.

Chief Complaint: Suicidality, anxiety, depression, and alcohol dependence

Symptoms:

- Anxiety
- Depression, moderate to severe
- Irritability
- Difficulty concentrating

Based on the risk of morbidity without treatment and Mr. Doe's inferences to suicidality, functioning severity is estimated to be moderate.

Past Psychiatric History

Prior Psychiatric Disorder:

Mr. Doe has a history of depression and alcohol dependence. He has suffered from depression since he was 25 years old.

Outpatient Treatment: Mr. Doe has received medical treatment for depression by a family practitioner intermittently from 2001–2009.

Suicidal/Self-Injurious: Mr. Doe was treated for an emergency on two prior occasions for suicidality.

Substance Addiction/Use: Mr. Doe drinks alcohol regularly and is considered dependent.

Psychotropic Medication History: Prozac has been prescribed for depression in the past. Not using currently.

Past psychiatric history is positive for depression and alcohol dependence.

Social/Developmental History: Mr. Doe is a divorced 49-year-old man. He is Native American. No religious affiliation. He does not live on a reservation. He has two children from one previous marriage.

Employment History: Mr. Doe is a truck driver.

Support System: Mr. Doe says he has his two adult children and one brother as his social support. His brother lives in a nearby state, and is not local, but his children live in the same town.

Strengths/Assets: Mrs. Doe is articulate and verbal.

Patient's Goals: "I want to feel better and not be so depressed that I want to die."

Family History:

Mother had depression, but unknown if treated

Alcohol abuse on father's side

Medical History:

Allergies: None

Current Medical Diagnoses: 1) Cirrhosis of liver, mild; 2) diabetes, untreated at time of admission

Brief Hospital Course:

Patient was tapered off of the Ativan given from the emergency room admission. Patient was started on Cymbalta, 60 mg, once daily. Laboratory tests revealed diabetes, mild, and can be controlled with diet and exercise. Patient attended group and individual therapy sessions twice weekly during hospital stay. Patient was given contact information for a local AA group, and he indicated he made contact. Patient has made progress with decrease in depressive state and denies suicidality the last week of treatment.

Condition at Discharge:

Mr. Doe stated he wished to be discharged in order to go home and get back to work. At the time of discharge he stated he is not suicidal and plans to seek AA support for his alcohol addiction issues. He has the following appointments set up post discharge:

Mental health treatment: Weekly outpatient psychotherapy with substance abuse counselor
Medication Follow up: Appointment set with primary care doctor for refills of Cymbalta, beginning with 90 mg one week post-discharge. Recommend diabetes follow-up.

Discharge Psychiatric Diagnoses:

- 1) Major depression, without psychotic features
- 2) Addiction disorder, alcohol

Medications at Discharge:

Cymbalta 60 mg once daily

Medication Instructions:

Patient should continue with current medications and follow up with primary care provider with increase to 90 mg, one post discharge.

Consent: Patient was advised regarding risks and benefits of treatment.

Physical Activity: No limits

Dietary Instructions: Follow up with primary care provider for diabetes and proper diet

Other Instructions: Mr. Doe was advised to call treating physician if symptoms recur

Emergency Contact: 555-55-5555

Notes and Risk Factors: None noted

John Smith, MD

Electronically signed

On: 1/1/2015 3:20 pm