
Inpatient Psychiatry: Organizing your Day Cheatsheet

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I. Pre-Interview Planning

- Get a list of your patients; identify or organize them by new workups /discharges / continuing pts
- Identify staff of the day--charge nurse; nurse and other staff (eg, Mental Health Aides, nursing attendants) assigned to your patients
- Briefly review past 24 hour clinical data on your patients—either via the medical record or verbally from nursing (target symptoms/behaviors; legal; medical; prns needed; sleep; participation in unit activities; visible, social vs isolating)
- If you have any morning discharges, take care of the required medical record work, especially writing the discharge order and sending prescriptions to pharmacies or printing out scripts
- Check the schedule of court hearings to see if any of your patients are listed

II. Patient Interviews

- See patients in the following order:
 1. Patients who are discharging today.
 2. Continuing patients with active behavioral issues, such as those who have been agitated, are at risk for restraints, are having significant side effects, etc.
 3. New patients. They may have been waiting since yesterday to see you, and nursing will also be happy once you've answered questions that they have been forced to try to field in the interim.
 4. Continuing patients with insurance policies requiring active utilization review (eg., "managed care" policies.) Whoever is in charge of Utilization Review will need information from you early in order to justify authorization for more hospital days.
 5. Continuing patients on Medicare/Medicaid or other non-managed insurance policies.
- For each patient on your list, create a mini checklist. The items below are applicable for most patients in typical inpatient settings, but you will likely add and subtract from this list depending on the patient's particular needs on a given day.
 - Interview patient
 - Check labs, order new labs as needed (eg if the patient refused a pregnancy test or urine drug screen on admission but is now willing)
 - Adjust meds
 - Contact collaterals
 - Review legal status
 - Document in medical record

III. Team meeting

- Scheduling of team meetings varies widely in different hospitals (see separate fact sheet on Team Meetings). Typically, there will be a brief morning check in with nursing and social work staff. The best way to work these meetings into your schedule is to arrive at least an hour early to take care of pressing issues and do brief interviews with "problem patients" before these issues are brought up in the team discussion.
- If there is an organized case management/utilization review staff member on your unit, here are the things they will need to know to get more days approved by insurance companies:
 - Patient still has suicidal ideation (and there's no feasible suicidal risk management plan)
 - Has ongoing symptoms of psychosis, such as hallucinations or disorganized speech
 - Patient has displayed self-injurious or assaultive behavior in the last 24 hours

- Needs to be monitored for their / others' safety
- Meds are in the process of being adjusted
- Discuss discharge options and strategies with social worker/discharge coordinator

IV. Court hearings

- Before the hearing begins, review information that may come up, like whether the patient has refused any scheduled medications or has been administered medications involuntarily
- Both you and your patient will need to log into the video-conference. Your patient might be in the same room with you or in another room, with a staff member assisting them to sign in.

V. Documentation/Loose ends (Typically done in the afternoon)

- Complete patient interviews (or return to select patients you've already interviewed to get to know them better)
- Contact informants (outpatient providers, family members etc....)
- Documentation (finish progress notes, dictations)
- Self-education (read up on some aspect of at least one patient per day)