

# MOOD STATE

Resident \_\_\_\_\_

Date \_\_\_\_\_

<b>Triggers:</b>		<b>Check if applicable</b>
<b>D</b>	Sign or symptom of a mood problem, total mood score	
<b>V0100E</b>	Prior assessment mood interview total severity score	
<b>V0100F</b>	Prior assessment staff assessment of mood total severity score	
<b>Evaluate:</b>		
<b>A1600</b>	Entry date	
<b>B0200-B1000</b>	Sensory deficit	
<b>C0200-C1000</b>	Cognitive deficit or decline	
<b>C1300</b>	Delirium	
<b>D0200C, D0500C</b>	Insomnia	
<b>E</b>	Behavioral problem, Psychosis	
<b>F</b>	Daily preferences, Psychosocial Well-Being	
<b>G</b>	Decline in ADLs	
<b>I0100</b>	Cancer	
<b>I0200-I0900</b>	Cardiac disease	
<b>I2900-I3400</b>	Metabolic disorder	
<b>I4200-I5500</b>	Neurological disorder	
<b>15700-I6100</b>	Psychiatric diagnosis	
<b>J0300, J0800</b>	Pain	
<b>N0410, N0450</b>	Psychotropic or Opioid use	
<b>O0400E</b>	Psychotherapy	
<b>P0100, P0200</b>	Restraint	
Use of medication known to cause mood shifts		
Worried expression, Crying, tearfulness		
Complete medication review		
Abnormal laboratory results		
Isolation		
<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>		