

VA PSYCH QUICK REFERENCE CARD 2008-2009

Main VA	214-742-8387	Hospitalist Pgr	214-759-0234
MH Access	70806	Code Blue	911
3N	71610 / 71611	Lab	70666 / 70714
3S	70786 / 70788	Telecare RN	214-742-8386
5N	70790	Security	70411
Gold Clinic	70835	Escort	40134 / 40135
Copper Clinic	70912 / 72122	Copper Res	70869
Plat Clinic	70837 / 75071	Plat Res	70808
Silver Clinic	70779	Silver Res	70450
Kathy Foley	70778	AOD	71449 / 71447
Sol Jewell	76046	Shanette	70899
ER	71975 / 71976	ER MH Office	72229
Nat Crisis Line	1-800-273-TALK (8255)		
Pharmacy	76651 / 70556 / 70586		

Access the VA homepage (<http://vhantxiis.v17.med.va.gov>) for additional phone directories and call rosters for each service.

Dialing from outside

For 7xxxx numbers, dial 214-857-xxxx. 4xxxx cannot be dialed from outside. Call Main VA# or 3N and ask them to transfer you.

Where is the call room?

- Clinical building (where the ER is), elevators to 5th floor
- Go towards windows, turn left towards TICU
- Go all the way to the 2nd to last hallway (with the carpeting) and turn left (should see call rooms now)
- Ours is at the end on the left: 5B-326. Code is 413.

Discharges from the ER

- Must see any patient before discharging them from the ER (or boarding them) and call the attending
- Must do SI assessment for every pt you see
- MH History if not done in the past year (or if pt is new to MH)

Boarding a patient overnight to go to clinic in AM

- Cannot be agitated, intoxicated, suicidal, acutely psychotic
- Pt takes own meds and gets no nursing care
- Go to AOD's office, which is right outside the ER, and ask if there are beds available, and they will board your patient.

Filing an OPC after hours

- Take the completed OPC to the AOD to get it notarized
- Use your key to get into the MH office and drop it in the folder hanging on the wall above the receptionist's desk.
- Enter "OPC in progress" order in CPRS

ETOH intoxication/withdrawal

- Accept for admission only if labs and vitals are stable!
- Ask ER to give IV fluids before sending up to floor.
- Order CIWA, MVI, Thiamine 100mg + Folate 1 mg QD x3
- Can d/c mild w/d from ER with Tegretol 200 mg QID x 8 days if LFTs < 2x normal (otherwise use benzos) and refer to MH Access.

Opiate withdrawal

- Methadone can only be initiated during business hours, and you may tell patient to come back later, if otherwise stable.
- If admitted: clonidine 0.1 mg TID for HTN, Bentyl for abdominal cramps, and Hydroxyzine 50 mg qhs for sleep.

Miscellaneous tips

- Do not admit anyone from the ER until you have reviewed all of the labs and vitals yourself.
- Transfers should go through the attending.
- 5N patients should be sent to ER for serious medical problems
- Don't forget the cafeteria is closed at night, so bring food!

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Remember: ranges are not allowed when writing prn orders

Constipation: Colace 100mg po bid Senna ii PO daily	Miralax 17g po daily Fleets enema Mag citrate
Pain: Tylenol 650mg q4-6 prn (NTE 4g/24hrs) Opiates: Lortab 5-10/500 q4, Norco 5/325 po q4-6, Percocet 5-10/325mg po q4 prn (NTE 4g Tylenol/24hrs) Ibuprofen 200-800 po tid-qid prn Naproxen 250-500mg po bid prn Etodolac 200-400mg po bid-tid Tramadol 50-100 mg po q4-6 prn (caution: lowers SZ threshold)	
Nausea: Phenergan 12.5-25mg PO/IM/PR q4-6 (best to give IM so they don't throw it up, caution in elderly) Zofran 4mg IV/IM x1 (can use Q 8H PRN N/V)	
Cough: Guaiatuss 10ml po q4 prn	
Sleep: Trazodone 50-100mg po qhs prn Restoril 15-30mg po qhs prn	
Elevated BP: Clonidine 0.1-0.2mg PO (be careful of rebound) Hydralazine 10mg PO Call medicine if still elevated in 1hr and pt symptomatic.	
Chest Pain: Evaluate pt for cardiac vs GI vs anxiety. Call medicine and order: NTG SL 0.4mg Q5min x 3; ASA 325mg chewed, STAT EKG, STAT CK + Troponin Arrhythmias: Get EKG and call medicine for a-fib, SVT or symptomatic brady. Remember ACLS!	
SOB: Check VS, sats, ABG, EKG, pCXR, review PMH If CHF, call medicine, hold fluids, give lasix RT can help: 70405 / 40327	
Hyperglycemia: Make sure to order SSI and d-sticks for diabetic patients < 300 at night: usually don't treat, will come down overnight > 400: give according to SS and recheck	
Fall: Check VS, pulse ox, BS, review meds, examine pt. Check for LOC, obvious injuries (lacs & fx), do neuro exam, additional symptoms (chest pain, SOB) If tachypneic/tachycardic, consider PE	
Fever: Give Tylenol and look for cause: UA, BC x 2, pCXR	
GI Cocktail: Donnatol 10 cc, Maalox 10 cc, viscous lidocaine 10cc	
Mental status change: Check VS, pulse ox, BS, med list, CBC, CMP, UA, CK, CT	
Agitation: Haldol 5-10mg PO/IM q4 prn agitation (NTE 100 mg/24 hrs) Ativan 2mg PO/IM q4 prn agitation (NTE 10 mg/24 hrs) Benadryl 50mg PO/IM q4 prn EPS (NTE 400 mg/24 hrs) Cogentin 2mg IM x1 acute dystonia (may repeat, NTE 6 mg/24 hrs) Zyprexa 10mg PO/IM q4 prn (NTE 30mg/24 hrs) Geodon 10mg IM q2 or 20mg IM q4 (NTE 40mg, caution w/cardio hx)	
Benzo equivalencies:	
Clonazepam 0.25	Chlordiazepoxide 10
Alprazolam 0.5	Oxazepam* 15
Lorazepam* 1	Timazepam* 30
Diazepam 5	* ok in liver failure
BDZ/ETOH W/D on services w/o CIWA: check VS qShift or q4 and order Ativan 2 mg PO/IM q4 prn objective sx of w/d: SBP>160, DBP>100, P>110, T>100, tremor, diaphoresis.	
NMS: suspect if autonomic instability, high CK, delirium, rigidity Tx with lots of IVFs, dantrolene 2mg/kg IV, xfer to medicine	

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SOB: Check VS, sats, ABG, EKG, pCXR, review PMH If CHF, call medicine, hold fluids, give lasix RT can help: 70405 / 40327	
Hyperglycemia: Make sure to order SSI and d-sticks for diabetic patients < 300 at night: usually don't treat, will come down overnight > 400: give according to SS and recheck	
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