

Depression: Adolescent Patients – CE

CHECKLIST

S = Satisfactory **U** = Unsatisfactory **NP** = Not Performed

Step	S	U	NP	Comments
Performed hand hygiene and donned PPE as indicated for needed isolation precautions.				
Introduced self to the patient.				
Verified the correct adolescent using two identifiers.				
Screened the adolescent for risk factors for depression.				
Assessed the adolescent for medical illnesses with symptoms that may overlap depressive symptoms.				
Assessed the patient for suicidal or homicidal ideation or thoughts of self-harm. Used an organization-approved standardized tool for suicide assessment.				
Assessed the skin for self-mutilation scars from cuts, bites, or burns.				
Asked the adolescent about his or her sleeping, eating, and self-care habits.				
Assessed the adolescent’s nutritional and hydration status.				
Compared collateral information from the family with the adolescent’s perceptions of depression symptoms. Interviewed family members or close friends separately from the adolescent.				
Assessed the need for a psychiatric practitioner consult and sought a consult as appropriate.				
Performed hand hygiene and donned appropriate PPE based on the patient’s signs and symptoms and indications for isolation precautions.				
Explained the strategies to the patient and family and ensured that the patient agreed to treatment.				
Established rapport with the adolescent and family members.				
Treated the adolescent with courtesy by speaking to him or her directly and respectfully. Did not communicate through the adolescent’s parents.				
Used matter-of-fact language and eye contact when addressing the adolescent. Asked questions in a clear, direct manner.				
Created a plan of care.				

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Offered emotional support by demonstrating active listening, using a nonjudgmental approach, and validating feelings. Avoided lecturing, giving unwanted advice, or sharing personal experiences.				
If the adolescent was at risk for self-harm or suicide, observed him or her closely for self-harm behaviors and suicidal ideation. Provided close, continuous observation and ensured appropriate precautions as needed.				
Reviewed the adolescent’s medical illnesses and current medications.				
Determined whether the adolescent had experienced any symptoms that might indicate depression.				
Assessed the family history for depression, especially in parents or siblings.				
Encouraged problem solving by helping the adolescent identify his or her strengths, coping skills, interests, and goals.				
Engaged the adolescent and family in problem-solving behaviors.				
Avoided minimizing or dismissing the adolescent’s stressors, such as a relationship breakup.				
Asked the adolescent what would make his or her stay in the unit easier and made arrangements, if possible, according to the organization’s practice.				
Kept in mind that a chronic or serious medical illness may be socially devastating to the adolescent. Engaged him or her in a conversation about the illness to obtain a better understanding of its impact.				
Kept in mind that adolescents who are excessively angry or anxious might be dealing with underlying depression.				
Encouraged good health habits related to sleep, nutrition, and physical health. If needed, helped the adolescent maintain or achieve balanced nutrition and hydration, adequate sleep, and appropriate levels of physical activity while in the unit.				
Discussed with the adolescent the risks of substance abuse on mental health and stability.				

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Avoided taking sides in situations of conflict between the adolescent and the parents.				
Monitored visits from family or friends if an indication of neglect or abuse was present. Reported suspected abuse to the appropriate agency as per regulation and the organization’s practice.				
Communicated information to other members of the health care team.				
As appropriate before discharge, arranged follow-up outpatient care to manage depression.				
If the adolescent started antidepressant medication therapy, provided detailed education to the adolescent and family regarding the dosing, adverse effects, and expected results.				
Assessed, treated, and reassessed pain.				
Removed PPE and performed hand hygiene.				
Documented the strategies in the adolescent’s record.				

Learner: _____ Signature: _____

Evaluator: _____ Signature: _____

Date: _____