

PROTOCOL FOR: Behavioral Patients: Care of the Behavioral Patient in the Emergency Department

- POLICY:**
1. Behavioral patients are medically cleared prior to evaluation by psychiatry resident or psychiatric clinician.
 2. Behavioral patients including minors may be evaluated by the E.D. Attending under the following criteria:
 - a. Court order (can't be restricted)
 - b. Physician's Emergency Certificate (PEC)
 - c. PA/APRN/LCSW Emergency Examination Request
 - d. Police Emergency Examination Request
 - e. Patient is assessed by the E.D. Attending to be a danger to self/others or is gravely disabled, requires PEC.
 3. Patients 16 years or older may seek voluntary psychiatric evaluation in the E.D. without parental permission. However, parental permission for all minors (<18 years old) is preferable. For minors (<18 years old) in the care of DCF, permission to treat is obtained from DCF Care-Line: 1-800-842-2288.

DESIRED PATIENT

OUTCOMES: Patient's rights, dignity, well-being and safety will be maintained.

ASSOCIATED

STANDARDS: Hospital Administrative Manual:

#08-045 - Restraints

Nursing Practice Manual:

Restraints: Acute Medical/Surgical (Non-behavioral)

Restraint, Behavioral: Care of the Patient

**CLINICAL
ASSESSMENT AND**

- CARE:**
1. Upon triage, behavioral patients are assessed by using the Psycho-Assessment Tool for the following high-risk behaviors:
 - a. Active suicidal intent
 - b. Homicidal intent
 - c. Aggressive behavior
 - d. Self-harming behavior
 2. All behavioral patients change into hospital clothing and all clothing (including socks and underwear), valuables, medications and potentially dangerous equipment/items are removed from the room. Complete clothing list, label clothing bags and have valuables secured in hospital safe. Place bags in locked drawers in E.D.

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Secure weapons/illegal drugs per HAM - Disposal of Illegal Substances or Suspected Hazardous Items, Suspected Contraband or Weapons. UCONN Police Department will wand patient if needed.

3. Further triage assessment of the behavioral patient includes:
 - a. Risk of elopement
 - b. Impairment from alcohol/drug use
 - c. Current medications including compliance with medication regime
 - d. Allergies
 - e. Past medical/psychiatric history
 - f. Admission vital signs
4. If patient becomes a threat to himself or to others, request assistance from UCHC Police Department, x2121. The emergency #7777 or the "duress alarm" may be activated for rapid response.
5. Assess the need for the patient to be placed on a constant observation or 1:1. A patient in restraints requires 1:1 observation, per restraint policy.

Additional criteria for 1:1 or constant observation include:

- a. Patient is under Police Emergency Examination
- b. Patient is under a PEC
- c. Actively suicidal
- d. Homicidal intent
- e. Aggressive/assaultive behavior
- f. Gravely disabled
- g. Elopement risk
- h. Impaired secondary to alcohol or drugs
- i. Actively psychotic

Request staff for 1:1 or constant observation from Bed Control or Nursing Supervisor. Constant observation (1:4) requires a written order in the E.D. chart, rather than the separate behavioral order sheet. Initiate ED Observation Plan for all observation patients (not part of medical record).

6. Obtain lab work per M.D. order, including blood alcohol level, urine toxicology, urine HCG if indicated and other baseline labs (glucose, TFT's) per MD order.

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7. Provide comfort measures and least restrictive environment to help reduce anxiety.
8. Behavioral patients are not allowed to go outside to smoke. An order form from the E.D. Attending can be obtained for a nicotine substitute.
9. Administer medication for agitation per M.D. only. Assess patients for signs/symptoms of alcohol/drug withdrawal and treat appropriately.
10. Reassess vital signs q 8 hours. Patients in restraints require more frequent vital signs (i.e., at least q 4 hours) per restraint policy. Patients receiving medication for sedation or who are at risk for alcohol/drug withdrawal require more frequent vital signs.
11. After medical clearance evaluation by the E.D. Attending, psychiatry evaluates the patient and determines disposition in consultation with the E.D. Attending (i.e., voluntary admission, involuntary committal, or discharge). Some patients may require further evaluation by Mobile Crisis to determine disposition. The Physician's Emergency Certificate must be signed by a licensed physician.
12. Call Transportation to transport patient to inpatient unit. Consider UCHC Police Department assistance along with transportation for safety issues. ED medical assistant makes transportation arrangements to outside facilities.
13. Extended hold patients: Patient being held in E.D. awaiting disposition by psychiatry must have a completed PEC signed and dated by a licensed physician. The psychiatry service is responsible for writing orders in corroboration with the E.D. Attending on a separate Physician's Order Sheet.
 - a. Psychiatry service also reassesses the behavioral patient every 24 hours, or more often if necessary and writes a Progress Note included in the E.D. record. E.D. Attending reassess the patient as needed. Medications are administered and documented on a MAR. Pharmacy needs to verify orders for extended hold patients.
14. Pediatric patients: 1:1 or constant observation is initiated on pediatric behavioral patients in ED based on assessment by an MD/APRN/PA. Family members are not utilized for observation of behavioral patients.

Consideration is given to age - specific criteria in the care of pediatric behavioral patients to maintain well-being and safety. A same-sex sitter may be indicated.

- DOCUMENTATION:**
1. The following documentation is completed on all behavioral patients:
 - a. Emergency Department Record

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- b. Clothing List
 - c. Psychiatry Crisis Assessment Form
2. The following documents are completed when indicated:
- a. Behavioral Health Restraint/Seclusion Order Sheet
 - b. Behavioral Health Restraint/Seclusion/1:1/CO Flowsheet (Utilize ED Observation Plan)
 - c. Physician's Emergency Certificate (for involuntary patients)
 - d. Consent to Transfer Form (for patients being transferred)
 - e. Transportation Authorization (for patients being transferred)
 - f. Authorization for JDH Paid Ambulance (authorized by either Social Service or Nursing Supervisor)
3. In addition, the following documents are completed on extended hold patients:
- a. Progress Note
 - b. Physician's Order Sheet
 - c. Psychiatry Consultation Form
 - d. Medication Administration Record
4. All written documentation will be scanned into the patient's electronic medical record.

APPROVAL: ED Standards Committee
Nursing Standards Committee

EFFECTIVE DATE: 10/03

REVISION DATES: 10/04, 3/06, 8/07, 9/08, 12/08, 7/09