

## **Psych ED/CL Rotation Material**

1. Policies and workflow
2. Interview Template
3. Referrals to Outpatient

We will be providing Psych ED/CL coverage every day from 7am – 7pm.  
--*Wednesday coverage for Residents will be 7am – 12pm.*

WEEKDAYS (except Wednesdays):

Residents will divide themselves into 2 teams – *AM team* and *PM team*.

*AM team* shift will be from 7am – 2pm

*PM team* shift will be from 12pm – 7pm

**On Wednesdays**, all residents on service will work from 7am – 12pm.

- Residents are expected to arrive on time at the start of their shifts.
- Psychiatry Residents on service will divide themselves evenly amongst both teams.
- FM Resident will be scheduled 8AM to 5PM and for lectures/clinic day 7AM to 12PM.
- Medical Students can go to either team, with preference being that they join the AM team.
- If you have clinic in the afternoon, you are expected to be on service in the AM and vice versa. It is Residents' responsibility to sort out the teams the day prior, especially if you have clinic the following day.
- Please send a group text to the Attending at the beginning of the shift and indicate how many consults are pending to be seen.
- Please have a patient list printed out for your Attending and indicate resident assignments.
- **Rounds will start around 9:30am beginning with the ED consults, followed by the CL floor consults.**

WEEKENDS:

-There will be one resident covering the team on both Saturday and Sunday from 7am-7pm.

*While this is indeed a long shift for Residents covering weekends, it is intended to assess and verify that the covering Resident can manage the team independently and is prepared for moonlighting.*

-There is no TYSB Child Crisis team or Child CL coverage on weekends (unless Dr. Jaques or Dr. Saadabadi are covering). Minors age 14 and up may be seen at discretion of Attending. Otherwise, may attempt to reach Dr. Jaques or Dr. Saadabadi if urgent case or have patient wait until Child CL coverage becomes available on Monday morning.

**Cutoff time for CL floor consult to be received is 5:30pm.**

**Cutoff time for ED consult to be received is 6:00pm.**

**Patient Caps for Residents:**

-New floor consult: 1.5 hrs

- New ED consult: 1 hour
- All follow ups: 45 mins

**Weekdays:** Residents will be capped at **'6 hours'** of work

**Weekends:** There will be NO CAP for Residents on the weekends.

-Please utilize numbering system on our patient list for triaging purposes:

- 1 = New consult pending*
- 2 = High priority follow up*
- 3 = Patients on a 5150 hold pending placement*
- 4 = Patients pending medical clearance*
- 9 = Peripheral follow ups and Long-stay patients*

-Dot phrases for consults are available for all to use and can be found under ..BEH and ..BEH\_.

Please use the following NOTE TEMPLATES for ED/CL Psych:

- BEH\*Psychiatrist ED Consult Note
- BEH\*Psychiatrist CL Initial Consult Note
- BEH\*Psychiatrist CL Follow Up Note

**See next page for important workflow reminders!**

### **\*IMPORTANT WORK-FLOW REMINDERS\***

-5150 Holds must be submitted ASAP. **Fill out 5150 from electronic copy and don't forget to credit time on the hold if patient was placed on a 1799**, sign the hold, and email PAT team (PATTeam@kaweahhealth.org), PFS Main ([PFSMain@kaweahhealth.org](mailto:PFSMain@kaweahhealth.org)), and cc your Attending.

-Verbally communicate recommendations with Primary team and make sure the plan is the first thing written and saved in your note. Please bold relevant recs in the plan. All notes must be completed same day.

-Primary team should place orders; however, CL team may place orders on a case-by-case basis at the discretion of CL Attending. Must discuss and get approval from CL Attending and inform Primary Team prior to placing any orders.

-If curbside recs are provided or you have concerns about patient not being medically stable enough to participate in evaluation, please document with a brief free text note as such in the patient's chart.

-All consults where treatment recs were made will need follow up. CL team may sign off on patients at the discretion/ approval of the CL Attending.

-If any patient is on a 5150 hold and still pending placement more than 24 hours from time hold was written, CL team will re-evaluate and consider starting meds to avoid delay in care.

-For any patients with holds expiring in the ED/ medical floor, CL team will re-evaluate patient and determine if hold needs to be continued.

-Please adjust priority list daily and remove patients we have signed off on.

-Senior Resident will also chart review peripheral follow ups/ long stay patients daily and determine if need to be seen (e.g. hold expiring, pending medical clearance, pt received emergency IM meds for agitation, etc.).

-Must discuss and get approval from CL Attending if you feel strongly that a consult should be deferred. Primary team may contact CL Attending directly if they are insistent upon the consult. Please reply to consult request email from PAT team if consult has been deferred/ rescinded with brief explanation and write a brief note in the patient's chart. *(e.g. Discussed w/ primary. Pt not medically cleared or stable for discharge. Recommend to place safety precautions and 1:1 sitter. Place 1799 if pt tries to leave AMA. Psych will evaluate once medically cleared).*

Lastly, **TAKE ACCOUNTABILITY AND OWNERSHIP OF YOUR PATIENTS**. Residents are encouraged to propose and advocate for their plans. If Attending disagrees, do not be afraid to challenge them but be sure to provide support/ evidence for your argument.

Patient name:

Age:

Location:

**HPI:**

Reason for consult:

Vitals:

Labs/ Workup:

PRN psych meds received:

Time of 1799 hold, if placed:

Medically Cleared (Yes/No)

**Mental Status Exam:**

Appearance:

Behavior:

Speech:

Mood:

Affect:

Thought Process:

Thought content:

Perceptual Disturbance:

Attention span and concentration:

Language:

Orientation:

Insight:

Judgment:

**Clock Drawing**

**Psychiatric ROS:**

Depression:

Anxiety:

Trauma:

AH's/ VH's:

Delusions:

Mania:

Seizures/ TBI:

Substance/ Alcohol use:

SI/ Suicide attempts/ SIB:

HI/ hx of violence:

**Past Psych Hx**

Hospitalizations:

Diagnoses:

Medications:

Compliance w/ treatment:

Outpatient provider:

**Medical Hx**

Hx of Gastric Bypass/ Sleeve:

**Social Hx**

Living situation:

Education:

Work:

**Family Psych Hx**

Relationships:  
Legal hx:  
Firearms:  
Collateral:

**Suicide Risk Assessment:**

static factors:

dynamic factors:

protective factors:

Chronic Risk:

Acute Risk:

**Assessment/ Differentials:**

**Plan:**

Referrals to Rural Health Clinics in Exeter/ Lindsay:

- 1) On patient's chart, select the order titled '**Referral for KH Outpatient Behavioral Health (Exeter)**' and in the order comments, state that patient was seen by psych CL team and needs outpatient psych follow up. You can also specify Exeter or Lindsay Clinic when submitting the referral.
- 2) Send a Cerner Message to KD RHC Exeter (or Lindsay) Behavioral Health Front Office Pool and cc Lisa Ly (who helps coordinate with Exeter/ Lindsay staff to schedule patients), your CL Attending, and consider cc'ing Outpatient Clinic Attendings Drs. Dailey, Kumar, Le (adults) and Dr. Pereyra (for child patients) if there is an urgent matter or request. Otherwise, no need to cc Outpatient Attendings. In the message, again state that patient was seen by psych CL team and needs outpatient follow up. Referral order was placed.

Referrals to County Mental Health:

\*\*\*If you feel that the patient may benefit from additional services and county resources, it may be better to refer them to TCMH VAIC. Please inform PFS social worker that patient needs to be connected to TCMH VAIC for outpatient mental health services and resources. PFS can provide information to patient.