

Community Health
C-O-N-N-E-C-T-I-O-N-S
A Health Care Quality Unit

2008-2009

Psychiatric Resources:
Western PA HCQU Region

Serving the counties of...

Armstrong · Beaver · Butler · Clarion · Crawford
Indiana · Lawrence · Mercer · Venango

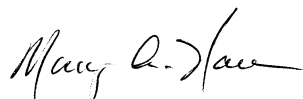
Greetings!

All of us at Community Health Connections are excited to bring you this useful Psychiatric Resources Guide. It's a quick and easy reference that gives you the information you need to locate a psychiatrist convenient to your location and who accepts Medical Assistance. You also will find information about the following:

Medications that often require bloodwork
Neuroleptic Malignant Syndrome
Mini Mental State Exam
AIMS Examination Procedure.

This guide will be updated annually. To check for our latest version, or to view and print this or any of our resources, please visit us at www.hcqu.org. Select *Resources*, and then click on *Download Forms, Manuals, & Fact Sheets*. If you would prefer, just give us a call to order your free copy. We can be reached at 724-283-0990. You are very important to us, and serving you is both our pleasure and privilege.

Kindest Regards,

A handwritten signature in black ink, appearing to read "Mary A. Nau". The signature is fluid and cursive, with a long horizontal stroke at the end.

Mary A. Nau
Director
Community Health Connections
Western PA Health Care Quality Unit (HCQU)

This list is generated by Community Health Connections HCQU as a resource to providers serving those with Intellectual & Developmental Disabilities. The information below is comprehensive, but may not be all inclusive. Providers are responsible for asking questions about specific details related to payment & patient care. Community Health Connections does not recommend or endorse any particular Physician. This information was last updated in December 2008.

County	Psychiatrist	Address	Accepts Medical Assistance?	Phone#
ARMSTRONG	Galonski, Mary Anne	300 S. Jefferson Street, Kittanning	Yes	724-543-2941
	Lekhwani, Manoj	300 S. Jefferson Street, Kittanning	Yes	724-543-2941
	Patil, Mahendra	300 S. Jefferson Street, Kittanning	Yes	724-543-2941
	Hauber, Louis	Med Arts Bldg Rte 8 Kittanning	No	724-543-2941
BEAVER	Nigam, Rajendra	1607 3rd Street, Beaver	Yes	724-728-8411
	Vogel-Scibilia, Suzanne	219 3RD Street, Beaver	Yes	724-775-9150
	Vasslieva, Polina	176 Virginia Avenue, Rochester	Yes	724-775-5208
	Patel, Harshad	2500 Hospital Drive, Aliquippa	Yes	724-857-3570
	Menon, Kanthi	176 Virginia Avenue, Rochester	Yes	724-775-5208
	Vassilenko, Mikhail	176 Virginia Avenue, Rochester	Yes	724-775-5208
	Lafortemoore, Anne	219 3rd Street Beaver, PA	No	724-775-9150
	Kwiat, Michael	1360 Sharon Road, Beaver	No	724-773-0216
	Kang, Jasbir	2500 Hospital Drive, Aliquippa	Yes	724-857-3570
BUTLER	Kreps, Alexandra	216 N. Washington St., Butler	Yes	724-284-4894
	Mukherjee, Koushik	100 Northpointe Circle, Seven Fields	Yes	724-626-8420
	Bhojak, Tejal	901 E. Brady Street, Butler	No	724-282-1627
	Handler, Ira	901 E. Brady Street, Butler	No	724-282-1627
	Soffiatti, John	901 E. Brady Street, Butler	No	724-282-1627
	Simmons, Randon	112 Hillvue Drive, Butler	Yes	724-287-0791
	Mcgorrian, Grace	112 Hillvue Drive, Butler	Yes	724-287-0791
	Mcguire, Patricia	112 Hillvue Drive, Butler	Yes	724-287-0791

County	Psychiatrist	Address	Accepts Medical Assistance?	Phone#
CLARION	Maisonneuve, Joseph	214 South 7th Ave. Clarion	Yes	814-226-1080
	Levai, Marian	2 Hospital Drive, Clarion	Yes	814-226-9545
	Radecki, Thomas	1008 South 5th Ave. Clarion	Yes	814-226-4909
CRAWFORD	Romero, Charles	115 W. Spring Street, Titusville	No	814-677-5318
	Dorta, Humberto	461 Pine Street, Meadville	Yes	814-373-2204
	Somefun, Ayodeji	461 Pine Street, Meadville	Yes	814-373-2204
INDIANA	Gelfand, Steven	850 Hospital Road, Indiana	Yes	724-464-0270
	Daly, Francis	793 Old Rte 119 Hwy N, Indiana	Yes	724-465-5576
	Gatumu, Sarah	850 Hospital Road, Indiana	Yes	724-464-0270
	Hauber, Peter	793 Old Rte 119 Hwy N, Indiana	Yes	724-465-5576
	Hauber, Louis	574 Phladelphia Street, Indiana	Yes	724-349-1177
	Cseh, William	793 Old Rte 119 Hwy N, Indiana	Yes	724-465-5576
LAWRENCE	Human Service Center	130 W. North Street, New Castle	Yes	724-658-3578
	Wilmington Psychiatric and Counseling Center	142 N. Market Street, New Wilmington	No	724-946-0033
	Matta, Mark	2616 Wilmington Road, New Castle	Yes	724-652-2323

County	Psychiatrist	Address	Accepts Medical Assistance?	Phone#
MERCER	Mcfadden, Ronald	456 N. Pitt Street, Mercer	Yes	724-662-7202
	Francis, Gerard	456 N. Pitt Street, Mercer	Yes	724-662-7202
	Santiago, Jose	2201 E. State Street, Hermitage	Yes	724-981-7141
	Patel, Harshad	PO Box 716, Sharon	Yes	724-342-3002
	Vassilenko, Mikhail	302 Green Lake Drive, Sharon	Yes	724-775-5208
	Riggall, Steven	2375 Garden Way, Hermitage	Yes	724-983-5454
	Lockward, Maximo	2375 Garden Way, Hermitage	Yes	724-983-5454
	Ali, Shaffideen	2375 Garden Way, Hermitage	Yes	724-983-5454
	Zulovich, Linda	15 Woodland Center, Grove City	No	724-458-0811
VENANGO	Romero, Charles	815 Grandview Road, Oil City	Yes	814-676-5614
	Francis, Gerard	300 Liberty Street, Franklin	Yes	814-437-5770
	Mcfadden, Ronald	300 Liberty Street, Franklin	Yes	814-437-5770

Dr. Pavasco from Accessible Dental has dental clinics located in Westmoreland County and is opening one in Beaver County soon.

Contact Karen Noah:
412-820-1010 ext 633

Medication List

This list is generated by Community Health Connections HCQU as a resource to providers serving those with Intellectual and Developmental Disabilities. This list includes Medication that requires specific bloodwork to ensure medication is at a therapeutic level and other bloodwork that may be ordered by the physician. The ordering physician should be contacted if the provider has questions about specific bloodwork the person may require. The information below is comprehensive, but may not be all inclusive.

Name	Generic Name	Blood work Specific to Medication	How Often Should Blood work Be Done?	Blood work to be Considered	How Often?
Clozaril	clozapine	Drug levels	AOBP	Bilirubin, CBC, LFTs (monthly) urinalysis, blood glucose level (if diabetic)	During therapy
Depakote	divalproex sodium	Drug levels	AOBP	Blood studies, hepatic studies	AOBP
Digoxin	Lanoxin	Drug levels	AOBP		
Dilantin	phenytoin	Drug levels	After 1 week or as ordered	Blood studies	AOBP
Lithium	Lithonate	Drug levels	Weekly, then every two months.		
Luminal	Phenobarbital	Drug levels	AOBP		
Mysoline	Primidone	Drug levels	AOBP		
Tegretol	carbamazepine	Drug levels	AOBP	Renal, hepatic, and blood studies	Done every 3-6months if on long term
Theophylline		Drug levels	AOBP		

*Medications in **BOLD** can cause Neuroleptic Malignant Syndrome.

****AOBP**: As Ordered By Physician.

Spaces left blank may signify that blood work may not routinely be ordered by the Physician, however please check with prescribing Physician for specific guidelines.



Neuroleptic Malignant Syndrome and Medications

Neuroleptic Malignant Syndrome is a rare but potentially life-threatening reaction to the use of almost any of a group of antipsychotic drugs or major tranquilizers (neuroleptics). These drugs are commonly prescribed for the treatment of schizophrenia and other neurological, mental, or emotional disorders.

The syndrome is characterized by high fever, stiffness of the muscles, altered mental status (paranoid behavior), and autonomic dysfunction. Autonomic dysfunction alludes to defective operations of the components of the involuntary (autonomic) nervous system, leading to wide swings of blood pressure, excessive sweating and excessive secretion of saliva.

Neuroleptic Medications including but not limited to:

Abilify (apripiprazole)	Pipotril (Pipotiazine)
Clozaril (Clozapine)	Quide (Piperacetazine)
Compazine (Prochlorperazine)	Repoise (Butaperazine)
Dropendol	Risperdal (Resperidone)
Etrafon	Serentil (Mesoridazine besylate)
Fluanxol (Flupenthixol)	Serlect (Sertindole)
Geodon/Zeldox (Ziprasidone HCL)	Seroquel (Quetiapine fumarate)
Haldol (Haloperidol)	Sparine (Promazine)
Inapsine (Droperidol)	Stelazine (Trifluoperazine HCL)
Largactil/Thorazine (Chlorpromazine HCL)	Symbyax (Olanzapine/Fluoxetine)
Loxitane/Loxipax/Loxipac (Loxapine)	Taractan (Chlorprothixene)
Mellaril (Thioridazine HCL)	Thorazine (Chlorpromazine)
Moban (Molindone HCL)	Trilafon (Perphenazine)
Motipress/Motival	Vesprin (Triflupromazine)
Navane (Thiothixene)	Zyprexa (Olanzapine)
Nozinan (Methotrimeprazine)	
Orap/Pimozide (Diphenylbutylpiperidine)	
Permitil or Prolixin (Fluphenazine)	
Phenergan (Promethazine HCL)	

Resource: Malignant Hyperthermia Association of the United States www.mhaus.org

AIMS EXAMINATION PROCEDURE

SHOULD BE COMPLETED BEFORE ENTERING THE RATINGS ON THE AIMS FORM.

Either before or after completing the Examination Procedure, observe the patient unobtrusively at rest (eg, in waiting room).

The chair to be used in this examination should be a hard, firm one without arms.

- 1:** Ask the patient whether there is anything in his/her mouth (ie, gum, candy, etc) and if there is to remove it.
- 2:** Ask the patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?
Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If
- 3:** yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.
- 4:** Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position).
- 5:** Ask patient to sit with hands hanging unsupported. If male, between legs, if female, and wearing a dress, hanging over knees. (Observe hands and other body areas).
- 6:** Ask patient to open mouth. (Observe tongue at rest within mouth). Do this twice.
- 7:** Ask patient to protrude tongue. (Observe abnormalities of tongue movement).
- Ask patient to tap thumb, with each finger, as rapidly as possible for 10—15 seconds: separately with right hand, then with left hand. (Observe facial and leg movements).
- * **8:**
- 9:** Flex and extend patient's left and right arms, one at a time. (Note any rigidity and rate it).
- 10:** Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included).
- * **11:** Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth).
- * **12:** Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

* Activated movements.

ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Patient's Name (Please print) _____

Patient's ID Information _____

Examiner's Name _____

CURRENT MEDICATIONS AND TOTAL MG/DAY

Medication #1 _____ Total mg/Day _____ Medication #2 _____ Total mg/Day _____

Examiner's Name _____

INSTRUCTIONS: COMPLETE THE EXAMINATION PROCEDURE BEFORE ENTERING THESE RATINGS.

Facial and oral movements

	None normal	Minimal (may be extreme normal)	Mild	Moderate	Severe
1. Muscles of Facial Expression eg, movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. Lips and Perioral Area Eg, puckering, pouting, smacking	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. Jaw eg, biting, clenching, chewing, mouth opening, lateral movement	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. Tongue Rate only increases in movement both in and out of mouth, NOT inability to sustain movement	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Extremity Movements

5. Upper (arms, wrists, hands, fingers) Include choreic movements (ie rapid, objectively purposeless, irregular, spontaneous); athetoid movements (ie, slow, irregular, complex, serpentine). DO NOT include tremor (ie, repetitive, regular, rhythmic).	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. Lower (legs, knees, ankles, toes) Eg, lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Trunk Movements

7. Neck, shoulders, hips Eg, rocking, twisting, squirming, pelvic gyrations	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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SCORING:

- Score the highest amplitude or frequency in a movement on the 0-4 scale, not the average;
- Score Activated Movements the same way; do not lower those numbers as was proposed at one time;
- A POSITIVE AIMS EXAMINATION IS A SCORE OF 2 IN TWO OR MORE MOVEMENTS or a SCORE OF 3 OR 4 IN A SINGLE MOVEMENT.
- Do not sum the scores: e.g. a patient who has scores 1 in four movements DOES NOT have a positive AIMS score of 4.

Overall Severity

8. Severity of abnormal movements	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
9. Incapacitation due to abnormal movements	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
10. Patient's awareness of abnormal movements (rate only patient's report)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

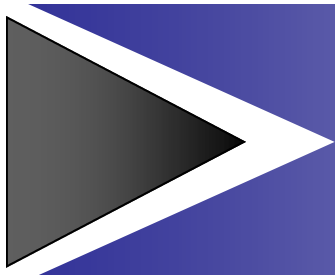
Dental Status

11. Current problems with teeth and/or dentures?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Does patient usually wear dentures?	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Examiner's Signature _____

Next Exam Date _____



try this:

from The Hartford Institute for Geriatric Nursing

**Best Practices in Nursing
Care to Older Adults**

Issue Number 3, January 1999

Series Editor: Meredith Wallace, PhD, RN, MSN, CS

The Mini Mental State Examination (MMSE)

By: Lenore Kurlowicz, PhD, RN, CS and Meredith Wallace, PhD, RN, MSN

WHY: Cognitive impairment is no longer considered a normal and inevitable change of aging. Although older adults are at higher risk than the rest of the population, changes in cognitive function often call for prompt and aggressive action. In older patients, cognitive functioning is especially likely to decline during illness or injury. The nurses' assessment of an older adult's cognitive status is instrumental in identifying early changes in physiological status, ability to learn, and evaluating responses to treatment.

BEST TOOL: The Mini Mental State Examination (MMSE) is a tool that can be used to systematically and thoroughly assess mental status. It is an 11-question measure that tests five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. The maximum score is 30. A score of 23 or lower is indicative of cognitive impairment. The MMSE takes only 5-10 minutes to administer and is therefore practical to use repeatedly and routinely.

TARGET POPULATION: The MMSE is effective as a screening tool for cognitive impairment with older, community dwelling, hospitalized and institutionalized adults. Assessment of an older adult's cognitive function is best achieved when it is done routinely, systematically and thoroughly.

VALIDITY/RELIABILITY: Since its creation in 1975, the MMSE has been validated and extensively used in both clinical practice and research.

STRENGTHS AND LIMITATIONS: The MMSE is effective as a screening instrument to separate patients with cognitive impairment from those without it. In addition, when used repeatedly the instrument is able to measure changes in cognitive status that may benefit from intervention. However, the tool is not able to diagnose the cause for changes in cognitive function and should not replace a complete clinical assessment of mental status. In addition, the instrument relies heavily on verbal response and reading and writing. Therefore, patients that are hearing and visually impaired, intubated, have low English literacy, or those with other communication disorders may perform poorly even when cognitively intact.

MORE ON THE TOPIC:

Folstein, M., Folstein, S.E., McHugh, P.R. (1975). "Mini-Mental State" a Practical Method for Grading the Cognitive State of Patients for the Clinician. *Journal of Psychiatric Research*, 12(3); 189-198.

Foreman, M.D., Grabowski, R. (1992). Diagnostic Dilemma: Cognitive Impairment in the Elderly. *Journal of Gerontological Nursing*, 18; 5-12.

Foreman, M.D., Fletcher, K., Mion, L.C., & Simon, L. (1996). Assessing Cognitive Function. *Geriatric Nursing*, 17; 228-233.

The Mini-Mental State Exam

Patient _____ Examiner _____ Date _____

Maximum

Score

5

()

Orientation

What is the (year) (season) (date) (month)?

5

()

Where are we (state) (country) (town) (hospital) (floor)?

Registration

Name 3 objects: 1 second to say each. Then ask patient all 3 after you have said them. Give 1 point for each correct answer. The repeat them until he/she learns all 3. Count trials and record.

3

()

Trials _____

Attention and Calculation

Serial 7's. 1 point for each correct answer. Stop after 5 answers. Alternatively spell "world" backwards

5

()

Recall

Ask for the 3 objects repeated above. Give 1 point for each correct answer.

3

()

Language

Name a pencil and watch.

2

()

Repeat the following "No ifs, ands, or buts"

1

()

Follow a 3-stage command:

"Take a paper in your hand, fold it in half, and put it on the floor."

3

()

Read and obey the following: CLOSE YOUR EYES

1

()

Write a sentence.

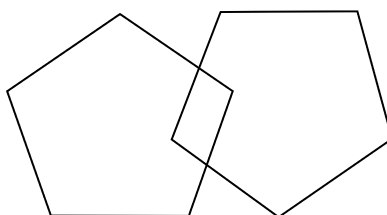
1

()

Copy the design shown.

1

()



_____ Total Score
 ASSESS level of consciousness along continuum _____
 Alert Drowsy Stupor Coma

"MINI-MENTAL STATE." A PRACTICAL METHOD FOR GRADING THE COGNITIVE STATE OF PATIENTS FOR THE CLINICIAN. *Journal of Psychiatric Research*, 12(3): 189-198, 1975. Used by permission.



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**Best Practices in Nursing
 Care to Older Adults**

*A series provided by
 The Hartford Institute for Geriatric Nursing
 (hartford.ign@nyu.edu)*

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