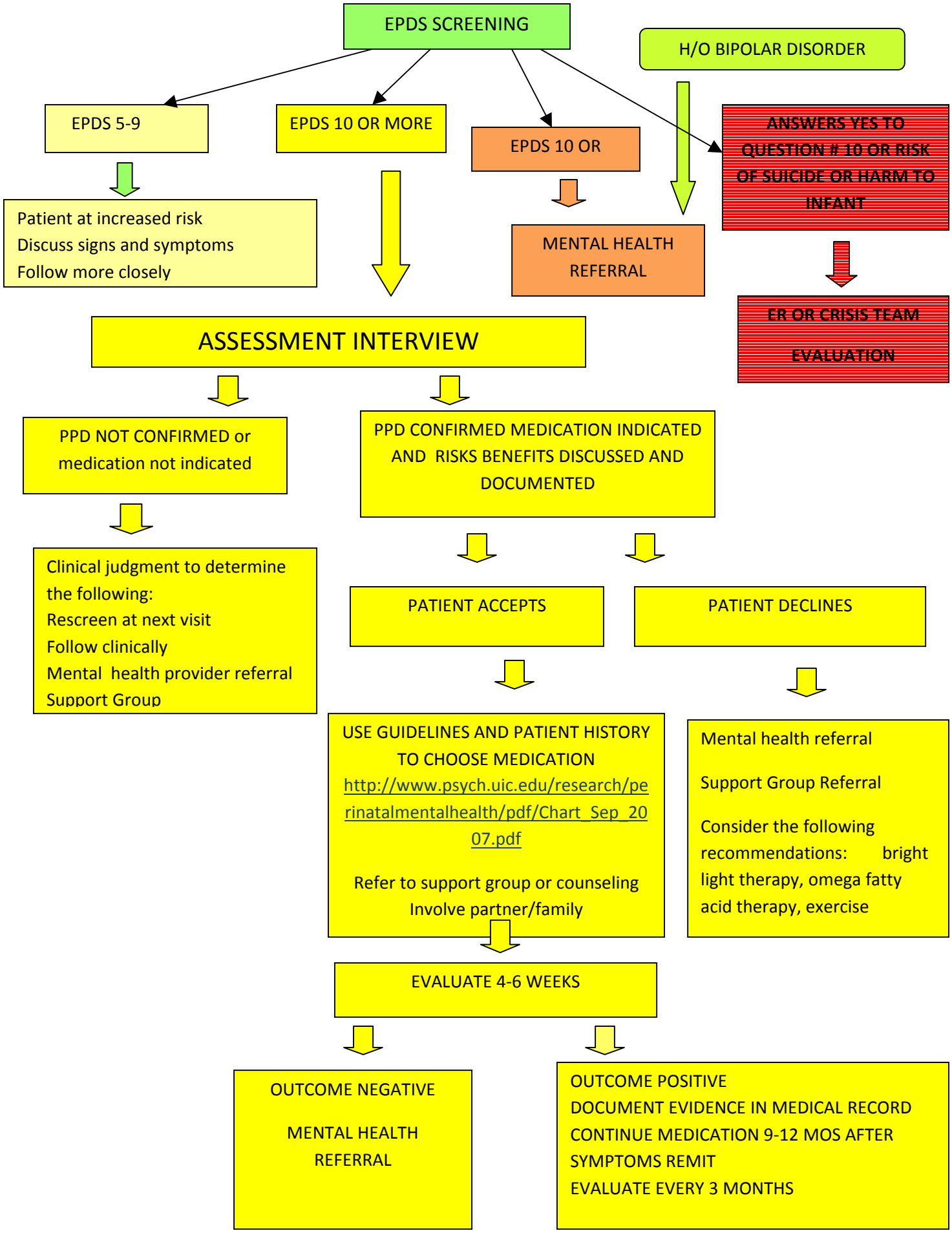
EPDS SCREENING
H/O BIPOLAR DISORDER
EPDS 5-9
EPDS 10 OR MORE
EPDS 10 OR
ANSWERS YES TO QUESTION # 10 OR RISK OF SUICIDE OR HARM TO INFANT
Patient at increased risk
Discuss signs and symptoms
Follow more closely
MENTAL HEALTH REFERRAL
ER OR CRISIS TEAM EVALUATION
ASSESSMENT INTERVIEW
PPD NOT CONFIRMED or medication not indicated
PPD CONFIRMED MEDICATION INDICATED AND RISKS BENEFITS DISCUSSED AND DOCUMENTED
Clinical judgment to determine the following:
Rescreen at next visit
Follow clinically
Mental health provider referral
Support Group
PATIENT ACCEPTS
PATIENT DECLINES
USE GUIDELINES AND PATIENT HISTORY TO CHOOSE MEDICATION
http://www.psych.uic.edu/research/perinatalmentalhealth/pdf/Chart_Sep_2007.pdf
Refer to support group or counseling
Involve partner/family
Mental health referral
Support Group Referral
Consider the following recommendations: bright light therapy, omega fatty acid therapy, exercise
EVALUATE 4-6 WEEKS
OUTCOME NEGATIVE
MENTAL HEALTH REFERRAL
OUTCOME POSITIVE
DOCUMENT EVIDENCE IN MEDICAL RECORD
CONTINUE MEDICATION 9-12 MOS AFTER SYMPTOMS REMIT
EVALUATE EVERY 3 MONTHS