**IPASS Behavioral Health Hand off tool**

**(This is intended as a guide for handoffs between providers at change of shifts)**

Name in Medical Record: MRN #: Age: Weight: Allergies: Preferred name/pronouns

Admitting Diagnosis: Precautions:

**I Illness Severity**

**Behavioral Severity-- Stable/Watcher/Unstable**

**Clinical Severity--**

**P Patient Summary**

Past Medical History: (medical & psychiatric, hx of restraints/violence, hx of psych hospitalizations)

Developmental Age: (Typical/Delayed)

Events of ED Stay: (behavioral outbursts, I&O’s/meal plan, PRN meds given, physical and/or med restraints) Significant Physical Assessment Findings: (skin if self-inflicted injuries)

Tests Performed: (include labs, swabs, imaging)

Psychosocial Situation: (legal/custody awareness, current supervision/monitoring/restrictions, behavioral safety plan, pt/family compliance with plan, monitoring need)

**A Action List (Any things that need to be done)**

Daily medication regimen & agitation plan:

Current Restrictions: Triggers:

Coping tools/tips for de-escalation:

**S Situational Awareness**

Boarding disposition: (CBAT, inpatient)

Parent/guardian concerns

**S Synthesis**

Ask – “Can you close the loop and summarize back?” & “What questions do you have?”

**\*\*\*REVIEW WITH CONSTANT OBSERVERS\*\*\***

**\*\*\*BE SURE TO BRING/SECURE ALL PERSONAL BELONGINGS\*\*\***