

SAMPLE AGENDA

Telepsychiatry Initial Visit

Approximate
Amount of Time

- | | | | |
|--|--|---|----------------------|
| <p>> Introduction:</p> <ul style="list-style-type: none"> • Identify everyone in the room at each site • State credentials, location and role (fellow/trainee) in care | <p>2 minutes</p> | | |
| <p>> Explain nature of telepsychiatry visit and confirm consent by patient and parent(s)</p> | <p>5 minutes</p> | | |
| <p>> Conduct & document a psychiatric diagnostic evaluation:</p> <table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Chief complaint (CC) • History of Present Illness (HPI) • Past Psychiatric History (PPHX) • Past medical history (PMH) • Review of Systems (ROS) </td> <td style="vertical-align: top;"> <ul style="list-style-type: none"> • Family History (FH) • Social History (SH) • Mental Status Examination (MSE) • Diagnostic Impression • Treatment Plan/ Recommendations </td> </tr> </table> | <ul style="list-style-type: none"> • Chief complaint (CC) • History of Present Illness (HPI) • Past Psychiatric History (PPHX) • Past medical history (PMH) • Review of Systems (ROS) | <ul style="list-style-type: none"> • Family History (FH) • Social History (SH) • Mental Status Examination (MSE) • Diagnostic Impression • Treatment Plan/ Recommendations | <p>15-25 minutes</p> |
| <ul style="list-style-type: none"> • Chief complaint (CC) • History of Present Illness (HPI) • Past Psychiatric History (PPHX) • Past medical history (PMH) • Review of Systems (ROS) | <ul style="list-style-type: none"> • Family History (FH) • Social History (SH) • Mental Status Examination (MSE) • Diagnostic Impression • Treatment Plan/ Recommendations | | |
| <p>> Provider is verbally told the results and documents vital signs obtained by nursing at patient site</p> <ul style="list-style-type: none"> • Wt, Ht, BP, and pulse | <p>2 minutes</p> | | |
| <p>> Discuss diagnostic impression and provide info about diagnosis and treatment options</p> | <p>10 minutes</p> | | |
| <p>> Complete After Visit section of EMR with any info to be given to the patient and parent(s)</p> <ul style="list-style-type: none"> • Recommend approximate time for the f/u appointment | <p>5 minutes</p> | | |

DEVELOPED BY

Telehealth ROCKS

Rural Outreach for the Children of Kansas

SAMPLE AGENDA

Telepsychiatry Follow-Up Visit

	<u>Approximate Amount of Time</u>
<ul style="list-style-type: none"> ➤ Greet the patient and parent(s) <ul style="list-style-type: none"> • Identify everyone in the room at each site 	2 minutes
<ul style="list-style-type: none"> ➤ Obtain input from school staff or other team members the patient and parent have invited to the visit 	5 minutes
<ul style="list-style-type: none"> ➤ Review interval history since the last visit with parent and patient. Confirm current medications, amount taking and any adverse effects. 	10 minutes
<ul style="list-style-type: none"> ➤ Provider is verbally told the results and documents vital signs obtained by nursing at patient site <ul style="list-style-type: none"> • Wt, Ht, BP, and pulse (Ht only needs to be measured every 6 months) 	2 minutes
<ul style="list-style-type: none"> ➤ Discuss diagnostic impression and recommendations for ongoing treatment plan 	5 minutes
<ul style="list-style-type: none"> ➤ Complete After Visit (AVS) section of EMR with any information to be given to the patient and parent(s) <ul style="list-style-type: none"> • Recommend approximate time for f/u appointment 	5 minutes