

4500 N. LEWIS AVE
SIOUX FALLS, SD 57104

Patient Name: TEST, TEST
DOB: 00/00/0000 **Sex:**

Facility: Name

F#: (605) 606-0402 **P#:** (844) 250-7302

Crisis Care

Time Call Received (All time is central time zone)

09/13/2024 10:46

Call Source

Local Police Department

Officer Name

Officer Test

Officer's Callback Number

555-555-5555

Officer Badge Number

555

eCare

Staff Nurse

Individual Phone Number

555-554-4444

Adult/Minor

Minor

Guardian Name and Phone Number

Mom, Phone: 555-554-3333

Individual Location

Home

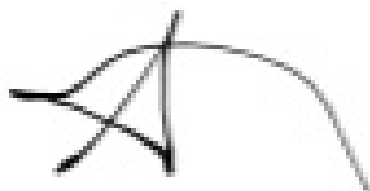
Crisis Care Assessment

Video Start Time

09/13/2024 10:47

Electronically Signed by

Amber Reints, RN 9/13/2024 10:53 CDT



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Crisis Care Communication

Method

BYOD

Officer Report

Comments

Officer was dispatched due to individual making suicidal statement when at their home. His teacher contacted 911 stating he was concerned for individual's safety. Officer does not have prior records for this individual. Since officer arrived on scene, individual has been cooperative.

Nature of Request

Self harm

Individual verbally agreed to assessment

Yes

Patient report - Presenting problems / Primary complaint / Precipitating events / Stressors

Per individual, he became overwhelmed at school. He started to have suicidal thoughts. States this is the first time he has experienced suicidal thoughts. States that he told his teacher after he became overwhelmed. States his current stressors are conflict at home with his dad. States they had a fight prior to him going to school today. Denies other stressors.

Current and Past Psychiatric Diagnosis

Denies current or past diagnosis

Do you have any medical concerns?

No

Do you have a history of substance abuse?

No

Do you currently take any psychiatric medications?

No

Are you taking medications as prescribed?

No

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Suicidal Ideation

Yes

1) Wish to be dead ->>- Have you wished you were dead or wished you could go to sleep and not wake up?

Yes

2) Current suicidal thoughts ->>- Have you actually had any thoughts of killing yourself?

No

3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) ->>- Have you been thinking about how you might do this?

No

6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? (In the last 30 days)

No

Additional Suicidal Ideation

Comments

States he has suicidal thoughts but denies plan or intent to act on these thoughts.

Treatment history

Outpatient treatment in place

Means Safety Completed (Explained rationale for means safety, identified potential means, discussed impulsivity and poor problem solving when highly stressed, discussed importance of means safety and security means)

Means safety counseling completed

Access to firearms

No

Access to medications

No

Access to Means in Suicidal Plan

No

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Means safety counseling completed

Yes

Means safety comments

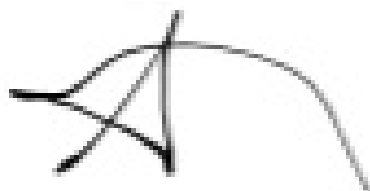
Means safety counseling completed.

Risk Stratification

Moderate

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Crisis Care Safety Plan

Can patient complete the Safety Plan?

Yes

Warning Signs

Conflict with others
When overwhelmed at school

Coping Skills

Talking to a friend, Going for a 15-minute walk, Watching Sports

Reasons for Living

Mom, Sister, graduation

Social Support System

Mom, Sister

Crisis and Professional Service

Call My Doctor, Call/Text Crisis Hotline: 988

Safety Plan Collaboration

Individual unable to commit fully to safety plan, Individual agrees to remain clean and sober until crisis passes, Individual agrees to accept responsibility of this safety plan

Patient education

Safeguard Your Home Following these simple steps can help protect you or your family member when experiencing a mental health crisis 1) Firearms: Ask a trusted family member or friend to keep firearms until the situation improves. 2) Medications: Store all medications in a lock box or locked medicine cabinet. Dispose of unused medications at your local pharmacy.

Finish

Video/Assessment Completion Time

09/13/2024 10:51

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Disposition plan

Remain in Place at home: Reviewed assessment with activating agency. Subject denies any suicidal/self harm thoughts/intent., Subject feels safe to remain in place and in agreement to follow up with mental health services. Subject was made aware of follow up call from community mental health organization.

Crisis Care Recommended

Outcome

Remain in place

Crisis Care Encounter Outcome

Summary

Individual denies suicidal plan or intent. States that he does not feel he needs to go to a higher level of care. States he has since called his mom and she plans to spend the evening with him. He is in agreement with starting therapy and understands he will receive a call from community mental health center. States he will contact 988 if he begins to have these thoughts. Individual states he feels safe remaining in place at this time. Reviewed with activating officer and he is in agreement with this plan. Activating officer will notify caregiver.

Interpreter used

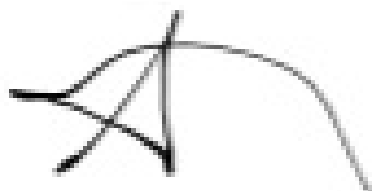
No

Assessment Completed

Yes

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