

# Psychiatric Observation Protocol

## 1. Initial Calendar Day Visit

- a. Document as usual however remember to include at least:
  - i. 4 HPI elements (symptoms are constant is good for the element of timing)
  - ii. 3 PFSH elements (remember surgical history is considered medical history)
- b. Type “admit to observation status” at bottom of note in a way that is easily visible to the coder

## 2. Subsequent Calendar Day Visit

- a. Open previous day’s provider note and document your note as an addendum
- b. Must type the calendar date
- c. Must document:
  - i. 3 Exam systems
  - ii. Medical decision making
    1. Document studies reviewed however it is not necessary to copy and paste them to this section.
    2. Make a note of patient’s condition. For example, document whether or not they remain suicidal.
    3. Document any new conversation with mental health.

## 3. Disposition

- a. Regardless of patient’s length of stay if the patient has been entered into “observation status” a discharge summary needs to be completed.
- b. To accomplish this open up the previous day/same day note and document as an addendum:
  - i. Type a new and current time stamp including calendar date
  - ii. Document a brief summary of the patients visit. This does not have to be exhaustive. An example:
    1. “Pt here for 2 days and observed. Pt remained suicidal during their observation. Pt evaluated by psychiatry and has been admitted.”

## 4. FAQ’s

- a. If you receive a patient on the same calendar day as their initial visit and your shift goes into the next calendar day simply enter the note on the subsequent calendar day.
- b. If you receive a patient on the same calendar day and your shift does not go into the next calendar day write an addendum as usual to maintain continuity of care however this will not be billed as an observation.
- c. This workflow is the same for all providers.