



(808) 930-6001 Option #2 | (808) 930-6007

### **General Comments Regarding Outpatient Psychiatry Clinic Referrals:**

We have two providers offering outpatient medical management of patients with psychiatric conditions. APRNs Michelle Imlay and Kelsy Streeter are Psychiatric Mental Health Nurse Practitioners who care for patients age 12 and above. They offer services for patients island-wide, and as a result we are trying to be efficient with our clinic visits. Routine referrals may not be seen for one month or more.

All referrals require a completed referral sheet, demographics page, current medication list and most recent clinic notes reflecting the need for referral. Please send previous psychiatry records if seen by another provider and hospital discharge summary if recently treated in the inpatient setting.

All STAT requests require a peer-to-peer conversation.

### **Diagnosis-Specific Recommendations for Commonly-Referred Conditions**

#### **Anxiety:**

- Evaluate with GAD-7\*
- Consider trial of SSRI and hydroxyzine PRN
- **Send referral** if GAD 7\* > 10 after at least three weeks on non-controlled medication
- Avoid daily benzodiazepine

#### **Depression:**

- Evaluate with PHQ-9\*
- Evaluate for history of manic symptoms (consider Mood Disorder Questionnaire\*) or family history of Bipolar Disorder/Manic Depression
- Consider trial of SSRI if no concerns for Bipolar Disorder
- **Send referral** if PHQ-9\* >10 or <50% decrease after 4-6 weeks medication trial

#### **Mania/Hypomania/Bipolar Disorder: send referral**

- Evaluate with Mood Disorder Questionnaire\*
- Assess for stability: to ED if unstable

#### **Schizophrenia/Other Psychotic Disorders: send referral**

- Assess for stability: to ED if unstable
- Evaluate using DSM-5-TR diagnostic criteria\*

#### **PTSD/Trauma reaction: send referral**

- Evaluate with PTSD Checklist for DSM-5 (PCL-5)\*
- May trial melatonin, mirtazapine or trazodone
- Avoid benzodiazepines

#### **Personality Disorders: refer to Behavioral Health**

Psychiatry referral if co-morbid mental health disorder or substance abuse

#### **Chronic Insomnia: send referral**

- Please perform sleep study
- Consider trial of melatonin, doxepin, mirtazapine; avoid initiation of benzodiazepines
- Consider additional referral to BH for cognitive behavioral therapy

#### **ADD/ADHD: send referral**

- Evaluate patients age 18 and older with The Adult Self-Report Scale V1.1 (ASRS-V1.1)\*
- Avoid initiation of controlled medications
- Consider neuropsychology referral

#### **Learning Disability:**

- Send referral only if co-occurring behavioral problems
- Consider neuropsychology referral

#### **Autism/Spectrum disorders: send referral if over age 12**

- Consider additional referral to psychologist or Developmental/Behavioral Pediatrician for peds

#### **Eating Disorders: Psychiatry is not first line treatment**

- Anorexia: Recommend medical stabilization, nutritional rehabilitation, and referral for psychotherapy
- Bulimia: Recommend nutritional rehabilitation and psychotherapy. Recommend trial of fluoxetine (not with anorexia)
- Binge Eating Disorder: Recommend psychotherapy first line. Consider trial of SSRI if no concerns for Bipolar Disorder

\*patient evaluation tools available on UpToDate