Psychiatry consult guide

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| onthephones

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In a hurry? Make sure you know

- Patient's name, age, UR, existing psychiatric diagnosis (if patient has one)
- Why is the patient in hospital and what question or issue are you seeking help with (i.e. do you want phone advice, do you need an urgent review, is it a diagnostic or management issue)
- Providing this information right at the beginning helps orientate the registrar and will help them hone in on specific information you present
- Report Mental Health Act Status: Is the patient scheduled, specialled, on a community treatment order or known to a psychiatrist?
- Assess risk of harm to self or others. If patient is deteriorating rapidly, get help and consult early
- Perform basic MSE – are they currently co-operative, over-sedated, agitated, aggressive?

What history should JMOs know / collect?

- Context: What has happened, why has it led to hospitalisation? What is the primary condition being treated and the medical team's current plan for Investigations/Prescription and length of stay?
- Past Psychiatric History and any provisional diagnosis.
    - If they have community psychiatry input
    - What medications does the patient usually take? Are they taking these?
- Current symptoms (e.g. depressed mood, expressing suicidal thoughts, hypomanic, manic, psychotic)

- How the patient has been coping with their medical illness and have they been compliant with treatment
- Are they in obvious emotional pain or have an elevated likelihood of harm or poor treatment?
- Risk of harm to self or others
- Any known triggers or associated factors
- What social supports does the patient have
- Medications: particularly psychotropics, opiates, benzodiazepines and steroids
- Substance use history including what substances are used and whether there are any signs of current intoxication or withdrawal
- Previous mental health assessments / correspondence from GP or private psychiatrist relating to existing mental illness

What examinations and investigations should JMOs perform/collect results of?

- MSE – a generic comment about behaviour may be most useful over the phone. For example: is the patient withdrawn/ interactive/ cooperative/ uncooperative/ aggressive/confused/ threatening staff/needing to be specialled (one-on-one nursing care), brief cognitive assessment to screen for delirium (orientation to person, place and time, patient able to recite months of the year backwards)
- Investigations where relevant:
    - Urine drug screen and urinalysis
    - ECG: Psychotropic agents may prolong QT interval and lead to ventricular arrhythmias
    - EUC: check for hyponatraemia caused by SSRI or renal injury
    - FBC to check WCC or CRP if delirium suspected
    - Serum levels for medication such as lithium, sodium valproate, clozapine

What additional information would impress you?

- How is the treating team coping with the patient?
- Who suggested the referral – patient request or medical team?

What are common mistakes/omissions made by JMOs?

- Organising for an interpreter if the patient needs an interpreter
- Failing to identify alcohol or drug dependence or withdrawal

- Assuming that behavioural disturbance implies psychiatric illness in the presence of more likely causes

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