



Clinical Practice Procedures: Assessment/Mental status

Policy code	CPP_AS_MS_0221			
Date	February, 2021			
Purpose	To ensure a consistent procedural approach to undertaking a patient mental status assessment.			
Scope	Applies to Queensland Ambulance Service (QAS) clinical staff.			
Health care setting	Pre-hospital assessment and treatment.			
Population	Applies to all ages unless stated otherwise.			
Source of funding	Internal – 100%			
Author	Clinical Quality & Patient Safety Unit, QAS			
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Mental status

February, 2021

A **mental status assessment** is the process of conducting a systematic evaluation of the patient's thought processes at a particular time.[1] The intention of such an examination is to guide the clinician in identifying pertinent behavioural manifestations, but not to diagnose a specific condition. The information gained, along with any pertinent history, is useful in completing an Emergency Examination Authority (EEA), if required.[2]

• Behavioural abnormalities

• Nil in this setting

- Violent patients
- Refusal of assessment and/or treatment
- Cultural differences in the understanding of mental health

Procedure – Mental status

- 1. Assess the patient appropriately and attempt to ascertain the cause of the presenting signs and symptoms.
- 2. Exclude and/or manage causes of abnormal behaviour where possible.
- 3. Attempt to treat the patient only if safe to do so.
- 4. Using the guide to mental status examination; observe, question and note relevant information. This must be conducted in a highly respectful and empathic manner. Judgemental attitudes, interogatory questioning styles or other disrespectful stances will usually only serve to exacerbate a patient's condition.
- 5. Be mindful that different cultures hold different beliefs about mental illness. For some cultures, mental health is determined by physical and/or spiritual influencers. For others, mental illness is a taboo subject and is not discussed openly.

Assess the patient appropriately and attempt to ascertain the cause of the presenting signs	MENTAL STATUS ASSESSMENT GUIDE			
and symptoms.2. Exclude and/or manage causes of abnormal behaviour where possible.3. Attempt to treat the patient only if safe	Appearance	 grooming posture build clothing cleanliness	Thought form	amountratederailmentflight of ideas
to do so. 4. Using the guide to mental status examination; observe, question and note relevant information. This must be conducted	Behaviour	eye contactmannerismsgaitactivity level	Thought content	disturbancesdelusionssuicidalobsessions
in a highly respectful and empathic manner. Judgemental attitudes, interogatory questioning styles or other disrespectful stances will usually only serve to exacerbate a patient's condition.	Speech	 rate volume pitch tone flow pressure 	Perception	 illusions thought insertion broadcasting hallucinations auditory olfactory tactile
5. Be mindful that different cultures hold different beliefs about mental illness. For some cultures,			N PF	- visual - gustatory
mental health is determined by physical and/or spiritual influencers. For others, mental illness is a taboo subject and is not discussed openly.	Mood	Emotion as described:anxiousdepressedcheerful	Insight & judgement	cognitionillnessunderstandingcause & effect
UNCONTROL	Affect	Emotion as observed: restrictive blunted labile	N PF	RINTED