

## **THINGS TO THINK ABOUT BEFORE REVIEWING A CASE WITH STAFF**

### **DIAGNOSIS AND COMORBIDITIES**

- Is this diagnosis based on historical diagnosis or presentation today?
- Is the patient currently intoxicated?
- How much is substance abuse contributing to this picture?
  - Make note of this on Axis III if appropriate
- Are there risk factors for metabolic syndrome?
- Have you screened for medical co-morbidity?
- Have you checked the DSM criteria for the multi-axial diagnoses?

### **COLLATERAL**

- Have you reviewed past history on Chart Max/Treat/Order Management?
- Have you spoken to any Family/Close contacts/Community supports/Available professionals/sent requests to other hospitals for details of past care

### **SAFETY**

- Does this patient have a past history of violence/aggressive behavior/agitation?
- Is the patient currently agitated?
- Have you put any de-escalation or preventative procedures in place?
- What are the risk factors for suicide in this patient?
- Does this patient require medical clearance?
- Reporting issues:
  - Children at risk - CAS
  - Driving risk - Ministry of transportation
  - Consider duty to warn

### **LEGAL**

- Status
  - Voluntary
  - Involuntary
  - Review Board (Forensic)
- Consents - completed/necessary?
  - For treatment
  - For disclosure of information

### **DISPOSITION**

#### **If Admitting:**

- What are your goals of admission?
- What is the rationale for admission?
- In cases of intoxication: do you plan to reassess the patient before rounds?
- Have you put any de-escalation or preventative procedures in place?
- Is there evidence of metabolic syndrome?

#### **If Discharging:**

- What follow-up will there be for this discharged patient?
- Have you informed their primary care giver/psychiatrist about the ER visit and disposition/plan?
- Have you obtained consent? Have you documented both these?