On-Call Manual for Psychiatry Consult Service  
Women & Infants Hospital

As the only psychiatry consultation service at a specialty women’s hospital, we provide a significant amount of expertise in dealing with psychiatrically ill patients at Women & Infants Hospital. Both our academic and community referral sources rely on our expertise in the care of their patients. To that end, we strive to be readily available both during the workday and after hours to help care for these patients.

General Information

**Weekday call:** Begins Monday at 5PM and ends Friday at 8AM (weeknight call is 5pm-8am nightly during the week).

**Weekend call:** Begins Friday at 5PM and ends Monday at 8AM (unless it is a holiday weekend).

During your PGY-2 rotation, you will take 1 week of call

**Office Location:** Consult office located in the Department of Medicine Suite on the third floor of the main hospital. Code to enter office area is 1884* the DOM suite is down the corridor to the left.

**Codes:**
Triage Entry Code: No code, badge access (There is a door inside with a code, 1117, but this can change).
3rd floor code: 1884*
Amion code for W&I: wihri (www.amion.com)

Prior to coming on call you must be sure that your Cerner password is active. Please check with the chief resident for WIH (Daniel Manfra MD) regarding your Cerner login/password. Most of you should already have this access from your WIH rotation in the past. If you had access in the past but need to update your password, contact Butler computer support at 921-1000 or the WIH Helpdesk at 274-1122 ext. 48777. You should check your Cerner access while at Butler Hospital (under the CNErgy Cerner icon) in advance of your call. You are expected to refresh or familiarize yourself with this system prior to being on call. You must be free of other call responsibilities including other moonlighting and jeopardy call.

While you are on call you will be supervised by an attending. You will receive a call schedule distributed in advance by the chief resident as well as an email reminder at the start of your call. You can also check AMION (www.amion.com password = wihri) for the backup attending information. It is your responsibility to know when you are on call and who your backup attending is.

You will be emailed any relevant consult sign-out to your Butler email accounts via encrypted email with “PHI” in the subject line. At times, the day service may call you at the start of your call shift to communicate any other information to you to ensure appropriate handoff communication. **Please be sure to provide relevant information regarding the consult service in sign out to the primary team via secure (Butler) email.**

**Weeknight and Weekend Call:**
Consult requests can be reviewed with your backup attending prior to coming into the hospital, unless it is a clear emergency. Many, but not all, consults may be seen or evaluated by a social worker prior to you being called, unless it is a psychiatric emergency or clear medical issue.

Updated 6/26/19
Due to the untimed nature of obstetrics, patients may not come to the attention of either SW or psychiatry until over the weekend. Because these patients are likely to be discharged home prior to Monday morning, it is our policy to evaluate consults called in on the weekends. Often social work will have seen these patients first, but sometimes the primary team will call the psychiatry team directly especially if there is a question related to medications or safety. As a general rule, all consults must be seen and completed within 24 hours of consultation request. Consults requested in Triage should be seen ASAP, and no more than 1 hour from when requested.

Please email or page the psychiatry consult team (including fellow, resident and/or attending) for the next morning by 8:00AM with the information including patient name, room number, DOB, and any other pertinent information for consults that are seen or called after hours or over the weekend.

Consultation Requests:
There are important psychiatric emergencies that necessitate having to come in rapidly. When in doubt, we err on the side of coming in to evaluate patients. The following list constitutes what our service generally considers to be emergent (and thus need to be evaluated within 1 hour of consult request):

- Acute onset of delirium in patients
- Acutely agitated, behaviorally dysregulated, or actively suicidal/homicidal patients on the medical or obstetrical floors
- Patients where there is a high index of suspicion for post-partum psychosis.
- Substance abuse patients in active withdrawal that cannot be managed by current protocols at WIH
- Capacity assessments where there is a high degree of risk for death or injury to patient or fetus, or a significant change in care or assessment due to refusal of recommended care, or desire to leave AMA.
- Patients in Triage
- Any other patient for which the primary team is requesting an emergent consult.

Calls for other reasons:
The backup attending covers any calls from outpatients on weeknights and weekends. If you are called on an outpatient in Women’s Behavioral Health, have the answering service call your backup attending.

If you are called about an active Day Hospital patient, then refer the caller to the therapist on call for the Day Hospital (can be found in AMION).

Emergency Slots:
One emergency slot is available for patients over the weekends that need immediate follow-up evaluation and/or care. This slot is primarily available to pregnant or postpartum women. The slots are scheduled on Tuesdays at 9:00AM. These are 60-90 minute slots with a clinician who will have backup from a psychiatrist if it is clinically warranted. The patient should be directed to the Center for Women’s Behavioral Health at 2 Dudley Street, First floor and be given the number (401) 453-7955.

As the on-call psychiatry resident, you will be responsible for managing the use of this emergency appointment. Remember, there is only 1 slot and once filled, it is no longer available. The social workers should contact you if they have a patient they would like to refer to that slot, but it is ultimately your decision how that slot is utilized.

Updated 6/26/19
Please notify the following individuals about a patient booked in an emergency slot. Please provide the patient’s name, DOB, best contact phone number as well as a brief description of the clinical circumstances.

Margaret Howard (mhoward@wihri.org)
Jessica Pineda (jpineda@wihri.org)
Shannon Erisman (serisman@wihri.org)
Tina Freeman (tfreeman@wihri.org)
Valerie McGill (vmcgill@wihri.org)

Please use a secure email address (Butler email) to send this information.

Consult Documentation:
Women and Infants Hospital has an electronic medical records system (Cerner) and all consult notes are to be written in Cerner. **Prior to coming on call you must be sure you have your Cerner access active.** Please check with the WIH Chief Resident Daniel Manfra MD regarding your Cerner login/password if you are uncertain of it.

Consultation notes are within the “Clinical Notes” section and should be documented in the same fashion as a standard psychiatric consultation note or H& P. Please see the Consult Note Templates below for further details. **Please contact either the WIH Chief Resident or your supervising attending if you have any questions about documenting in Cerner. We encourage you not to wait until the start date of call to do this.** Please add any new consults seen/called to the “WIH BH Consults” list in Cerner (see Cerner guide for more details).

Attending Contact Information:

Zobeida Diaz, MD
Pager: 401-582-4581   Cell: 608-469-9497
Email: zdiaz@wihri.org

Anupriya Gogne, MD
Pager: 401-582-4614   Cell: 347-944-8216
Email: agogne@wihri.org

Margaret Howard, PhD
Pager: 401-582-4618   Cell: 401-368-2180
Email: mhoward@wihri.org

Jessica Pineda, MD
Pager: 401-582-4532   Cell: 513-532-4889
Email: jpineda@wihri.org

On Call Telephone Tree:

Call your listed backup attending

(If unavailable after 15 minutes, try backup attending again - consider alternate number)

After 2 tries or 30 minutes

Updated 6/26/19
Call Jessica Pineda MD, Medical Director, Women’s Behavioral Health

(If unavailable after 2 tries or 30 minutes)

Call Margaret Howard PhD, Division Director, Women’s Behavioral Health

Transfer Protocols for Women & Infants

Updated 6/26/19
Generic Transfer Flow (Non Butler or RIH)

1. Patient is evaluated by primary psychiatrist to determine if transfer is necessary.
2. A call to RICH is made to confirm bed availability. Include demographic, clinical information, & request on Hold/Release/Recovery form.
3. Once bed is confirmed:
   - Notify Will to facilitate inpatient to IRP, nurse-to-nurse
   - Obtain present from insurance company & provide info to facility
   - Notify fleet to arrange ambulance transport & provide documents to send with or if needed.
Cerner (EMR) Guide

The “List”
To get the WBH Consult Patient list:
- log on, click on Patient List on the tool bar
- click on button that looks like a wrench in upper left corner, it is called “list maintenance”
  - click “new,” then click “care team”
  - scroll down to team called “WIH BH Consults,” press finish
  - it should be in your “available list” column, click the right handed arrow to move it to “active list,” press ok

Add patient to the list:
- within your WBH Consult Patient List screen, click on icon that is a person with a sparkle aka “Add a patient”
  - look patient up by name, MR or location
  - select the active encounter for current admission, and hit “Add”

The Chart—Double-click on the patient; this will take you to the summary screen. There is a tab on the left side of the screen called “Menu - Inpatient” that if you click on it will give you the following tabs:
- Summary screen: is exactly that, a summary, has current meds, vitals, recent labs, allergies
  - Patient info: Click on Visit list -- you can see if they have ever seen Women’s Behavioral Health or the Day program. If so, call Tina x2870 and have her fax the intake/discharge summary
  - Results Review: labs/x-rays/nursing assessments (includes agitation, CIWA, etc). On the central blue stripe that has a clinical date range listed, right click to change the dates so you can see the whole hospital stay or look for labs that were done before the admission
  - Clinical notes: All notes written on the patient. Double click to open each folder.

First,
  - Right click on the central blue stripe that has a clinical date range listed, change the initial day to 1/1/2003, which is when the hospital went electronic OR just change the year of the date listed to 2000.
  - Consultation notes have social work consults and psychiatric consults
  - Emergency Department notes have why they were admitted
  - Progress notes for what is going on here and now. THIS INCLUDES F/UP CONSULT NOTES.
  - History and Physical sometimes they have this separate entry, tons of info
  - PowerOrders: then click on consults, so you can see who ordered the consult and why
  - eMar : electronic MAR, helpful to see what meds they actually got and when

Writing Notes—
- click into “Clinical Notes” tab from the Menu - inpatient menu
- click on the button in upper left that looks like a paper with a sparkle aka “add”
- in the new screen that pops up, in the “type” drop down box, right click and click on “document type list” then click on “complete”
- then in “type” drop down box, scroll to “psychiatric consult” or “psychiatric progress note”
- click on button in upper left that looks like a stamp aka “template”

Updated 6/26/19
Psychiatry Initial Consult Note Template

Initial Psychiatric Consultation

(Date)

**Reason for Consultation:** (Please also list who is requesting the consult—generated by SW, primary team, specialty service)

**Chief Complaint:** “ “

**Identifying Information:** -include age, demographics, G/P status if pregnant/postpartum, age of gestation if pregnant, reason for hospitalization

**HPI:**
- note that you reviewed the chart
- that you saw the patient, where and who was present
- planning to breastfeed?
- pregnancy planned? Reaction to pregnancy? Partner’s reaction? How did pregnancy go?
- psychiatric review of systems (depression, mania, psychosis, anxiety disorders)

**Past Psychiatric History:** Any inpatient, partial, IOP treatment? Any outpatient treatment? Previous suicide attempts? Previous medication trials?

**Substance Abuse History:** Include pertinent negatives - nicotine, caffeine, alcohol, cannabis, other drugs. Ask about taking non-prescribed prescription medications.

**PMH:** Include whether hx of TBI, seizures, asthma, headaches, relevant past surgical history, relevant reproductive history

**Medications:** Copy and paste active inpatient meds from Summary tab in Cerner

**Allergies:** Include reaction

**Family History:** Include any Fhx suicide

**Social History:** refer to social work note for complete history. Living situation? History of interpersonal violence? Education level? Employment or source of income? Relationship with FOB if relevant? Other children in the home, previous DCYF involvement? Developmental history?

**O:**

**Vital Signs:** Most recent set of vitals - Copy and paste from Summary tab in Cerner

**MSE:**

**Appearance:**

**Eye Contact/Behavior:**

**Speech:**

**Mood:**

**Affect:**

**Thought Process:**

**Thought Content:** evidence of delusions/paranoia, any intrusive thoughts?

**SI/HI:** any SI/HI/thoughts of dying/harming infant thoughts etc?

**Perceptual:**

**Orientation:**

**Cognitive exam:** include MOCA/MMSE if relevant

**Insight/Judgment:**

**Labs:** last 100 results reviewed/any abnormalities noted OR labs reviewed from past 3 months/12 months/etc.

**Impression/Recommendations:** “This is a .... “

**Diagnosis:**

Psychiatric Diagnosis:

Medical Diagnosis:

Updated 6/26/19
Psychosocial Stressors:
Recommendations:
- agree with social work involvement for __________ (support, liaison for housing, etc)
- no acute/imminent safety concerns (unless there are...then comment)
- other recommendations including medications, follow up, etc.
Thank you for the consult. Our team will/will not continue to follow while in the hospital. Impression/recommendations communicated to PRIMARY ATTENDING.

(your name, PGY-?)

Psychiatry Follow Up Consult Note Template
Psychiatry Consult Service Follow Up Note
(date)
Events overnight: -include nursing reports
S: - patient’s report
Medications: Copy and paste active inpatient meds from Summary tab in Cerner
O: - add vital signs if relevant
MSE: Appearance:
Eye Contact/Behavior:
Speech:
Mood:
Affect:
Thought Process:
Thought Content: evidence of delusions/paranoia, any intrusive thoughts?
SI/HI: any SI/HI/thoughts of dying/harming infant thoughts etc?
Perceptual:
Orientation:
Cognitive exam: include MOCA/MMSE if relevant
Insight/Judgment:
- add labs if relevant
Impression/Recommendations: “This is a .... “
Diagnosis:
  Psychiatric Diagnosis:
  Medical Diagnosis:
  Psychosocial Stressors:
Recommendations:
- agree with social work involvement for __________ (support, liaison for housing, etc)
- no acute/imminent safety concerns (unless there are...then comment)
- any changes/updates to plan or plan to continue previous recommendations
- follow up plans
Thank you for the consult. Please call with further questions OR Our team will continue to follow while in the hospital. Impression/recommendations communicated to PRIMARY ATTENDING.

(your name, PGY-?)
## Commonly Used Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACU</td>
<td>antenatal care unit</td>
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<tr>
<td>AMS</td>
<td>acute monitoring service</td>
</tr>
<tr>
<td>AVD</td>
<td>assisted vaginal delivery</td>
</tr>
<tr>
<td>BPP</td>
<td>biophysical profile</td>
</tr>
<tr>
<td>CSR</td>
<td>C-section recovery</td>
</tr>
<tr>
<td>CTX</td>
<td>contractions, ceftriaxone</td>
</tr>
<tr>
<td>EBL</td>
<td>estimated blood loss</td>
</tr>
<tr>
<td>EDD</td>
<td>estimated date of delivery</td>
</tr>
<tr>
<td>FHT</td>
<td>fetal heart tones</td>
</tr>
<tr>
<td>FOB</td>
<td>father of baby</td>
</tr>
<tr>
<td>G#P#</td>
<td>gravida/para</td>
</tr>
<tr>
<td>GBS</td>
<td>group B streptococcus</td>
</tr>
<tr>
<td>GDM</td>
<td>gestational diabetes mellitus</td>
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<tr>
<td>GTT</td>
<td>glucose tolerance test</td>
</tr>
<tr>
<td>IOL</td>
<td>induction of labor</td>
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<tr>
<td>IPV</td>
<td>intimate partner violence</td>
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<tr>
<td>IUD</td>
<td>intrauterine device</td>
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<tr>
<td>IUFD</td>
<td>intrauterine fetal demise</td>
</tr>
<tr>
<td>LDR</td>
<td>labor &amp; delivery room</td>
</tr>
<tr>
<td>LEEP</td>
<td>loop electrosurgical excision procedure</td>
</tr>
<tr>
<td>LMP</td>
<td>last menstrual period</td>
</tr>
<tr>
<td>MFM</td>
<td>maternal-fetal medicine</td>
</tr>
<tr>
<td>MOB</td>
<td>mother of baby</td>
</tr>
<tr>
<td>NICU</td>
<td>neonatal intensive care unit</td>
</tr>
<tr>
<td>OCP</td>
<td>oral contraceptive pill</td>
</tr>
<tr>
<td>OGCC</td>
<td>Obstetrics &amp; Gynecology Care Clinic</td>
</tr>
<tr>
<td>PACU</td>
<td>post-anesthesia care unit</td>
</tr>
<tr>
<td>PCS</td>
<td>primary C-section</td>
</tr>
<tr>
<td>PEC</td>
<td>pre-eclampsia</td>
</tr>
<tr>
<td>PIH</td>
<td>pregnancy-induced hypertension</td>
</tr>
<tr>
<td>POC</td>
<td>products of conception</td>
</tr>
<tr>
<td>POD #</td>
<td>post-operative day #</td>
</tr>
<tr>
<td>PPD #</td>
<td>postpartum day #</td>
</tr>
<tr>
<td>PPTL</td>
<td>postpartum tubal ligation</td>
</tr>
<tr>
<td>PPROM</td>
<td>preterm premature rupture of membranes</td>
</tr>
<tr>
<td>PROM</td>
<td>premature rupture of membranes</td>
</tr>
<tr>
<td>RCS</td>
<td>repeat C-section</td>
</tr>
<tr>
<td>REI</td>
<td>reproductive endocrinology &amp; infertility</td>
</tr>
<tr>
<td>SS</td>
<td>social services</td>
</tr>
<tr>
<td>SVD</td>
<td>spontaneous vaginal delivery</td>
</tr>
<tr>
<td>TOF</td>
<td>tetralogy of Fallot</td>
</tr>
<tr>
<td>UDS</td>
<td>urine drug screen</td>
</tr>
<tr>
<td>US</td>
<td>ultrasound</td>
</tr>
<tr>
<td>VAVD</td>
<td>vacuum-assisted vaginal delivery</td>
</tr>
<tr>
<td>VBAC</td>
<td>vaginal birth after cesarean</td>
</tr>
<tr>
<td>WIH</td>
<td>Women &amp; Infants Hospital</td>
</tr>
<tr>
<td>WBH</td>
<td>Women’s Behavioral Health</td>
</tr>
</tbody>
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Updated 6/26/19
Resources on Medications in Pregnancy and Breastfeeding
Through Care New England:
For side effects and risks for all medications in pregnancy and breastfeeding: https://home.carenewengland.org/micromedex2/, DanaInfo=www.thomsonhc.com+librarian (OR link through Micromedex on the Carenet Library page) and do a search for the medication in question.
Scroll to the bottom of the results list and click on the "reproductive risk" section.
We usually use the "Reprotox" reference of the choices given. Click on that and it will have a recent summary of all known info on the drug in pregnancy and breastfeeding. It also covers some herbs and supplements. When appropriate, you can often print a copy and give it to the patient.

For trainees who want access to Reprotox from home or sites without access, you can get a free subscription: www.reprotox.org

Another helpful resource for patient friendly information/printouts on medications is www.mothertobaby.org

Other Resources:
Toxicology and Teratology:
Motherisk www.motherisk.org/prof/index.jsp
Organization of Teratology Information Specialists - OTIS - www.mothertobaby.org

Postpartum Psychiatric Disorders:
MedEdPPD - www.mededppd.org Professional education, a peer-reviewed site
Postpartum Support International - www.postpartum.net

Addiction and Pregnancy:
National Advocates for Pregnant Women - www.advocatesforpregnantwomen.org
Guttmacher Institute - www.guttmacher.org/sections/pregnancy.php
Drug Policy Alliance Lindesmith Library - www.drugpolicy.org/library/

Smoking in Pregnancy in Rhode Island:
Quitworks RI: A free, evidence-based stop-smoking service developed by the Rhode Island Department of Health.
http://quitworksrri.org/ or Email: quitworksriinfo@jsi.com
Telephone: 1-800-TRY-TO-STOP (1-800-879-8678)
Fax: 1-866-560-9113

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