



PRISONS
Health and Wellness Services
Policies and Procedures

Title	Nursing Care Plan for Mental Health			
Section	PL-2	Issue Date August 9, 2021	Supersedes Date March 2002	

References

Performance-Based Standards and Expected Practices for Adult Correctional Institutions, 5th Edition 5-ACI-6A-04, 5-ACI-6A-07, 5-ACI-6A-37, 5-ACI-6A-38, 5-ACI-6A-39

I. PURPOSE

- (a) To provide guidelines for mental health nursing staff in the treatment of mental health patients in the inpatient, residential and Therapeutic Diversion Unit (TDU) treatment settings.
- (b) The goal is to assist the patient in achieving their optimal level of wellness through the delivery of nursing care that is consistent, continuous, individualized and outcome focused.

II. POLICY

- (a) Mental health patients shall have a nursing care plan that identifies their immediate needs within 24 hours of admission to an inpatient, residential or TDU treatment unit.
- (b) The nurse, as a member of the patient’s treatment team, shall incorporate the nursing care plan into the interdisciplinary treatment plan.
- (c) The Mental Health Nursing Care Plan shall be a component of the general treatment plan for the patient. As such, the patient’s progress towards identified goals shall be reviewed and discussed at interdisciplinary treatment team meetings.

III. PROCEDURE

- (a) An individualized Mental Health Nursing Care Plan shall be initiated after the registered nurse (RN) has completed an assessment/evaluation.



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- (b) The RN initiating the treatment plan shall review the patient health care record and identify applicable concerns/problems.
- (c) The RN initiating the treatment plan shall schedule a patient review in the patient health care record on the Scheduler for 30 days after the initial nursing assessment/evaluation.
- (d) Clinical encounters shall reflect the patient’s progress toward the treatment plan goals.
- (e) Treatment plan goals that have been met or identified as being no longer appropriate shall be terminated and a new mental health nursing care plan shall be initiated to reflect the patient’s current problems or needs, if applicable.
- (f) Treatment plan goals not completed/met by the 30-day review, shall have documentation in the patient health care record (care plan) with a new review date no later than 30 days scheduled in the patient health care record on the Scheduler.
- (g) Treatment plan goals that have not been met at termination of treatment shall have documentation in the patient health care record (care plan) providing a rationale or explanation for the non-completion of the goal.

 Todd E. Ishee
 Commissioner of Prisons

August 9, 2021

 Date