Acute Psychosis Discharge Summary Tool

Document Purpose: This document serves as a checklist tool of information that could be consolidated and communicated to the community or outpatient care setting.

Patient Name					
Date					
Antipsychotic	Capable				
Treatment Capacity	🗌 Incapable	e, as per local co	apacity definition/re	equirements	
Assessment	Further treatment capacity assessment required:				
Substitute Decision					
Maker					
Residual Symptoms at Discharge					
Critical Elements of Hospitalization					
Risk Assessments					
Assessed for suicide ri Acute Chronic		risk of suicide erate risk risk	Assessed for risk of Acute Chronic	violence ¹ :	High risk of violence Moderate risk Low risk
Psychiatric Symptoms	s Assessment T	ools			
Considering your tota time of discharge? Se			oarticular population	n, how ment	ally ill is the patient at the
Clinical Global Impre	ssion-(CGI)	Baseline (Date)	Current (Da	te)
CGI-Severity (CGI-S)	Scale ² :				
CGI-Improvement (C	GI-I) Scale ² :				
Other (e.g. SOFAS)	, whodas)				
Health Information					
Current Antipsychotic					
See guidance for additi	ional informatior	n regarding antips	ychotic medication g	uidance.	
Antipsychotic Medication During Admission					
Previous Antipsychotic Trials					
Potential Barriers to B					

rolennar banners to Recovery
Document any relevant factors that may impact success for this patient, which could include:
Social and Environmental Factors
Patient Factors
External Factors



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Primary Care Physician	
Discharge Recommendations:	
Follow Up Recommendations:	
Recommended Monitoring:	

Guidance

Transitions from acute care are important events that can introduce the risk of breakdowns in a person's care and of crucial information being lost or miscommunicated. It is important for people with psychosis who are leaving acute care to have information organised so that it can be readily shared between their providers in acute care and those in the community.¹ It is recommended that a follow-up appointment takes place within 7 days of discharge from inpatient setting.⁶

Guidelines recommend that the care plan includes signs of relapse, observation requirements associated with risk of suicide, individualized recovery goals, who to contact for support, where to go in a crisis, housing arrangements, budgeting and benefits, handling personal budgets, social and support networks, educational, work-related and social activities, details of medication, treatment and support plan, physical health needs, (including health promotion and information about contraception), and the date of review for the care plan.⁷

It is recommended that preference be given to atypical antipsychotics in the treatment of early psychosis patients³, and that LAI antipsychotic therapy is offered during all phases of psychotic disorders, including the early phase.^{4, 5} To address high rates of partial/non-adherence in early psychosis patients, preference is given to medications available in a long acting formulation.⁵ If CGI-I is 1, or 2, consider psychosocial interventions, including treatment for substance use disorder, and consider LAIs for long-term stabilization. If CGI-I is >2, consider psychosocial interventions, including treatment for substance use disorder consider the substance use disorder consider consider consider consider change of medication, or consider LAIs for adherence issues. Clozapine should be considered for patients who have failed to respond to two previous adequate trials of antipsychotic medications.^{6, 5}

Resources

The following resources are available on the epicanada.org website:

- Antipsychotic Treatment Selection Tool
- OPTIMA Tool for Discussing LAIs with Patients
- Tools for Monitoring Antipsychotic Side Effects (TMAS)
- The Scale for Early Psychosis Relapse Risk Assessment (SEPRRA)
- <u>iHope Recently Diagnosed Discussion Tool</u>
- Order Sets, available at http://epicanada.org/resource/clinical-order-sets/
 - Initiation of Treatment for Early Phase Psychotic Disorders Order Set
 - Optimization of Treatment for Early Phase Psychotic Disorders Order Set
 - Clozapine Initiation Order Set
 - o Cannabis and Early Phase Psychosis

References

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- 3. Canadian Psychiatric Association. Clinical practice guidelines. Treatment of schizophrenia. Can J Psychiatry. 2005;50(13 Suppl 1):7S-57S.
- Addington D, Pringsheim T, Abidi S, et al. Canadian Schizophrenia Guidelines. Can J Psychiatry. 2017;62(9):586-683.
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7. Ongoing care for adults with psychosis or schizophrenia - NICE Pathways. http://pathways.nice.org.uk/pathways/psychosis-and-schizophrenia/ongoingcare-for-adults-with-psychosis-or-schizophrenia#content=view-node:nodes-interventions-for-promoting-recovery. Accessed October 11, 2017.



http://www.hqontario.ca/Evidence-to-Improve-Care/Quality-Standards/View-all-Quality-Standards/Schizophrenia/Resources. Accessed September 28, 2017.