

PROTOCOL FOR: Assessing Patients in ED by Crisis Services

- POLICY:**
1. The Crisis Clinician must respond within 30 minutes of receiving a page from the Emergency Department.
 2. If the Crisis Clinician is unable to evaluate the patient within 30 minutes of the call, he/she will contact the ED staff to provide an estimated of evaluation.
 3. Assessment of patients in the Emergency Department will take priority over routine inpatient admissions. Patients are seen on a first come, first service basis; however, if multiple patients need to be evaluated, a quick overview of all patients is done for the purpose of triage.
 4. All patients evaluated by Crisis Management in the ED must change into hospital gown and their belongings must be locked up. Belongings will be sent to the unit for all patients who are admitted.
 5. All patients evaluated by Crisis Management in the ED are not allowed to leave the unit. If smoking is an issue, a nicotine patch will be offered.
 6. All patients evaluated by Crisis Management in the ED will be evaluated for the need to have 1:1 sitters and/or be placed on Constant Observation.
 7. Medical clearance of all ED patients is the responsibility of ED staff.
 8. A Crisis Assessment Form will be completed on all patients seen by the Crisis Clinician. Elements of the assessment will include current condition, pertinent psychiatric and medical history, relevant lab data, and prior crisis assessments in the Emergency Department. This will be scanned in by the ED unit assistant into the ED electronic record and will accompany the patient to the floor.
 9. Complete a voucher sheet for every patient assessed by Crisis Clinician.
 10. Notify the Crisis Attending prior to discharging from the ED any patient seen by the Crisis Clinician.
 11. Report all critical incidents involving psych patients that occur in the ED to the Crisis Services Attending and complete a *psn* report.

- PROCEDURE:**
1. For Inpatient Admission from Crisis Center:
 - a. Contact Admissions Coordinator at the admission desk (2187). If unavailable, contact Assistant Nurse Manager (2186) or Nurse Manager (4552) during the day time hours to determine if a bed is available. After hours, contact the charge nurse on the appropriate floor (1st floor - 2186, 3rd floor - 3522). Inform receiving location if more than one admission may be possible.

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- b. Once bed availability has been confirmed, complete either a 15 Day Physician's Emergency Certificate (PEC) or a Voluntary Admission Form prior to transferring patient. This form accompanies the patient to the unit.
- c. If patient is alcohol-dependent and at risk for withdrawal, a Five Day Emergency Commitment Application and Physician's Certificate Alcohol or Drug Detoxification may be initiated. Refer to ED Unit Practice Manual Procedure for Commitment for Alcohol and Drug: 5 Day Paper.
- d. Pre-certification for admission must be completed prior to transfer to the floor unless patient is covered by Medicare A & B. Call the Case Manager (2888) for insurance related questions.
 - 1) To facilitate completion of the insurance process, request the patient's insurance card, make a copy of it and call the phone number for mental health precertification, usually found on the back of the card.
 - 2) If the patient does not have his or her health insurance card (or doesn't have insurance) refer to Psychiatry Binder in the ED to determine how to proceed.
- e. Once the patient has been pre-certified for admission, inform the ED charge nurse of diagnosis, receiving unit, attending psychiatrist, and whether the admission is voluntary or PEC.
- f. Written orders and completed database must be provided by the Crisis Clinician.
- g. If no bed available is currently available on the inpatient unit, consult with the unit personnel to determine earliest potential bed availability. Patients may be held in the ED overnight, pending discharges from the inpatient units.
- h. Upon completion of the paperwork for the patient, make a copy of the Crisis Assessment Sheet and leave the copies in the tray for the unit assistant to scan into the ED system.
- i. If the Crisis Clinician leaves the ED for any reason, s/he will inform the ED charge nurse.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 9/07

REVISION DATES: 8/08