

Condition	Assessment	Interventions	Follow-Up/Evaluation
Depression	Risk Level: Urgent	Immediate Intervention	
	<ul style="list-style-type: none"> <input type="checkbox"/> Thoughts/attempts of hurting self or others <input type="checkbox"/> Feelings of hopelessness <input type="checkbox"/> Plan for hurting self or others 	<ul style="list-style-type: none"> <input type="checkbox"/> Call 911 ~or~ <input type="checkbox"/> Transportation to ED confirmed <input type="checkbox"/> Support provided via phone until 911 personnel arrived <input type="checkbox"/> Contact MD 	<ul style="list-style-type: none"> <input type="checkbox"/> Appropriate Home Health staff notified
	Risk Level: Potentially Urgent	Interventions Required	
	<p>Reports experiencing the following on a regular basis over at least the past 2 weeks:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Constant sadness <input type="checkbox"/> Lack of motivation <input type="checkbox"/> Irritability <input type="checkbox"/> Trouble concentrating <input type="checkbox"/> Feelings of isolation, not as involved with family and friends <input type="checkbox"/> Loss of interest in favorite activities <input type="checkbox"/> Hopelessness <input type="checkbox"/> Feeling worthless/ guilty for no reason <input type="checkbox"/> Fatigue <input type="checkbox"/> Low energy <input type="checkbox"/> Trouble sleeping <input type="checkbox"/> Significant weight change (↑ or ↓) 	<ul style="list-style-type: none"> <input type="checkbox"/> Make home visit <input type="checkbox"/> Contact MD 	<ul style="list-style-type: none"> <input type="checkbox"/> Appropriate Home Health Staff notified
	Risk Level: Non-urgent	Interventions Required	
	<p>The following may not have been reported but is also observed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> “Sounds” sad <input type="checkbox"/> May be crying during the conversation <input type="checkbox"/> Reports recent loss <input type="checkbox"/> Reports need to leave current dwelling 	<ul style="list-style-type: none"> <input type="checkbox"/> Coordinate care with primary nurse 	<ul style="list-style-type: none"> <input type="checkbox"/> Schedule on-site visit for next day <input type="checkbox"/> Follow-up phone call

Decision support tools are “guides” only & may not apply to all clients & all clinical situations. Thus, they are not intended to override clinician’s judgment. Material adapted from HHQIOSC document 8SOW-PA-HHQ06.152.