

PROTOCOL FOR: Medical Clearance for Psychiatric Patients in the Emergency Department

- POLICY:**
1. The Emergency Department (ED) staff are responsible for medically clearing any psychiatric patient seen in the ED to determine that admission to another hospital service is not warranted.
 2. Patients who need oxygen therapy or IVs cannot be admitted to Psych.
 3. Patients who require telemetry or whose acuity is high due to extreme detoxification symptoms cannot be admitted to any psychiatric floor.
 4. All psychiatric patients will be evaluated to rule out communicable diseases, uncompensated acute or chronic medical conditions, and to determine if an acute medical condition is the primary cause of the psychiatric symptom(s).
 5. Medical clearance for all patients will include appropriate triage, vital signs, review of systems and focused physical exam by ED staff, and any tests or treatment indicated.
 6. If alcohol abuse is known or suspected:
 - a. Complete initial screen, with attention to chronic alcoholism-related conditions: GI bleeding, pancreatitis, cirrhosis, Wernicke's encephalopathy;
 - b. Obtain blood alcohol level (BAL) with routine labs for patients presenting for detoxification. An initial BAL may be required by third-party payors in order to pre-certify patients.
 - c. Determine degree of alcohol tolerance by evaluating BAL and neuropsychiatric signs of intoxication.
 - d. Obtain psychiatric evaluation when acute medical condition has been addressed and there are minimal neuropsychiatric signs of intoxication.
 - e. Obtain a follow-up BAL for any patient:
 - 1) With heavy abuse history or an initial BAL > 100;
 - 2) Who displays both psychiatric symptoms (e.g. suicidality, homicidality, etc.) and signs of intoxication;
 - 3) With known severe, medically complicated withdrawal symptoms.
 - f. Keep any patient with BAL levels > 100 in the ED to monitor for severe withdrawal syndrome requiring treatment.
 7. If substance abuse is known or suspected, or patient has overdosed:
 - a. Screen for type, extent and duration of abuse for opiates, cocaine, benzodiazepines, barbiturates, alcohol.
 - b. evaluate patient for conditions related to chronic substance abuse (e.g., coagulopathies, immunosuppression, communicable diseases);

PROTOCOL FOR: Medical Clearance for Psychiatric Patients in the Emergency Department

- c. Determine whether or not patient is experiencing acute withdrawal from opiates, cocaine, benzodiazepines by assessing vital signs and physical examination findings.
 - d. Obtain urine toxicology to confirm patient report and for pre-certification for admission. Psychiatry consult may be requested prior to obtaining results.
 - e. Obtain psychiatric evaluation when there are no active medical problems requiring immediate attention and patient can converse coherently.
 - f. Dual diagnosis patients who qualify for inpatient admission may be admitted when there are minimal signs of intoxication (see specific guidelines for dual diagnosis).
8. If patient is known or suspected to suffer from delirium:
- a. Rule out/stabilize acute medical conditions (e.g. drug intoxication, drug withdrawal, primary cerebral tumor, cerebral trauma, stroke, infection, metabolic abnormalities) prior to psychiatric consultation.
 - b. If patient remains confused/disoriented and acute medical conditions have been ruled out, psychiatric evaluation can be requested to consider possibility of severe thought disorder and primary psychotic process.
9. If patient is known or suspected to have an eating disorder:
- a. Complete initial screen, with attention to eating disorder-related conditions: anemia, coagulopathy, hyponatremia, hypokalemia, diabetes insipidus;
 - b. Obtain screening labs: CBC, electrolytes, glucose, Ca, Mg, PO4, amylase, liver function test, albumin, total protein, per order;
 - c. Obtain psychiatric evaluation pending lab results; and
 - d. Admit to inpatient unit upon stabilization/resolution of acute medical problems.

APPROVAL: Nursing Standards Committee

EFFECTIVE DATE: 9/07

REVISION DATES: 8/08