

Department of Psychiatry Crisis Services - Unit Practice Manual  
John Dempsey Hospital - Department of Nursing  
The University of Connecticut Health Center

**PROTOCOL FOR: Transfers/Referrals from Other Facilities**

- POLICY:**
1. Requests for admission from outside referral sources may be directed to Crisis Services or to the Psych 1 admission desk.
  2. The following elements are required for admission and may be obtained either by fax or intake evaluation:
    - a. Patient demographics (name, age, gender, and residence)
    - b. Source of referral and reason for admission (Why does the patient need a locked inpatient psychiatric unit?)
    - c. Positive history of assaults or violence?
    - d. History of recent substance abuse and tobacco use?
    - e. Current medications; if on Clozaril, obtain CBC to rule out agranulocytosis and any other pertinent lab values.
    - f. Location of patient; if in a hospital ED, determine why transfer of patient is being requested and if other hospitals have refused the patient.
    - g. Medical status of the patient?
    - h. Is admission Voluntary or PEC?
    - i. Insurance status, including entitlement and/or precertifications.
  3. If admission is PEC, refer to PEC: Management of Patients Admitted on a Physician's Emergency Certificates. When reviewing the PEC, determine all boxes have been completed appropriately and correctly.  
  
**Original PEC(s) must accompany the patient. If there are any corrections to be made, inform the referral source of required corrections before the patient is transferred.**
  4. Transfers from other facilities will be made preferentially during weekday hours. Transfers from JDH units will be evaluated individually.

**PROCEDURE:** Accepting transfer/referral from another facility:

1. Obtain the name and phone number of the person making the referral.
2. State that you will call back the person making the referral with information about bed availability.
3. Decline any referral for whom the non-smoking policy would be a hardship.
4. Contact the Inpatient Coordinator and the Assistant Nurse Manager or the Nurse Manager in the daytime for both units, or the charge nurse on off-shifts and weekends.
5. Consider the following:

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- a. Does the patient meet criteria for admission or can the patient be treated more appropriately in an outpatient setting (PHP, IOP, Outpatient)?
  - b. Is this a psychiatric readmission?
  - c. Is there a gender-appropriate bed available?
  - d. Is there a seclusion room available, if needed?
  - e. Are appropriate resources available to properly treat this patient?
  - f. What is the current inpatient milieu?
  - g. Has the resident and/or attending been consulted?
6. If the patient cannot be accommodated, contact the referring source to decline transfer/referral. Advise the referring agency we will keep the information and the referral source can call again to check on bed availability.
  7. If the patient is accepted, the patient is transferred here on a PEC and becomes a direct admission. (Ambulances usually will not transport a psychiatric patient unless he/she is on a commitment paper.)

**APPROVAL:** Nursing Standards Committee

**EFFECTIVE DATE:** 7/03

**REVISION DATES:** 7/05, 7/07, 8/08