

ORIGINAL QUESTIONS:

Regarding IP psychiatry for pediatric patients with brain injury:

1. Do you have a psychiatrist on staff who is consulted regularly?
 2. Do you have access to a psychiatrist who visits the hospital in person to consult, even if not on staff?
 3. Do you have some other psychiatric access and can you describe it briefly?
 4. If the answers to the above questions were all no, who on your team medically manages injury related behavioral changes (psychosis, depression, agitation, attention, etc.)?
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ORG A

1. Do you have a psychiatrist on staff who is consulted regularly? No, only psychology
2. Do you have access to a psychiatrist who visits the hospital in person to consult, even if not on staff? No, we would need to refer the child out for this.
3. Do you have some other psychiatric access and can you describe it briefly? NA
4. If the answers to the above questions were all no, who on your team medically manages injury related behavioral changes (psychosis, depression, agitation, attention, etc.)? Our clinical psychologist. Typically we don't see children with significant TBI, more on the milder end, so these responses may not be very helpful to you.

ORG B

At ORG B we have a consult Psychiatry Service. They have a Psychiatrist and nurse practitioners who see our patients on the inpatient rehab unit. We do not have an inpatient psych unit though. We also have 2 psychologists and 2 neuropsychologists.

ORG C

1. Do you have a psychiatrist on staff who is consulted regularly? Yes, we consult the Psychiatry department when additional support is needed for our BI patients. We have primary Rehabilitation Psychologists on our team.
2. Do you have access to a psychiatrist who visits the hospital in person to consult, even if not on staff? N/A
3. Do you have some other psychiatric access and can you describe it briefly? N/A
4. If the answers to the above questions were all no, who on your team medically manages injury related behavioral changes (psychosis, depression, agitation, attention, etc.)?

ORG D

Do you have a psychiatrist on staff who is consulted regularly? Yes.

ORG E

We have access to psychiatry since we are adjacent to our acute care hospital, they are able to consult on the patients as needed.

ORG F

The vast majority of patients admitted to our inpatient rehab unit are diagnosed with either traumatic or acquired brain injury and present injury related behavioral changes such as those you describe; (psychosis, depression, agitation, attention, etc.).

We are fortunate to have a neuropsychologist on staff for whom our rehab unit pays a portion of her salary to ensure 30%-50% of her time is allocated to the rehab unit. Even so, we do find it necessary at times to consult psychiatry for additional guidance and assistance as well.

Both psychiatry and neuropsychology subspecialties are staffed by the hospital.

We'd be in a pickle if we didn't have readily available psychiatry and neuropsychology services for our brain injury patient population.

ORG G

We have rehab psychology and neuro psychology on our team. If there is addition psychiatry needs and possible medications needed we consult our inpatient psychiatry team.