START Resource Center Admission/Discharge Summary

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| --- | --- | --- | --- |
| Guest Name: |  | SIRS # |  |
| START Coordinator: |  | Region: |  |
| Center Location: |  | | |

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| --- | --- | --- | --- |
| Admission Date: |  | Expected Discharge Date: |  |
| Type of Admission: | Emergency  Planned | | |

­Date(s), Reason(s), and Description(s) for any previous admissions:

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Primary Caregiver Contact Information

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| --- | --- | --- | --- |
| Name: |  | Phone: |  |
| Address: |  | | |

Emergency Contact (natural supports to contact in the event of an emergency)

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| --- | --- | --- | --- |
| Name: |  | Relationship: |  |
| Primary phone number: |  | Alternate phone number: |  |

DSM 5 Diagnosis at Admission

|  |  |
| --- | --- |
| Psychiatric Diagnoses |  |
| IDD Diagnoses |  |
| Medical Concerns |  |
| Social Stressors |  |

Medications at Admission

|  |  |  |
| --- | --- | --- |
| Medication | Dose/Frequency | Purpose |
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Physical Health/Medical Concerns at Admission

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**Admission Informatio**n

**Primary purpose of admission**

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**RSQ – Summary of recent stressors**

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**Cultural and linguistic factors to consider during the stay**

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Goals at Admission (up to 3)

Objectives 1, 2, 3, include assessments, activities, interventions, data collection, etc.

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| **Goal 1:** |  |
| Objective 1: |  |
| Objective 2: |  |
| Objective 3: |  |

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| --- | --- |
| **Goal 2:** |  |
| Objective 1: |  |
| Objective 2: |  |
| Objective 3: |  |

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| --- | --- |
| **Goal 3:** |  |
| Objective 1: |  |
| Objective 2: |  |
| Objective 3: |  |

Measures of Discharge Readiness

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| --- | --- |
| 1) |  |
| 2) |  |
| 3) |  |

Services Requested During Stay

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| --- | --- | --- | --- |
|  | Assessments (attach copy) |  | Medication modifications |
|  | Medical Assessments (attach copy) |  | Family support or education |
|  | Modify/Develop Crisis Plan |  | Consultation with START clinical director |
|  | Changes in treatment/treatment plan |  | Consultation with START medical director |

Please describe the assessments to be used and the rationale for using them

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Communication Plan

Include primary contact, how information will be shared. List names, roles and responsibilities, and schedule of contacts

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| Meeting Type: | Date: |
| Admission Planning |  |
| Discharge Planning\* |  |
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\*First discharge planning meeting must be held 1 week after admission, and then weekly until discharge

Discharge Information

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| --- | --- | --- | --- |
| Expected Discharge Date: |  | Actual Discharge Date: |  |

Services Provided During Stay

|  |  |  |  |
| --- | --- | --- | --- |
|  | Assessments (attach copy) |  | Medication modifications |
|  | Medical Assessments (attach copy) |  | Family support or education |
|  | Modify/Develop Crisis Plan |  | Consultation with START clinical director |
|  | Changes in treatment/treatment plan |  | Consultation with START medical director |

Please describe the services provided and the outcomes

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DSM 5 Diagnosis at Discharge

Highlight suggested new/alternative diagnoses to be considered (ie diagnoses that differ from admission)

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| --- | --- |
| Psychiatric Diagnoses |  |
| IDD Diagnoses |  |
| Medical Concerns |  |
| Social Stressors |  |

Medications at Discharge

|  |  |  |
| --- | --- | --- |
| Medication | Dose/Frequency | Purpose |
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Physical Health/Medical Concerns (Newly Identified During Stay):

Include MEDS Findings and attach letter for guest’s prescriber

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Data Collected/Reviewed

Behavioral Support Data Sheet; sleep activity, eating, toileting, adaptive functioning/ activity level, etc. (attach)

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Summary of achievement of goals and outcomes of the admission

Describe the status of achieving the goals and objectives of the admission and any outcomes associated with these. Be sure to include a description of each goal outlined in the admission summary.

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Therapeutic Activities

Describe level of activity and participation while at START center (attach activity logs)

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| Therapeutic Activity | Level of Participation Description |
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New Interests/skills developed in center:

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Bio-Psycho-Social Case Formulation Summary

Presentation at time of discharge/outcomes/recommendations (include recommended activities, routine and follow-up assessments needed, what has been learned, including cultural considerations, and anything that will help to prevent future admissions to emergency respite and the hospital)

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Contacts for Follow-Up

Follow-up contacts regarding psychiatric, medical, or other significant findings or suggestions will be made by:

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| --- | --- | --- | --- |
| Role | Name | Email | Phone |
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| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Date & Time |
| Follow-up planned visit scheduled? |  | Yes |  | No |  |
| Outreach visit with individual, family and/or team? |  | Yes |  | No |  |
| Team meeting with START Coordinator or designee? |  | Yes |  | No |  |

Team Signatures | Admission

Print Name & Position Signature Date

Print Name & Position Signature Date

Team Signatures | Discharge

Print Name & Position Signature Date

Print Name & Position Signature Date