Mental Status Exam

**Appearance**
dress, grooming, posture, poise

**Behavior**
mannerisms, gestures, tics, tremors, agitations, hyperacuity, combativeness, hypoactivity (catatonia or psychomotor retardation)

**Attitude**
cooperative, attentive, guarded, hostile, apathetic, seductive, friendly, frank, defensive, evasive, perplexed. Note rapport, eye contact

**Affect**
appropriate, inappropriate, constricted, blunted, flat, labile

**Speech**
quantity, quality, rate, tone, volume

**Thought content**
bizzare, systemitized, mood congruent, nihilistic, somatic, paranoid, infidelity, erotomania, pseudologia phantastica, paranoia, obsessions, compulsions, phobias. Must comment on SI/HI, A/V hallucinations (also tactile or olfactory).

**Thought process**
goal directed, circumstantial, tangential, loose associations, flight of ideas, word salad

**Sensorium and cognition**
alert, drowsy, somnolence, clouding, stupor, delerium (‘lytes), coma, mini-mental, fund of knowledge, proverbs (milk’s on the counter, fridge is open, what would you do?)

**Impulse control**
awareness of socially appropriate behavior

**Judgement**
Does the patient understand the consequences of their actions? responsiveness to social cues. can the patient hypothesize their response to imaginary situations.

Medications & Allergies

**SI/HI**
plan, intent, lethality, victims identified

**Depression**
SIG: ECAPS Sleep, Interest, Guilt, Energy, Concentration, Appetite, Suicide

**Suicide**
SAD PERSONS Sex (♂) Age, Depression, Previous attempts, Ethanol, etc, Reality testing, Social support, Organized plan, No spouse, Sickness.

**Suicide prevention**
Friend to trust · antisuicide contract · 24hr suicide watch · treatment programs

Social History
Developmental history · Education · Military · relationships · Living situation · Financial support · Available emotional support · EtOH, smoking, drugs · Occupational history · Hobbies

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<thead>
<tr>
<th>Mini-mental</th>
<th>Orientation</th>
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<tr>
<td>5 ___</td>
<td>What is the (year, season, month, day, date)</td>
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<tr>
<td>5 ___</td>
<td>Where are we (state, county, city, hospital, floor)</td>
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<th>Registration</th>
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<th>Attention &amp; Calculation</th>
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<th>Total</th>
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<th>Rules of group</th>
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<tr>
<td>Confidentiality · Raise your hand · Respect · No meds or discharge dates · If you leave, don't come back</td>
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**Axis I Disorders**

- Usually diagnosed in infancy, childhood, or adolescence
- Delirium, Dementia, Amnestic and other cognitive disorders
- Mental disorders due to medical condition
- Substance-related disorders
- Schizophrenia & other psychotic disorders
- Mood disorders
- Anxiety disorders
- Somatoform disorders
- Factitious disorders
- Dissociative disorders
- Sexual & Gender Identity disorders
- Eating disorders
- Sleep disorders
- Impulse control disorders NOS
- Adjustment disorders
- Other conditions

**Axis II Personality Disorders**

- Includes mental retardation
- Paranoid personality disorder
- Schizoid personality disorder
- Schizotypal personality disorder
- Antisocial personality disorder
- Borderline personality disorder
- Histrionic personality disorder
- Narcissistic personality disorder
- Avoidant personality disorder
- Dependent personality disorder
- Obsessive-compulsive personality disorder
- Personality disorder not otherwise specified
- Mental retardation

**Axis III General Medical Conditions**

**Axis IV Psychosocial & Environmental**

- Primary support group
- Social environment
- Educational
- Occupational
- Housing
- Economic
- Access to health care services
- Legal, including criminal
- Other

**Legal Statuses**

**Informal Voluntary Admission**

May leave at any time

**Formal Voluntary Admission**

- Must understand (1) requesting admission to psych hospital, (2) is making application for admission, and (3) involuntary status and procedure for discharge. Must be released within 72 hours of release request.
- Non-contested Admission Patient does not object to admission; written consent not required b/c patient doesn't understand (1), (2), or (3) above.
- Order for Protective Custody

Within 8 hours the patient must be examined and released or be put on a non-contested admission or an emergency certificate

**Physician’s Emergency Certificate**

Good for 72 hours

**Coroner’s Emergency Certificate**

Good for 15 days

**Judicial Commitment**

| 100 | Superior functioning in a wide range of activities, life’s problems never seem to get out of hand, sought out by others because of their many positive qualities. No symptoms. |
| 91 | Absent or minimal symptoms (mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (an occasional argument with family members) |
| 80 | Symptoms, if present, are transient and expectable reactions to psychosocial stressors (difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (temporarily falling behind in schoolwork). |
| 70 | Some mild symptoms (depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships. |
| 60 | Moderate symptoms (flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (few friends, conflicts with peers or co-workers). |
| 50 | Serious symptoms (suicidal ideations, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (no friends, unable to keep a job). |
| 40 | Some impairment in reality testing or communication (speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgement, thinking, or mood (depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school). |
| 30 | Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgement (sometimes incoherent, acts grossly inappropriate, suicidal preoccupation) OR inability to function in almost all areas (stays in bed all day; no job, home, or friends). |
| 20 | Some danger of hurting self or others (suicide attempts without clear expectation of death; frequently violent, manic excitement) OR occasionally fails to maintain minimal personal hygiene (smears feces) OR gross impairment in communication (largely incoherent or mute). |
| 10 | Persistent danger of severely hurting self or others (recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death |
| 0 | Inadequate information |

nolson@tulane.edu 13 Jan 08