

**Lakeland Care**  
**PROTOCOL ORDERS**  
***Depression Screening & Follow-Up Protocols***

<b>Diagnosis/Chief Complaint</b>	
Adults 18 years or older with high risk for major depressive disorder, including conditions such as: <ul style="list-style-type: none"> <li>• Chronic medical condition, disabling illness, and/or pain</li> <li>• History of mental illness such as bi-polar, anxiety, drug or alcohol abuse</li> <li>• Pregnant or postpartum</li> </ul>	
<b>Lab Evaluations/Results</b>	
<b>Diagnostic Evaluation/Results</b>	
PHQ 2/9 to screen for depression Edinburgh Postnatal Depression Scale screening tool used for postpartum patients	
<b>Plan of Care</b>	
<b style="color: red;">SPECIAL ATTENTION:</b> <ol style="list-style-type: none"> <li>1. Recommend screening all pregnant women at first prenatal visit and postpartum patients within 3 – 8 wks. of discharge using Edinburgh tool as a minimum.</li> <li>2. Administer PHQ 2 screening tool on an annual basis for patients who meet the diagnosis/chief complaint criteria above, and follow with PHQ 9 tool if PHQ 2 score is other than zero.</li> <li>3. Administer PHQ 9 at each visit for all patients who are on a maintenance anti-depressant medication, or have recurrent episode of major depressive disorder.</li> </ol>	
<b>Additional Care</b>	
Referral to counseling services which could include in-practice or community resources if patient scores >9 on PHQ. Consider referral to psychiatry when diagnosis is uncertain or complicated by other psychiatric factors such as bipolar disorder, psychosis, substance abuse and/or psychotherapy/hospitalization is required.	
<b>Approval/Signatures</b>	
<b><i>Physician Section Leader:</i></b>	<b><i>Date:</i></b>
<b><i>Medical Director:</i></b>	<b><i>Date:</i></b>

**Distribution**

All recipients of this protocol must acknowledge their receipt and understanding of the protocol by referring any questions or problems with the protocol within ten days of the issue date to their immediate supervisor. If no questions or problems are communicated, it will be assumed that the protocol has been read and understood. All questions regarding this protocol its implementation may be referred to the Medical Director of **Practice Name**

Original Date: 3-25-15

Reviewed Dates: 3-24-16

Revised Dates: 6-28-18