

Discharge Summaries in Psychiatry

Approach: Do a good job framing/hooking this topic for students: show that if they can use your feedback and practice to become clear interprofessional writers, this will benefit them no matter what their field. Then launch into the content below on the board. Feel free to modify per your personal preferences. End by setting an appointment with your students to review a discharge summary on a patient they are following. Feel free to pass out this sheet to students for reference.

Hook: All the hard work you did during the admission: if it doesn't get condensed and communicated, then the outpatient providers will not have a record and will not likely find out what happened. Your succinct discharge summary is pivotal to ensure excellent patient care. Inter-provider communication is important in every field: use this rotation to expand your skills in this area.

A suggested discharge summary outline

One liner: 35M PPH, SAs/SIB, relevant PMH who presents with ... i/s/o ...

#Primary psychiatric problem

- Pertinent positives from the **initial** presentations:
 - Succinct summary of what led to the hospitalization
 - Succinct summary of any pertinent positive historical info
 - e.g. soc hx: currently undomiciled; fam hx: suicide/schizophrenia
- Summary of pert. positives on initial **MSE, diagnostics, and initial on unit observations.**
 - eg "On exam, pt was malodorous, had SI with plan, and CAH with voices to suicide"
 - "Toxicology screen was negative. MOCA was 25/30 w/ no deficits in attention."
 - "In first two days, pt was noted by RN staff to sleep 1-2 hours per night."
 - **KEEP IT BRIEF!!!** Only pertinent positives
- Preliminary **impression** and relevant differential diagnosis
 - eg "Based on above, this was consistent w/ schizophrenia exacerbation."
 - If you are relatively certain of your diagnosis, no need to include a differential
 - eg 15th schizophrenia exacerbation due to med non-adherence
 - If you do include a differential, keep it brief (1-2) and to the point
- **Intervention and Change on Mental Status Exam**
 - What you did: "We started and titrated Risperdal to 6mg HS and started RUL ECT to address refractory psychosis."
 - Then, what you saw: "With the above, the pt's sleep improved, suicidality resolved, and pt reported decrease in frequency/severity of AH."
 - **Adverse effects (if any):** "..., which they tolerated without muscle stiffness/orthostasis.
- **Plan** going forward
 - "Pt has f/u appt with outpatient provider and refused offer of PHP."

#Substance: Any active problems. Treatments accepted. Outpatient follow up plan.

#Medical Problems: Like on medicine, list out problem-based medical plan if active issues present.