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North Sound Behavioral Health Organization
Section 1500 – Clinical: Evaluation and Treatment Facilities Admission
Medical Clearance Criteria

Authorizing Source: North Sound BHO

Cancels:

See Also:

Providers must comply with this policy and may develop individualized implementation guidelines as needed

Approved by: Executive Director

Responsible Staff: Deputy Director

Signature:

Date: 4/17/2017

POLICY #1542.00

SUBJECT: EVALUATION AND TREATMENT FACILITIES ADMISSION MEDICAL CLEARANCE CRITERIA

PURPOSE

To provide a consistent and comprehensive set of basic medical admission criteria for potential admission of individuals to freestanding Evaluation and Treatment facilities (E&Ts) for the purpose of maximum resident safety and welfare.

POLICY

The E&Ts provide a type of service that is comparable to an inpatient psychiatric unit in many ways. However, they are licensed as a Residential Treatment Program. They have significantly less medical capability than most hospitals. Thus, people needing to be admitted must be reasonably medically stable. By their design, E&Ts serve individuals who are dangerous to self or others or who are gravely disabled and thus have high acuity and complex needs, are frequently admitted in an agitated or severely anxious state and have multiple co-morbid conditions. Therefore, it is necessary to define a systematic set of medical clearance criteria with which to screen referrals. With these criteria in place, the E&T staff can better identify those physical conditions that can and cannot be safely managed at the E&Ts and ensure that individuals referred for admission are medically stable prior to admission to the E&T.

1. All referrals will be screened through basic medical clearance criteria.
2. The accepting psychiatric prescriber must make any exceptions to basic medical clearance criteria. Disputed refused admissions, to include those based on medical clearance, should be handled through procedures listed in Policy 1577 (Evaluation and Treatment Refusal and Review Process).
3. To ensure consistency and accuracy, medical clearance data must be communicated from one health professional to another (i.e., nurse to nurse, MD to nurse, MD to MD, etc.) when a referral is being considered for admission.
4. Individuals who have overdosed may require additional lab work and will be accepted for admission at the discretion of the admitting psychiatric prescriber.

PROCEDURES

1. All potential referrals to the E&T for admission must have had a full, documented body systems examination by an MD, ARNP or PAC, to include wounds or trauma, cardiac and respiratory status, evidence of acute nutritional/hydration issues and acute etiologies ruled out for any complaints of pain.
2. The following vitals parameters must be met for admission:
 - a. Pulse no greater than 120
 - b. Systolic Blood Pressure no greater than 200
 - c. Diastolic Blood Pressure no less than 50, no greater than 110
 - d. Temperature no greater than 100 degrees Fahrenheit
3. The following foundational lab work is required on all referrals for potential admission:
 - a. Comprehensive Metabolic Panel (CMP)
 - b. Urinalysis
 - c. Complete Blood Count with differential;
 - d. Urine toxicology screen
 - e. Pregnancy test for females of childbearing years
4. The following labs and levels are required prior to admission for individuals with the following specific conditions:
 - a. Known to have diabetes: blood glucose 200 or below;
 - b. Alcohol intoxication: blood alcohol less than 0.08%;
 - c. Lithium level, if known, lithium overdose, or are showing signs of toxicity.
5. Chest x-ray, if cough or other issues suggest the presence of communicable disease in a person with obvious poor health care.
6. Neuro screening in an individual over 50 years of age presenting with psychosis and with no mental health or drug use history.
7. Baseline Electrocardiogram in individuals known to have been tasered, with history of Myocardial Infarction or known cardiac problems.
8. A constellation of confusion, agitation, incoherence and elevated Vital Signs should be assumed to be delirium level unless proved otherwise. This would include delirium secondary to substance withdrawal. Delirium is not treated in a psychiatric facility such as an E&T, and requires resolution on a medical unit.
9. Other tests may be requested based on the medical data presented at the time of the request

ATTACHMENTS

None