

Effective Date: 2/1/2016; 9/5/2013; 2/3/2010; 10/9/2008
Revised Date: 6/28/2018
Review Date: 6/28/2018

North Sound Behavioral Health Organization

Section 1700 – ICRS: Medical Status Criteria for Involuntary Treatment Crisis Assessment in Emergency Departments and Community Hospitals

Authorizing Source: Per North Sound Behavioral Health Organization and DCR Protocols

Cancels:

See Also:

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

Approved by: Executive Director

Responsible Party: Deputy Director

Signature:

Date: 7/3/2018

POLICY #1721.00

SUBJECT: MEDICAL STATUS CRITERIA FOR INVOLUNTARY TREATMENT EVALUATION CRISIS ASSESSMENT IN EMERGENCY DEPARTMENTS AND COMMUNITY HOSPITALS

PURPOSE

To outline a process that ensures medical stability of the individual, prior to screening for involuntary treatment act (ITA) crisis assessment at community hospitals (emergency departments, general medical floor, Intensive Care Unit, etc.). Such criteria are essential to provide consistent and basic medical status for the assessment process.

POLICY

Individuals in need of involuntary treatment crisis assessments for substance use disorders (SUD) and/or Mental Health Disorders shall be medically ready for discharge from the hospital and able to be interviewed to ensure accurate behavioral health assessments. **Exceptions can be made on a case-by-case basis when, in the professional judgment of the hospital Medical Doctor (MD, DO), Advanced Register Nurse Practitioner (ARNP), or Physician Assistant (PA) specific diagnostic/medical clearance procedures are not warranted, or are not in the best interest of the individual (e.g., in these cases a Single Bed Cert can be considered, and a detention can commence).** Exceptions and rationale shall be documented and communicated to Volunteers of America (VOA) Care Crisis Response System (CCRS) Clinician when the referral is made.

PROCEDURES

1. Individuals shall be evaluated by a MD, DO, ARNP, or PA, and the individual's presenting problem(s), to the hospital, shall be addressed by the hospital professional, prior to contacting the CCRS Clinician at the Care Crisis Line with the referral.
2. All potential referrals to ITA crisis services shall have a full, documented body systems examination by a MD, DO, ARNP, or PA, to include wounds or trauma, cardiac and respiratory status, evidence of acute nutritional/hydration issues, acute etiologies ruled out and complaints of pain addressed.

3. The following vitals parameters shall be met prior to evaluation for ITA services:
 - a. Resting pulse, no greater than 120 and no lower than 50;
 - b. Systolic blood pressure no greater than 200;
 - c. Diastolic blood pressure no less than 50, no greater than 110; and
 - d. Temperature no greater than 101.5 degrees Fahrenheit.
4. A urine toxicology screen is needed if any signs of intoxication or substance abuse are present.
 - a. For individuals requiring a SUD Involuntary evaluation, a toxicology screen is required prior to dispatch of the DCR. Secure Detox facilities require the results of toxicology screens prior to acceptance to these facilities.
 - b. Individuals who present with substances in their system and are not able to be interviewed due to the effects of the substances require medical intervention/observation to address detoxification. The individual should be re-examined by the medical professional after the individual is medically ready for discharge and able to be interviewed to determine if the initial presenting problem has resolved or is still in need of an evaluation for crisis and ITA services.
5. A blood level of prescribed measurable psychotropic medications (e.g., lithium, tegretol, Depakote) shall be done.
6. If psychiatric hospitalization is deemed likely, other routine laboratory screens (e.g., chemical 7 panel, complete metabolic panel, urinalysis and urine toxicology) shall be completed in order to facilitate the individual's rapid transfer.
7. For individuals presenting with psychosis and no mental health or drug use history, a brief screening neurological exam is needed to rule out focal neurological symptoms that may indicate a primary medical concern.
8. A constellation of confusion, agitation, incoherence and elevated vital signs should be assumed to be delirium until proven otherwise. This would include delirium secondary to substance withdrawal.
9. A brief Mental Status Exam shall be completed.

ATTACHMENTS

None