



health

Department:
Health
PROVINCE OF KWAZULU-NATAL

TOWNHILL HOSPITAL
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NEUROPSYCHIATRY UNIT

NEUROPSYCHIATRY UNIT: CLINICAL SERVICES, ADMISSION CRITERIA AND PROCEEDURE

1. INTRODUCTION

Neuropsychiatry is a specialized branch of psychiatry, which is concerned with the assessment and management of psychiatric and behavioural consequences of structural or electrophysiological brain changes. In order to provide quality specialist/ tertiary level psychiatric services and to align Town Hill Hospital with growing national and international trends, a neuropsychiatric multidisciplinary unit has been established to provide specialized care to this group of patients.

Management of such patients requires skills and knowledge which transverse the traditional boundaries of psychiatry and neurology and require a specialist multidisciplinary approach to management.

2. RATIONALE

To ensure that the unit is utilised appropriately, all referring agents (internal or external) should be familiar with the clinical services policy and admission criteria and procedure. Compliance will ensure a high quality of care, best utilization of specialist services and will minimize medico-legal hazards.

3. NEUROPSYCHIATRY MANAGEMENT CRITERIA

Neuropsychiatry Multidisciplinary Team (MDT)

The assessment and management of neuropsychiatric patients requires the involvement of a MDT. The core members of the MDT are as follows:

- Psychiatry
- Neurology
- Neuropsychology / Psychology
- Occupational Therapy
- Nursing
- Social work
- Additional specialties may be consulted depending on clinical need.

Referral Inclusion criteria

To be regarded as appropriate, the patient must fulfil ONE of the following criteria:

- I. MHCUs who are already formally diagnosed with a neurological disorder (e.g. epilepsy, acquired brain injury, progressive neurological disease, HIV encephalopathy) and presenting with significant cognitive, behavioural or psychiatric problems.
- II. MHCUs who present with neurological symptoms of uncertain aetiology (e.g. dissociative convulsions / 'non-epileptic seizures', other dissociative / conversion disorders, possible factitious disorder, suspected malingering of neurological disorder, etc.) and already fully investigated for known neurological causes.
- III. MHCUs who have already formally diagnosed with a psychiatric disorder by a mental health care provider and reason to believe that the psychiatric disorder might be wholly or partly due to an identifiable structural or electrophysiological disorder.

The patient's problems must also fulfil one of the following criteria in order to justify the involvement of a specialist tertiary neuropsychiatry team:

- I. The diagnosis, assessment or management is complex.
- II. The patient requires specialised assessment (e.g. neuropsychiatry, neuropsychology or specialist multi-disciplinary team assessment).

II. External referrals and admission procedure

- a. All referrals should be made in writing, using the Neuropsychiatry Referral Form and verbally discussed with either the consultant or registrar assigned to the neuropsychiatry unit.
- b. Referral forms are available on the intranet or can be emailed/ faxed to the referring clinician. They should then be emailed (andrea.roux@kznhealth.gov.za) or faxed to THH hospital ("For Attention Neuropsychiatry").
- c. Referral forms need to be filled out in as much detail as possible. In particular the following information is vital:
 - i. Name and details of the MHCU.
 - ii. Name and contact details of the family member, friend or organisation that will be responsible for assisting the MHCU on discharge.
 - iii. Name and contact details of the social worker involved in the MHCU's care.
 - iv. Name and contact details of the referring practitioner.

In order to facilitate holistic, multidisciplinary care; or to prevent unnecessary repetition of work-up or care already under taken; we kindly request that results of all investigations done, and reports from all treating clinicians and mental health practitioners involved accompany the referral form.

- d. The MDT at the Neuropsychiatry-MDT meeting will then discuss all referrals prior to acceptance. Neuropsychiatry MDT meetings will take place weekly (on a Tuesday) and if necessary again on an ad hoc basis on a Friday.
If accepted, planned admission to the neuropsychiatry ward will then take place. Preferably all admissions to the ward will be done on Mondays or Thursdays.
- e. The THH neuropsychiatry ward is run as a semi-open ward, with focus on assessment and cognitive and psychosocial rehabilitation. For this reason MHCUs who are acutely psychotic, suicidal or who represent a danger to themselves or others cannot be accommodated in the ward. Such MHCUs may still be accepted by the Neuropsychiatry MDT but will need to follow admission procedure for THH's acute admission wards and may need to wait for an available bed. The neuropsychiatry doctor helps to ensure that the MHCU is booked on the intake booking system, and to liaise between the referring doctor/ THH in-take doctor. Once a bed is available the MHCU will be admitted by the doctor on in-take for that day, by the usual procedure and once admitted to THH, management will be assumed by the neuropsychiatry-MDT the following working day. It is the responsibility of the admitting doctor to inform the neuropsychiatry doctor of the admission.
- f. In order to ensure a high quality of care and best utilization of specialist services, once acute specialized management has been completed, the MHCU may be referred back to original referring clinical team for step down, longer-term and/or psychosocial management. THH neuropsychiatry ward is not a long term placement facility.

5. OUT-PATIENT SERVICES

I. Town Hill Hospital Neuropsychiatry OPD referral

- a. A Neuropsychiatry outpatient clinic is run at THH OPD on a Wednesday morning, starting at 9h00.
- b. Inclusion and exclusion criteria for the OPD are in keeping with the general neuropsychiatry inclusion and exclusion criteria set out above.
- c. All referrals should be made in writing, using the Neuropsychiatry Referral Form and verbally discussed with either the consultant or registrar assigned to the neuropsychiatry unit. Once discussed the next available date will be allocated by the OPD nursing staff.
- d. Referral forms are available on the intranet or can be emailed/ faxed to the referring clinician on request. Please contact OPD nursing staff should a referral form be need. Referral forms can then be emailed (opd2.townhillhospital@kznhealth.gov.za) or faxed to THH hospital ("For Attention: OPD Neuropsychiatry").

In order to facilitate holistic, multidisciplinary care; or to prevent unnecessary repetition of work-up or care already under taken; we kindly request that results of all investigations done, and reports from all treating clinicians and mental health practitioners involved accompany the referral form.

- e. Due to the extended time that a full, initial neuropsychiatric assessment takes, usually only one new patient will be seen each week. Follow up patients will be booked as per their clinical need and once stabilized all MHCUs will be transferred out to their appropriate local hospital/clinic for continued follow-up and management.

6. COMMUNITY BASED SERVICES (OUT-REACH) AND CONSULTATION LIAISON SERVICES

- I. Tele-health community out-reach
 - a. The Neuropsychiatry MDT will be available to remote sites for consultation using the tele-health facilities.
 - b. Referral and arrangements must be made telephonically with the neuropsychiatry doctor and the referral form can then be faxed or emailed to THH.
 - c. The peripheral doctor must explain the process to the MHCU and consent, for the Tele-health, must be taken from the patient or patient's family.
 - d. Clinical interview and assessment of the MHCU and liaison with the peripheral doctor can then take place utilizing the Tele-health facilities.
- II. Grey's Hospital consultation liaison services.
 - a. The neuropsychiatry registrar is available to see consultation liaison patients at Greys Hospital.
 - b. This service is aimed at Greys Hospital patients who fulfil the neuropsychiatry inclusion criteria and thus require neuropsychiatry MDT input/management but who at this time are not sufficiently stable for transfer to the THH neuropsychiatry ward.
- III. Northdale Hospital / Edendale Hospital consultation liaison services
 - a. Psychiatric services already exist at these hospitals and liaison services will utilise these existing services.
 - b. Referrals follow the procedure for external referrals to the unit, either in- or outpatient as per clinical appropriateness.

Compiled by: -----
Neuropsychiatry MDT by Committee

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TOWN HILL HOSPITAL: NEUROPSYCHIATRY UNIT

REFERRAL FORM

Tel: 033 341 5500, Fax 033 345 5720. Please contact Dr J Brooker/ Neuropsychiatry Registrar

Date of referral: _____

Completed by Dr: _____ Referring Institution: _____ Ward: _____

Contact details: Dr's Cell: _____ Hospital tel: _____

PATIENT NAME: _____

DATE OF BIRTH _____ **AGE** _____ **GENDER: (M / F)** **EDUCATION:** _____

MARITAL STATUS: (S) / (M) / (D) / (W) **OCCUPATION/ SOCIAL GRANT:** _____

Patient's Address: _____ Patient's tel. no: _____

Name and contact details of family/friend who will be responsible for collecting the patient on discharge: _____

Name and contact details of social worker involved _____

Name and contact details of other agencies involved (e.g. Residential home): _____

Please note: THH Neuropsychiatry Unit is a fixed stay ward focusing on assessment, acute management and rehabilitation. We are not a long-term placement facility. Once an MHCU has been maximally managed they will be discharged and may be referred back to your facility if further management is necessary.
All MHCU referred to the unit need to be medically (physically) stable.

PRESENTING HISTORY

If admitted: Date of admission: _____ Admission status: (VOL.) / (ASSIST.) / (INVOL)

RECENT HOSPITAL ADMISSIONS (date/ hospital and reason for admission) _____

NEUROLOGICAL & MEDICAL HISTORY (please include details of treating physician/Rx/hospital no)

MEDICATION (please include all current meds and dosages/ all previous meds and reason for change)

CURRENT MSE _____

PHYSICAL EXAM/ NEUROLOGICAL FINDING _____

INVESTIGATIONS (include reference no/ date and hospital of investigation)

U&E: _____ LFT: _____
FBC: _____
TFT: _____ WR: _____ VDRL: _____
HIV: _____ CD4: _____ (DATE: _____) VL: _____
B12: _____ FOLATE: _____ IRON STUDIES: _____
GLUCOSE: _____ LIPIDS: _____
OTHER : _____
CSF: Chem/ Cytology: _____
Virology/ Other: _____
TB WORK-UP: _____
X-RAYS: _____
CT: _____
MRI: _____
EEG: _____ (ON Rx: N/Y: _____)
OTHER: _____

NEUROPSYCH BEDSIDE TESTS (MMSE/others) _____

MDT ASSESSMENT AND INPUT: (Please included name/ contact details for practitioners involved)

NURSING REPORT: _____
PSYCHOLOGY: _____
OCCUPATIONAL THERAPY: _____
SOCIAL WORKER: _____
NEUROLOGIST/ NEUROSURGEON/ OTHER: _____

Please attach copies of all medical results and reports from the above mentioned practitioners

WORKING DIAGNOSIS: _____

REASON FOR REFFERAL: _____

NAME: _____ SIGNATURE: _____

D/W DR _____ (at THH, Neuropsychiatry Unit)

Date of discussion: _____

For official use: **ACTION:**

