

PROTOCOL FOR: EMTALA: Stabilization Treatment

PURPOSE: To provide stabilizing treatment to all who have been determined to have an emergent medical condition.

EMTALA OBLIGATION: To provide the necessary stabilizing treatment for an emergency medical condition that is within the capabilities of the staff and facility resources.

PROCEDURE:

1. When the MSE and hospital staff have determined that an emergent medical condition exists, the facility must provide appropriate stabilizing treatment within its capability and capacity.
2. Staff capability refers to the level of care that can be provided and capacity includes whatever the facility customarily does to accommodate patients even in excess of their occupancy limits.
3. A patient is considered stable when the treating physician has determined with reasonable, clinical confidence the emergent medical condition has resolved. A psychiatric emergency is considered stable when the patient is protected and prevented from injuring or harming him/her self or others.
4. The patient must receive medical treatment that will assure within reason that no material deterioration of the condition is likely to result from or occur during the transfer to another facility.
5. All patients with similar medical conditions are to be treated consistently to comply with the MSE and stabilization requirements.
6. The hospital has met the EMTALA requirement if a patient has been examined and that patient or person responsible acting on his/her behalf refuses treatment. The hospital should offer further examination and treatment and inform the patient of the risks and benefits. Careful documentation is necessary.
7. If a patient withdraws the request to be seen and/or examined or demands transfer to another facility or wishes to leave the hospital against medical advice (AMA) after the MSE or prior to being seen by physician, the facility must inform the patient of the risks and benefits and obtain a signed AMA form.

DOCUMENTATION:

1. The Emergency Department record should include the appropriate documentation for the medical screening

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examination, results of any lab & diagnostic testing that was performed, the mental status evaluation if done, physician's notes, impressions, diagnoses and other appropriate staff notes.

2. If the MSE determines that an emergent medical condition exists and treatment to stabilize the condition has been delivered, the medical documentation should include all medications, all services delivered including surgeries (if applicable), the outcome and any further plans.
3. For pregnant women, the Emergency Department records should document the screening examination including the ongoing evaluation of the fetal heart tones, regularity and duration of uterine contractions, fetal position, station, cervical dilation and the status of the membranes (intact, leaking, ruptured).
4. The psychiatric patient ED record should document an assessment of: suicide or homicide attempt or risk, orientation or assaultive behavior that would indicate danger to self and/or others.
5. If the patient refuses further screening or treatment, the ED record must document the refusal and the reasons. Also the documentation should include whether the screening, further examination or treatment were offered prior to the patient's refusal and clearly indicate if the patient was informed of the risks and benefits of the examination and further treatment. All measures taken to obtain a written informed refusal should be documented.
6. If the patient leaves without being seen (LWBS) or leaves against medical advice (AMA), the ED record should document the reasons whenever possible.

END TO EMTALA OBLIGATION: The facility's EMTALA obligation ends when the treating physician or qualified medical person has determined that:

- No emergency medical condition exists.
- An emergency medical condition exists, the patient has been stabilized, treated and discharged.
- An emergency medical condition exists and the individual is appropriately transferred to another facility.
- An emergency medical condition exists and the individual is admitted to the facility for further stabilizing treatment.

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RELATED PROTOCOLS: ED Admin. Protocol: EMTALA: Medical Screening Exam
ED Admin. Protocol: EMTALA: Stabilization Treatment
ED Admin. Protocol: EMTALA: Transfer to Another Facility
ED Admin. Protocol: EMTALA: Central Log

REFERENCES:

CMS Pub. 100-7, State Operations Manual, Appendix V, "Responsibilities of Medicare Participating Hospitals in Emergency Cases".

Social Security Act Sect. 1867, Emergency Medical Treatment and Labor Act (EMTALA)

Code of Federal Regulations, Title 42, Sect. 482.55, Condition of Participation:
Emergency services.

Code of Federal Regulations, Title 42, Sect. 489.24 Special responsibilities of Medicare hospitals in emergency cases.

APPROVAL: Emergency Department Standards Committee
Emergency Department Manager and Medical Director

EFFECTIVE DATE: 3/06

REVIEWED DATES: 9/08