

McLaren Print System Order

Order No: 86492
Order Date: 2024-06-25
User: Lisa DeWaele
Phone: 989 894 3906

Ship Location: McLaren Bay Behavioral Health-Attn: Lisa DeWaele
1900 Columbus Ave.
Bay City, Michigan 48708

Form
Quantity: 1000
Paragon Dept No: 20610
Dept Name: Behavioral Health
Company Number:

Order Total Price: 33.50

Item Number: BAY-150
Item Description: Spravato Program Treatment Checklist
Revision Date: 12/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: 5 Hole Top
Poster:
Misc Info: 8.5x11 Black



Please initial upon completion:

- Complete PHQ9 and GAD7, report any increase to provider.
Notify provider if patient ate food within the last 2 hours or ingested fluids within the last 30 minutes prior to first dose of medication.
Vital signs prior to admission, 40 min after 1st dose, and 2 hours after 1st dose.
Hold medication and notify provider if SBP is over 140/90 or below 100/60.
Monitor sedation level prior to administration, 40 min after 1st dose, and 2 hours after 1st dose.
Monitor for dissociation, disconnected from self, thoughts, and things around patient prior to administration, 40 min after 1st dose, and 2 hours after 1st dose.
Observe patient for 2 hours after each treatment.

Provide education:

- Patients should not drive, use heavy machinery, or make financial decisions, or perform any activities that require full alertness until the next day, following a restful sleep.
Provide brief review of common side effects that patients may experience after medication administration. If common side effects occur, they usually happen right after taking Spravato and go away the same day. If prolonged or severe, the patient should discontinue use.
Review how to properly administer medication with patient.
Fall prevention (ask for staff assistance, call button in bathroom)
Patient verbalizes understanding Patient needs further teaching

Discharge criteria:

- Resolution of sedation and dissociation if applicable.
Patients able to ambulate aids and/or as prior to medication administration.
Vital signs back to patient baseline.
No signs and symptoms of suicidal behavior.
Patients must make arrangements to safely get home.

Signature: _____ Initials: _____ Title: _____

Date: _____ Time: _____

Signature: _____ Initials: _____ Title: _____

Date: _____ Time: _____

Spec Info:

