

# MOOD STATE

Resident \_\_\_\_\_

Date \_\_\_\_\_

<b>Triggers:</b>		<b>Check if applicable</b>
<b>D</b>	<b>Sign or symptom of a mood problem, total mood score</b>	
<b>V0100E</b>	<b>Prior assessment mood interview total severity score</b>	
<b>V0100F</b>	<b>Prior assessment staff assessment of mood total severity score</b>	
<b>Evaluate:</b>		
<b>A1600</b>	<b>Entry date</b>	
<b>B0200-B1000</b>	<b>Sensory deficit</b>	
<b>C0200-C1000</b>	<b>Cognitive deficit or decline</b>	
<b>C1300</b>	<b>Delirium</b>	
<b>D0200C, D0500C</b>	<b>Insomnia</b>	
<b>E</b>	<b>Behavioral problem, Psychosis</b>	
<b>F</b>	<b>Daily preferences, Psychosocial Well-Being</b>	
<b>G</b>	<b>Decline in ADLs</b>	
<b>I0100</b>	<b>Cancer</b>	
<b>I0200-I0900</b>	<b>Cardiac disease</b>	
<b>I2900-I3400</b>	<b>Metabolic disorder</b>	
<b>I4200-I5500</b>	<b>Neurological disorder</b>	
<b>15700-I6100</b>	<b>Psychiatric diagnosis</b>	
<b>J0300, J0800</b>	<b>Pain</b>	
<b>N0400A-D</b>	<b>Psychotropic use</b>	
<b>O0400E</b>	<b>Psychotherapy</b>	
<b>P0100</b>	<b>Restraint</b>	
<b>Use of medication known to cause mood shifts</b>		
<b>Worried expression, Crying, tearfulness</b>		
<b>Complete medication review</b>		
<b>Abnormal laboratory results</b>		
<b>Isolation</b>		
<b>Proceed with care-planning</b>		
<b>Do not proceed with care-planning</b>		
<b>Underlying Causes / Complicating factors / Risks / Referrals</b>		
<b>Comments:</b>		