

HOW TO DO A DOC-TO-DOC

Reason for Admission

Northstar patients going to Green Oaks have already been approved for admission based on psychiatric criteria. This means that the purpose of the doc-to-doc is not to convince the accepting MD that the patient needs admission, but to verify that the patient is medically stable for transfer. Therefore, in most cases, the docs there want a brief one-liner, not an extensive narrative of the HPI. For example: “27 y/o WF h/o depression, s/p OD on 15 Seroquel after breakup with BF, still suicidal” or “42 y/o BM h/o SCZ off meds, came in with police for throwing rocks at cars, family says he’s setting fires, got meds and seclusion.”

Other sites may want a more extensive history, but it’s often helpful to start with the one-liner and then provide more details if they ask.

Medical Data

You should provide the following. It’s helpful to have looked at these things *before* calling the doc-to-doc, and have it accessible when on the phone.

- Labs, etoh level, urine tox screen
- Last set of vitals
- Imaging results
- PMH
- Any current/acute medical issues
- Current meds
- Whether they got meds/seclusion
- Current mental status (A0x3, agitated vs calm, etc)

Special cases: you might be asked the following in these cases

- Overdoses: what, how much, and when? Drug levels if applicable. Were they cleared by medicine?
- Hanging: what did they do, was there weight put on their neck, if so did trauma clear them and how?
- Alcohol/benzo detox: Recent vitals, have they required ativan, are they alert?

You should NEVER say something is “fine” or “normal” if you don’t know for sure. Say you don’t know or that you need a minute to look it up.

Precautions: let them know if there are any special precautions such as assaultive behavior, hypersexuality, etc.