Example Verbiage for Psychiatric Consultant Treatment Recommendations

CoCM Psychiatric Consultants (PC) may want to include standard verbiage in their treatment recommendations to indicate that these recommendations are regarding patients for whom they are not the primary prescriber. The following is an example of verbiage that may be included in PC documentation (via the University of Washington).

> "The above treatment considerations and suggestions are based on consultations with the patient's care manager and a review of information available in the care management tracking system. I have not personally examined the patient. All recommendations should be implemented with consideration of the patient's relevant prior history and current clinical status. Please feel free to call me with any questions about the care of this patient."

It is encouraged to include the Psychiatric Consultant's name and contact information (e.g., pager number, telephone number) to facilitate open communication about treatment recommendations.

Documentation Items

- Write your note, ensuring you include:
  - An introduction
  - Brief summary
  - Treatment recommendations, including possible side effects and a titration schedule, as needed
    - Include this near the top, for ease in review.
  - Patient background and decision-making
  - Recent outcome measure scores
  - Safety concerns
  - Substance use concerns
  - Previous medication trials
  - An attestation
  - Name and contact information
- Consider including:
  - Greeting the PCP by name
  - Education as to why you're making this particular recommendation
  - As appropriate, more than one option in your recommendation to allow the PCP and/or patient to choose (e.g. a choice between two medications, if appropriate)
- When done, click "Accept."

Documentation Example: Psychiatric Consultant to PCP

Hello [PCP NAME],

I had the opportunity to discuss your patient, [NAME], with the clinic's behavioral health care manager, [NAME], in our weekly clinical meeting. Please see below for my recommendations. Please feel free to contact me with any further questions.

Brief Summary
24-year-old woman with a history of anxiety, depression, and a history of physical abuse. Patient continues to have sleep problems, worry, and panic symptoms.

Recommendations

1. After about 4-6 weeks of Zoloft 50mg PO Qday, may further increase dose to 100mg PO Qday. Can further titrate dose by 50mg every 4-6 weeks if mood and anxiety symptoms persist. Max dose is typically 200mg PO Qday.
2. May increase melatonin to 6mg-9mg PO QHS first to target sleep difficulties. Of note, there is little data about melatonin in general. However, the max dose typically is about 9mg. If melatonin is not helpful, may consider trazodone 50-100mg PO QHS to target sleep difficulties.

Behavioral health care manager [NAME] will continue to follow patient for symptom monitoring and support.

Possible Side Effects
GI side effects (including nausea, vomiting, diarrhea), initial increase in anxiety (especially in individuals with an anxiety disorder), sexual dysfunction, headaches, or insomnia. Inform patient to notify clinician immediately if any unusual changes in mood or behavior.

Scores
PHQ-9: 22
GAD-7: 19

Background and Decision-Making
See above. Further titration of SSRI may be beneficial as described above.

Safety Concerns
Passive SI. No prior attempts. No acute safety concerns.

Substance Use Concerns
None

Previous Medication Trials

Fluoxetine up to 20mg PO Qday – caused "numbness" and memory concerns.

The above treatment considerations and suggestions are based on consultation with the care manager and a review of information available in the chart. I have not personally examined the patient. All recommendations should be implemented with consideration of the patient's relevant prior history and current clinical status. Please feel free to call me with any questions about the care of this patient.

[PSYCHIATRIC CONSULTANT NAME]
Pager: 55555