Psychiatry and Depression

By Ileen Aiken, NP

Objectives

• Difference between psychiatry and psychology

COMMING A MILE OF FRIDE OF MILES

- When to refer or call a consult to psychiatry
- Involuntary hold vs inability to consent
- Depression signs and symptoms
- Depression, now what?
- Questions



Psychiatry

Psychiatry

- Education: Psychiatrists are trained medical doctors that specialized in psychiatry
- Differentiating between medical issues and psychiatric issues
- Diagnosing mental illness using specific criteria laid out in the DSM-5
- Main focus is on medication management
- Average length of appointment is 15-30 minutes and an hour for initial appointment
- Patients may be seen monthly at first then every 3 months to 6 months (individualized).

COMPANY ANY FOR STORES AN

Psychology

- Education: Psychologists have a doctorate degree with a focus study on behavioral/personality development, the history of psychological problems, and the science of psychological research. There are also varying master degrees in psychology and social work where a therapist/counselor may practice.
- Can diagnose mental illness using the criteria laid out in the DSM-5

- Main focus is on behavioral treatment through testing, problem solving, different methods of treatment (Cognitive Behavioral therapy, Dialectic behavioral therapy, mindfulness)
- Is also known as therapy or counseling
- Average length of an appointment is an hour and patients may be seen biweekly, weekly, monthly.

When to refer or call a consult to Psychiatry

Appropriate

- Psychiatric hx and need psychiatric medication management 2/2 current medical condition
- Concern for possible psychiatric medication mismanagement (ie pt is on multiple antipsychotics or antidepressants)
- No psychiatric history and mental illness is suspected and medical causes have been R/O
- Pt is suicidal or homicidal
- Pt is actively psychotic
- Has been trialed on two antidepressants and both have failed or if psych medication regimen is becoming complicated. (out pt)
- Pts with complicated withdrawal, agitation from delirium
- With any questions (telephone consult)

Not appropriate

- Just to remove a patient from white papers (if CL not already following)
- To place a patient on ITC unless there is question of capacity or ethical issue then appropriate.
- If pt is stable on psychiatric medications and there are no contraindications to continuing the medications during hospital stay

Consult modalities available to Prisma Health sites

- Telephone or Telmediq
- Psych Consult-Liaison for inpaitents- after consult placed in EPIC need to call via telmediq under either "adult psych consult" or "child psych consult". This is a provider to provider call to verify question.
- Telepsych is no longer for the ED only. The consult liaison service has initiated telepsych services for inpts at the other Prisma hospitals.
- Consult a psychiatrist from MD office (adult and child)
 - Adult
 - Prisma Health Office- place a referral in Epic to Ambulatory Psychiatry Services
 - Child
 - Prisma Health Office- place a referral in Epic to Ambulatory child Psychiatry Services
- Feel free to give the Connect Center a call at 864-455-8988

Barriers to Psychiatric Consult in the Office

- Pt refuses to be referred out
 - Discuss the pt's concerns about why he/she does not want to be referred out.
 - Stigma of psychiatry
 - Fear of abandonment from the PCP or that PCP is giving up on them
 - Affordability- <u>www.psychologytoday.com</u> and the refine button
 - Time frame until pt is seen/ lack of psychiatrists in the area
- Send pt to the ED if suicidal or homicidal via law enforcement or ambulance. Can use trusted family member, but there is concern the pt could talk the family member out of going to the ED or may attempt enroute (jumping out of the car).

When to use involuntary hold

- White Papers and Pink Papers
 - What are these? Court documents filled out when a person is an imminent danger to himself or others due to a psychological condition (white) or an addiction disorder (pink).
 - Per the SC code of laws 44-23-10(13)- This is described as (13) "Likelihood of serious harm" means because of mental illness there is:

(a) a substantial risk of physical harm to the person himself as manifested by evidence of threats of, or attempts at, suicide or serious bodily harm;

(b) a substantial risk of physical harm to other persons as manifested by evidence of homicidal or other violent behavior and serious harm to them; or

(c) a very substantial risk of physical impairment or injury to the person himself as manifested by evidence that the person is gravely disabled and that reasonable provision for the person's protection is not available in the community.

- There are 2 parts to this paperwork.
 - Part 1 is completed by the mental health center or social work if in the hospital (only good for 24hrs prior to part 2 being completed)
 - Part 2 is completed by a physician (NPs are not allowed to sign this paperwork)- does not have to be a psychiatrist
 - This paperwork does not go into judicial effect until pt is admitted to the psychiatric facility if the patient is currently in the hospital.
 - Everything must match for the paperwork to be valid
 - Pt may be removed from involuntary hold prior to being admitted to a psychiatric facility if the pt no longer meets the criteria listed above

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Part 1 of the commitment papers ("White Papers")

| | | | PART I | | PAGE 1 | |
|--------|--------------------|---------------------|--|--|---|---|
| | | AI | FIDAVIT FOR INVOLUNTARY EMER FOR MENTAL ILLNESS AND OR | | FOR HOSPITAL USE ONLY | AFFIDAVIT FOR |
| | | | | JER OF DETENTION | | IMPORTANT NOTICE: |
| | TE OF SC NTY OF | | AROLINA) | | Hoginal Regimer No. | Pull Name |
| | | | | | Approval of Regital Official | Social Security Number |
| | | | | | Sgnature Date | Environment Name |
| 18.1 | IL MAI | IER OF | (Penes Alleged to be Mentally II) | 1.1 | | angyoyar a suma |
| - | Fr | e Name | Middle Initial | Lie Name Sex Birthe | ante Ago Baco Holghe Weight Marinal I | 101101 |
| - | - 14 | | Residence (If known) | City Satu | Tig From Number Length of Time Reading | There Policy No. or MER- |
| 75 | | | a, where is the person alleged to be mentally | | | MILLITARY SERVICE |
| | incluse in | Construction of the | , where is the person abeged to be mentally | I Carrency Deales of where was he has to | | Branch: Service |
| | | 101100 | or Description | Address | City Stato Zig County | FINANCIAL REPRESENTATIVE |
| the f | HE HOS | reasons: | INECTOR Application is hereby made for | the INVOLUNTARY EMERGENCY ADM | <u>HISSION</u> of the above-named person to a Psychiatric Hospital fi | Pull Name |
| 1 | | | | ntally ill, and because of this mental conditi | ion is likely to cause serious harm to self or others if not | |
| | | | pitalized. | | | NOTE: ADMINISTRATIVI |
| 2 | (a) | cuse typ | e of harm thought probable is: Threats and or attempts at suicide or seri | ous bodily harm. | | Portvant to S.C. Co physician to complet |
| | (b) | | Homicidal or violent behaviors that could | | | the county in which the law enforcement |
| | (c) | | Self-neglect, inability to care for self, as | d or protect self if not immediately hospitalis | zed, and or | SCOMH FORM AFR. 59 (REV. AFR. 15). |
| | (d) | | Other: | | | |
| 3. | The As | fiant bas | es his her belief that the above-named person c details of the suspected harm and or details | needs INVOLUNTARY EMERGENCY A | DMISSION to a hospital based on the following grounds | STATE OF SOUTH CAROL COUNTY OF |
| | (provid | e specus | e of alls of the subjected miniates of dealer | of the Astrony actions at the last exercises | an intent of yos). | |
| | | | | | | EX PARTE: |
| 4. | The Ad | fiant is: | | | | |
| | (a) | | | stally ill examined by a physician pursuant | | (Affian IN THE MATTER OF: |
| | (b) | | Unable to have the person alleged to be a S.C. Code § 44-17-430 for the examination | nentally ill examined by a physician and he- on to occur. | the will need to be taken into custody pursuant to | |
| | | (3) | The reason for this is: | | | (A Person Alleged to |
| | | (1) | A fam anformant official care fied the | lleged mentally ill person at the following as | dear- | |
| 11 | i | 10.00 | Sector and the sector of the sector se | | | Upon reading the attached At |
| The | | | er Downgeton person alleged to be mentally ill is: | Address | City Base Zip County | ORDERED, ADJUDGED, |
| | | | 70 | | | A. That any officer of |
| 15 464 | marra of | Nair Nair | 2 Relationship person alleged to be mentally ill cannot be o | Address | City State Zip Phone Numl | into custody for a |
| - | Lear-or- | | And the state of t | | | physician. If wi examination, the |
| | | Nam | e Relationskip | Adres | City State Zip Phone Musel | custody must be in |
| SWC | RN to b | fore me | this | | undersigned requests that the person named above be admitted for treatment as authorized by law. | B. The Order automa |
| | d | av of | .20 | | ATURE (This must be agreed by the person providing the above information) | taken into custody |
| | | | | A | (1 CK. (1 At Mut be agree of the period providing the 100re incomention) | Dated this da |
| Not | ary Public | for the 3 | itate of | | Name of Affairs (type or print) | |
| M | y Commis | sion Exp | vires: | | | , 20 |
| | | | | 8.0 | Address of Afflant | ······································ |
| | | | | 0 | Telephone Number of Affant | |
| | | | | 33 | | Time of Issuance: |
| | INH FOR | u. | | | Relation to the Person Alloged to be Mentally III or Title | SCEVIA FORM |
| | | | MBEFCC-2 M-130 Pg 1681 | | | AFE IN (REV. AFE 18) MIN-FCC-2 |
| | | S. 100 | | | | |

| | PARTI | | PAGE 2 | |
|--|---|---|---|--|
| AFFIDAVIT FOR INVO | DLUNTARY EMERGENCY HOSPIT. | ALIZATION FOR MENTAL II | LNESS AND ORDER OF DETEN | TION |
| | patients receiving treatment in a State D | epartment of Mental Health facilit | y will be charged the established fee | as approved by the |
| Sou | th Carolina Mental Health Commission. | | | |
| uli Name | PERTINENT FINANCIAL | RESPONSIBILITY INFORMA | | |
| | | Par cane it and it print | | |
| octal Security Number | Occupation | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | kly become: | |
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| IILITARY SERVICE | | | | |
| mach Service Number | Dates of Service | Type of Discharge | Monthly Pendion | A Claim Number |
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| INANCIAL REPRESENTATIVE | (if applicable) Please list the same, ad | | e person to receive financial stateme | nts and other media |
| ull Mater | related to the personal financial affairs Relation to Patient | Address (Street, City, State and Zig) | | Telephone # |
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| TATE OF SOUTH CAROLINA | } | INTH | E PROBATE COURT | |
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| Jpon reading the attached Affidav | it dated this d | ay of | | 0) 2012200 1100 |
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Part 2 Commitment Papers ("White Papers")

NOTE: THIS CERTIFICATE EXPIRES THREE (3) CALENDAR DAYS AFTER THE DATE OF THE EXAM. A PERSON MAY NOT BE ADMITTED TO A HOSPITAL BASED ON THIS CERTIFICATE AFTER IT HAS EXPIRED.

| E | | PART II OF LICENSED PHY R EMERGENCY A | | PAG | E 1 |
|---|--|---|----------------|-----------------------|-----|
| NAME OF PERSON EXAMINED | SEX | Greenville | TENCE | DATE OF BIRTH | AGE |
| Greenville Health System, 701 Grove Rd., Gre | and the local data and the local data and the | | | | 102 |
| PLACE OF EXAMINATIO | and the second s | | HOUR A | ND DATE OF EXAMINATIO | N |
| THE UNDERSIGNED LICENSED PHYSI | | | | | |
| <u>S MENTALLY ILL</u> and because of this men he extent that <u>INVOLUNTARY EMERGEN</u> My recommendation for <u>INVOLUNTARY</u> i sebavior which indicate mental illness and pr | CY HOSPITALIZATIO | <u>ON</u> is recommended. | | | |
| Threats and/or attempts at suici Homicidal or violent behaviors. | de or serious bodily har | m, | | | |
| Self-neglect, inability to care fo Other | | not immediately hospiti | alized, and/or | | |
| | | | | | |
| Are there prior admissions to mental health treatment facilities? | Where? | | | When? | |
| Are there criminal charges? | If yes, give details (in | cluding county and typ | e of charge). | | |
| VES NO UNKNOWN | - , pre acolas (a | county and typ | | | |
| The medical condition of the Patient is: | | | | | |
| | | | | | |

PAGE 1 AND PAGE 2 MUST BE COMPLETED. All information MUST be typed or clearly printed.

SCDMH FORM APR. 89 (REV. APR. 18) MH-FCC-2 M-131 Section 44 (2,410-2)

| YES NO | | | | | | | | |
|-----------------------|-----|----|-----------|--------------------|-----|----|---------|----|
| s Current Medication | | | :1.1 - | | | | | _ |
| TH OF PATIENT | | | | | | | | |
| and the second second | Yes | No | Date(s) | Disease | Yes | No | Date(s) | II |
| is or Crippled Limbs | | | | Cancer | | | | B |
| iss or Eye Trouble | | | li i | TB or Lung Disease | | | | 2 |

Is the patient medicated prior to transporting? If yes, give type, amount, route, and when last administered.

CERTIFICATE OF LICENSED PHYSICIAN

Patient

HEAL Disease Paralys

Blindne

| erandinereranden ette skelandelsen | | | and the second second second second | | Dementia | | | |
|------------------------------------|---------|------|-------------------------------------|---------------|------------------------------|--------|---|--|
| Deafness or Ear Trouble | | | Heart or High Blood Pressure | | Syphilis | 11 - Z | | |
| Epilepsy or Seizures | | | Tremors or Abnormal Movements | | HIV | | | |
| Diabetes | 5 | | Hepatitis | | Alcohol Abuse | 20 | | |
| Serious Allergies | | | Head injury | | Drug Abuse Type of Abuse: | | | |
| Patient's Operations: | 86 - 12 | e 18 | - 13 | 8 - 74 - 10 - | | | _ | |

PAGE 2

Yes No Date(s)

or Suicida

Retardation

endency

Name of Treatment Facility Accepting Admission: Name of Treatment Facility Physician Authorizing Admission

PHYSICIAN'S VERIFICATION

ON THE BASIS OF MY PERSONAL EXAMINATION. I BELIEVE THAT THE PERSON IS IN NEED OF INVOLUNTARY EMERGENCY PSYCHIATRIC HOSPITALIZATION. FURTHERMORE, THE PERSON HAS NO MEDICAL SURGICAL CONDITIONS ON DISABILITIES THAT PRESENTLY REQUEE GENERAL HOSPITAL OR NURSING HOME LEVEL OF CARE AND IS MEDICALISTICALLY STABLE AND PHYSICALLY ABLE TO PARTICIPATE IN PSYCHAIRTIC TREATMENT. I HAVE CONSULTED WITH THE ADMITTING PHYSICIAL ON HOSPITAL REGERVING HOSPITAL REGARDING THE APPROPRIATESS OF ADMISSION AND THE PESSON'S MENTAL AND PHYSICALLY AND HERES.

Thave consulted with the local community mental health center regarding the commitment/admission process and the available treatment options and alternatives in lieu of hospitalization at a state psychiatric facility. (SC Code § 44-17-460) OR

I have not consulted with the local community mental health center, because (state a clinical reason for your failure to do so):

| THE PERSON THEREFORE NEEDS TO BE TRA | NSPORTE | D TO THE FOLLOWING FAC | ILITY FOR INVOLUNTARY EMERGENCY ADMISSION |
|--|----------|------------------------|---|
| NAME OF PSYCHIATRIC HOSPITAL | Freezes | - 24 | ADDRESS |
| SIGNATURE OF LICENSED PHYSICIAN | , M.D. | SC LICENSE NUMBER | NAME OF CENTER. |
| TYPE OR PRENT NAME | 1y | PHONE NUMBER | SIGNATURE OF FACE TO FACE SCREENER AND DATE |
| Greenville Health System, 701 Grove Ro | d., Gree | nville SC 29605 💌 | |
| ADDRESS | | | PRINT NAME OF SCREENER, TITLE AND ID # |

It is the responsibility of an officer of the passe to provide timely transportation of the person alleged to be mentily ill to the deignated mentil health facility. However, by freely segind its instances, to can choose to some that responsibility. Thangoritation must begin immediately. You are not entitle of any methode to any reinformation of the fact for the designated mentil health facility at the time of a damission office of the designated mentil health facility at the time of a damission.

DATE SIGNATURE
TO POLICE AND OTHER OFFICERS OF THE PEACE:
THIS CERTIFICATE OF LICENSED PHYSICIAN AUTHORIZES AND REQUIRES YOU TO TAKE THE PROPOSED PATIENT INTO CUSTODY AND
TRANSPORT HIM-HER TO THE HOSPITAL DESIGNATED BY THE CERTIFICATION PURSUANT TO 5C CODE § 4417-440, UNLESS A FRIEND OR
RELATIVE HAS SIGNED ABOVE AND IS WILLING TO TRANSPORT THE PATIENT.

NO FURTHER ORDER IS REQUIRED FOR YOU TO TRANSPORT THIS PATIENT. HOWEVER, NO PERSON SHALL BE TAKEN INTO CUSTODY AFTER THE EXPERATION OF THREE DAYS FROM THE DATE OF THIS CERTIFICATION.

ANY OFFICER ACTING IN ACCORDANCE WITH THE PROVISIONS AS SET FORTH ABOVE SHALL BE IMMUNE FROM CIVIL LIABILITY

SCDMH FORM APR. 89 (REV, APR: 18) MH-FCC-2 M-121 Section 44-17-410(2)

Part 1 Chemical Dependency ("Pink Papers")

| PART I | PAGE 1 |
|---|---|
| AFFIDAVIT FOR INVOLUNTARY EMERGENCY HOSPITALIZAT | ION FOR HOSPITAL USE ONLY |
| FOR CHEMICAL DEPENDENCY | Date Admitted |
| | Hospital Register No. |
| TATE OF SOUTH CAROLINA) | story and a segment and |
| OUNTY OF | Approval of Hospital Official |
| , | |
| THE MATTER OF: | Signature Date |
| | |
| Person alleged to be chemically dependent Sex Birthdate | Age Race Height Weight Marital Status |
| | |
| Residential Street Address (if known) City St | te Zip Code Phone Number Length of Time Residing There |
| residence is unknown, where is the person alleged to be chemically dependent currently loc | ated or where was he/she found prior to presentment to the Affiant |
| | |
| Location Name or Description Address | City State Zip County |
| O THE FACILITY DIRECTOR: Application is hereby made for the <u>INVOLUNTARY EM</u> cility for the following reasons: | ERGENCY ADMISSION of the above-named person to a treatment |
| The undersigned believes that the above-named person is suffering from chemical de | mendancy, and as a result of this condition noses a substantial risk of |
| physical harm to self or others if not immediately provided with involuntary emergen | |
| The specific type of harm thought probable is: | |
| (a) Recent overt acts or recent expressed acts of violence; | |
| (b) Episodes of recent serious physical problems related to the habitual and e | |
| (c) Incapacitation by drugs or alcohol, or both, on a habitual and excessive b within the preceding twelve months, repeated incidents involving law enti- tion of the second s | asis as evidenced by numerous appearances before the Probate Court orcement, and/or multiple prior treatment episodes; and/or |
| (d) Other: | |
| The Affiant base his/her belief that the above-named person needs INVOLUNTAL | RY EMERGENCY ADMISSION to a treatment facility based on the |
| following grounds (provide specific details of the suspected harm, details of the har | mful actions he/she has exhibited in front of you, and/or information |
| received from a family member or member of the community): | |
| | |
| | |
| | |
| The undersigned believes that the above-named person is incapable of exercising ju The immediacy of the above-named person's situation and the safety of the above-n | |
| ine immediacy of the above-named person's situation and the safety of the above-n involuntary commitment under S.C. Code § 44-52-70. | amed person does not allow initiation of judicial proceedings for |
| The Affiant: | |
| (a) 🔲 Was able to have the person alleged to be chemically dependent examined by a | physician within the past forty-eight hours pursuant to S.C. Code § 44- |
| 52-50(3) and the written Certificate of License Physician (Part II) is attached. Was unable to have the person alleged to be chemically dependent examined b | up a huridian and ha(the will need to be taken into curted unuscount to |
| (b) S.C. Code § 44-52-50(3) for the examination to occur. | y a physician and ne are witheed to be taken into custory pursuant to |
| The reason for this is: | |
| | |
| (ii) A law enforcement officer can find the alleged chemically dependent period. | rson at the following address: |
| | |
| Location Name or Description Address | City State Zip County |
| he next-of-kin of the person alleged to be chemically dependent is: | |
| the second se | |
| Name Kelationship Address | City State Zip Phone Number |
| WORN to before me this Affidavit | FORE, the undersigned, being duly sworn states that I have read the , the allegations of which are true of my own knowledge, except those stated nation and belief. |
| day of | RMORE, I understand, that if I am a family member, I may be required to |
| cooperate | with and participate in the treatment process if requested by the treatment nd ordered by the court. |
| Print Name: | |
| | |
| AFFIAN | S SIGNATURE (This must be signed by the person providing the above information) |
| | rs SIGNATURE (This must be signed by the person providing the above information) |
| | |
| Notary Public for the State of: | *5 SIXNATURE (This must be signed by the passes providing the above information) Name of Affinis (type or print) |
| Notary Public for the State of: | rs SIGNATURE (This must be signed by the person providing the above information) |
| Notary Public for the State of | *5 SIXNATURE (This must be signed by the passes providing the above information) Name of Affant (type or print) |

| IMPORTANT NO | TICE: All patients re | ceiving treatment | in a State Department | t of Mental Health | h facility w | ill be charged | the established fee a | as approved by the |
|---|--|--|--|---|---|---|--|--|
| and contract in the | | a Mental Health (| Commission. | | | - | | |
| | | PERTIN | NENT FINANCIAL | RESPONSIBILI | TY INFO | RMATION | | |
| Full Name | | | | Full Name at | Birth, if Di | ficrent | | |
| Social Sceurity Number | | Occupation | | | Me | nthly income | | |
| Employer's Name | | Address | | | _ | If not employs | ed, source of income | |
| | | | | | | | | |
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Part 2 Chemical Dependency ("Pink Papers")

CERTIFICATE OF LICENSED PHYSICIAN

NOTE: THIS CERTIFICATE EXPIRES FORTY-EIGHT HOURS AFTER THE DATE OF THE EXAM A PERSON MAY NOT BE ADMITTED TO A HOSPITAL BASED ON THIS CERTIFICATE AFTER IT HAS EXPIRED. PAGE 1

PART II CERTIFICATE OF LICENSED PHYSICIAN EXAMINATION FOR EMERGENCY ADMISSION

PLACE OF EXA I, THE UNDERSIGNED LICENSED PHYSICIAN, have exa and am of the on that the said is

stial risk of physical ha on, poses a substion of the above-named person, I am of the opinion that the immediacy of the above-named person's sit iation of judicial proceedings for an involuntary commitment as set forth in S.C. Code § 44-52-70. Based on my

OLUNTARY EMERGENCY HOSPITALIZATION is based on the follo ring symptoms

- Recent overt acts or recent expressed acts of violence;
- Episodes of recent serious physical problems related to the habitual and excessive use of drugs or alcohol, or both;

rm to self or oth

- Incapacitation by drugs or alcohol, or both, on a habitual and excessive basis as evidenced by numerous appearances before the preceding twelve months, repeated incidents involving law enforcement, and/or multiple prior treatment episodes; and/or fore the Probate Court with
- Other:

The medical condition of the Person is (include statement of need of medical detoxification)

FER 19) MR-FCC-1 M-IM-Rg 1 ef1

12 5 1 n i

Provide your reasons for selecting the above bones, the specific symptoms exhibited by the above-named person that contributed to your finding that heithe is in need of immediate chemical dependency inpatient treatment, as well as the type, amount, and frequency of the substances used:

| 17-16- | 1100000000 c | |
|---|---|---|
| Are there prior admissions to SCDMH or other chemical dependency treatment facilities? | Where? | When? |
| YES NO UNKNOWN | and the second se | and a |
| Are there prior admissions to SCDMH or other psychiatric treatment facilities? | Where? | When? |
| YES NO UNKNOWN | | The second se |
| Are there crimital charges? | If yes, give details (including county and type of charge). | |
| I YES I NO I UNKNOWN | | |

PAGE 1 AND PAGE 2 MUST BE CO

| Blood Alcohol | | Blood i | Pressure | | Pulse | | | 1 | emperature | | Respi | ration | | |
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| HEALTH OF PATIENT | _ | | | | | | | | | | | | | |
| Disease | Yes | No | Date(s) | Disease | | Yes | No | Dates(s) | Disease | | | Yes | No | Date |
| Paralysis or Crippled Limbs | | | | Cancer | | | | | Intellector | al Disability o | r Dementia | | | |
| Blindness or Eye Trouble | | | | TB or Long Dise | 350 | | | | Syphilis | | | | | |
| Deafness or Ear Trouble | | | | Heart or High B Pressure | | | | | HIV+ | | | | | |
| Epilepsy or Seizures | | | | Tremors or Abn Movements | ormal | | | | Homicida | 1 or Suicida1 1 any homicida | Tendency | | | |
| Diabetes | | | | Hepatitis or Live | er Disease | | | | Details of | any homicida | il or suicidal | episode | 5: | |
| Serious Allergies | | | | Head injury | | | | | | | | | | |
| Delirium Tremens (DTs) | | | | Alcohol Withdra | awal | | | | Drug Wit | bórawai | | | | |
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PAGE 2

When to use inability to consent

- Anytime a pt lacks capacity to make a reasonable and logical decision.
- This should be specific to a function not a vague statement like "lacks capacity to make medical decisions" as the pt may have capacity for some things but not others.
- There are 4 components to capacity
 - Ability to communicate a stable choice (consistent)
 - Ability to understand relevant information regarding diagnosis, treatments, benefits, risks and alternatives to the treatment
 - Appreciation for own situation and possible consequences
 - Ability to rationally manipulate information
- Must be signed by two physicians and a surrogate decision maker named (list of surrogate order is in the SC code of laws 44-66-30)

- Can become an ethical issue quickly if no surrogate available
- Capacity is NOT competency

I am...

I am not who I think I am I am not who you think I am I am who I think you think I am ~Cooley

THE REPORT OF A PARTY OF A PARTY

I am...appropriate for depression screening

- Children/adolescents
 - <u>http://www.gladpc.org/</u> This website has a depression screening toolkit for children/adolescents and how to treat this age group.
- Adults:
 - PHQ-9
 - www.depression-primarycare.org/ap1.html
 - PRIME MD (Canada)
 - www.depression-primarycare.org/ap1.html
- Geriatric
 - Geriatric Depression Scale (GDS), short form

The second secon

www.stanford.edu/~yesavage/GDS.html

I am...5 of SIGECAPS for more than 2 weeks

- Sleep
 - Insomnia or hypersomnia
- Interest
 - Does the person still enjoy pleasurable activities
- Guilt
 - Is the guilt overwhelming
- Energy
 - Anergia

195 Mileman

I am...5 of SIGECAPS cont.

- Concentration
 - Difficulty with remembering
- Appetite
 - Hyperphagia or hypophagia
- Psychomotor retardation
 - Lead feet
- Suicidal Ideation
 - Active or passive, current or past, is there a plan, does the patient have access to the plan, is there
 intent
 - Can a safety plan be established, if not then patient will need to be assessed by psychiatry

ALL AND AL

The difference between sadness, grief, and depression is the extent it is has on a persons life over a specific length of time.

I am...ready for help

The first and foremost thing to remember is medication is only half of the solution.

LEMANDAL WALLAND

I am...ready for help, where to start?

- Is there a precipitating event?
- Is the patient experiencing pain or other somatic complaints?

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- Is the patient experiencing anxiety?
- Does the patient have a family history of depression?
- Does the patient have a history of a traumatic event?
- Would the patient be agreeable to psychotherapy?

I am...ready for help, what medications?

- SSRIs- Selective Serotonin reuptake inhibitors (may take 4-6 weeks to feel the effects)
 - For the medication naive patient recommend starting with
 - Zoloft (Sertraline) this medication is good for depression, anxiety, PTSD, panic disorder, OCD
 - Start at 50mg daily (in patients greater than 65 start at 25mg daily)
 - Can be increased by 50mg every 3-4 weeks for effectiveness to a max daily dose of 200mg
 - At higher doses the pt can experience sexual side effects (the number one reason patients will stop taking an antidepressant)
 - If pt doing well on medication and the sexual side effect is the only problem can augment with Wellbutrin XL 150mg daily
 - Lexapro (escitalopram)- this medication is good for depression, anxiety, PTSD, panic disorder, OCD
 - Start at 10mg daily (geriatric patients start at 5mg daily)
 - Can be increased by 5-10mg every 3-4 weeks for effectiveness to a max daily dose of 40mg

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- Celexa is the father of lexapro
- Prozac (fluoxetine)- a good activator, has a long half life, would be good for patients that forget to take medication
 - Start at 20mg daily (geriatric 10mg daily)
 - Increase by 10-20m every 4-5 weeks to a max daily dose of 80mg
 - Monitor pt for activation

If the pt has cardiac disease the safest antidepressant is Zoloft. Avoid using Celexa.

Zoloft and Prozac are recommended for those requiring hemodialysis

I am...ready for help, medications continued

- SNRIs- Serotonin-Norepinephrine reuptake inhibitors
 - Cymbalta (duloxetine)- may see improvement in symptoms in 2-4 weeks
 - Great for patients with co occurring pain from fibromyalgia, diabetic peripheral neuropathic pain, and/or chronic musculoskeletal pain
 - Start at 30mg daily
 - Can be increased by 30mg every 3-4 weeks if needed to a max daily dose of 120mg. Doses can be split into 2 doses per day.
 - Effexor (venlafaxine)- good for co occurring anxiety, has terrible discontinuation side effects
 - Start at 37.5mg daily
 - Can be increased by 37.5mg every 3-4 weeks to a max daily dose of 375mg
 - Of note: 75-225mg can be mostly serotonergic in some, others may require the 225-375mg doses to feel the benefits of the dual effects of the SNRI
 - Wellbutrin (bupropion)
 - Great for persons that experience sexual side effects from any of the other medications and has been known to facilitate wt loss
 - Has been used in the past for smoking cessation
 - Three different forms immediate release, SR, XL
 - IR- start at 75mg bid then increase to 100mg bid then to 100mg tid max is 450mg/d. (usually used in patients needing medications crushed)
 - SR- start at 100mg bid and can be increased to 150mg bid in a week, then wait 4 weeks before increasing again max dose 400mg/d

NEW CONTRACTOR OF A CONTRACTOR

- XL-start at 150mg daily then increase to 300mg daily after 4 days wait 4 weeks before increasing max dose 450mg/d

SNRIs can increase BP monitor closely in those with HTN

Wellbutrin and Cymbalta contraindicated in patients with hx of seizures

I am...needing to Augment

- Insomnia
 - First sleep hygiene
 - First line: Melatonin 3-10mg at sunset, this is not a sleeping pill but assists with the natural circadian rhythm
 - Trazodone 25-50mg starting may increase up to 150mg at bedtime. This medication is serotonergic and is good to use in augmentation with previous medications discussed for depression.
- Anxiety
 - First line: Atarax 25-50mg every 6hrs as needed (may prolong the QTc, ECG recommended)
 - Use benzodiazepines sparingly, if needed then suggest only using for max of 4 weeks until SSRI/SNRI becomes effective.

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 If anxiety worsens or the pt becomes highly activated after initiation of an antidepressant this may be indicative of bipolar and need to refer to psychiatry

BEWARE of the Serotonin syndrome

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• CRAPS and SHIVERS

- Diarrhea
- Shivering
- Hyperreflexia
- Increased temperature
- Vital sign instability
- Encephalopathy
- Restlessness
- Sweating

- Serotonergic medications used in primary practice
 - Zofran
 - Metoclopramide
 - Tramodol
 - Triptans (migraine)
 - Dextromethorphan
 - Levodopa, Amantadine
 - Linzolid

I am...in remission or not

- If effective then continue for a minimum of 6 months to a year at which time taper off and follow for symptom reoccurrence. Some patients may have situational depression and not require antidepressant treatment for the lifetime.
- If the patient has been on an SSRI and is not feeling better then would suggest trying a different SSRI or a SNRI
- If two medication trials fail, then suggest referring for psychiatric consultation as this may not be depression
- If the patient has an extremely elevated mood, hasn't slept in days, is talking fast, has racing thoughts, states they "feel high but didn't do any drugs" stop the SSRI/SNRI and refer to psychiatry

I am...tired of taking pills

- Discontinuation syndrome per Uptodate
 - Common Symptoms include dizziness, fatigue, headache, nausea, agitation, anxiety, chills, diaphoresis, dysphoria, insomnia, irritability, myalgias, parethesias, rhinorrhea, tremor
 - Less Common electric like shocks, ataxia, auditory and visual hallucinations, and HTN
- Symptoms can occur in 1-4 days with abrupt cessation or 1-7 days in a rapid taper.
- Symptoms will last about 2 weeks but have been known to continue for up to a month.
- It is rare that hospitalization would be required but the symptoms can be distressing and interfere with functioning

Take away from antidepressant treatment

- Medication is only the first part of the solution
 - Recommend commitment of 6 months to a year of medication use before weaning off
 - Attempt to "hit" as many symptoms with one medication as possible to help with compliance and decrease adverse effects of multiple medications
- Therapy is the second part to deal with the cause of the depression
- None of the afore mentioned medications is a "quick fix" most take up to 6 weeks before feeling the full effects
- Stopping or tapering to quickly can have negative consequences for the pt and this would need to be discussed with them prior to beginning