



Statewide Standardized Psychiatric Patient Screening Protocol

Washington Chapter of the American College of Emergency Physicians

Adopted Aug. 9, 2017

Purpose Statement

The Washington Chapter of the American College of Emergency Physicians and its 700 members believe that the safe and timely evaluation of patients in need of psychiatric care can be standardized to improve efficiency and achieve cost reductions in care through standardization.

Step 1: Medical Clearance

Definition: The initial determination of medical clearance for evaluation by social workers, Designated Mental Health Providers, and other members of the care team is determined by the clinical judgment of the treating emergency physician. This judgment shall be based on a thorough history, physical examination, and diagnostic testing as medically indicated. Diagnostic studies considered in these patients can include:

Breathalyzer / Blood Alcohol / Urine Alcohol – The decision on clinical sobriety is not based upon a number, but obtaining a rapid assessment of the level of alcohol intoxication can help guide the clinical judgment for types of service referral.

Urine Drug Screen – Generally should be considered on all patients to evaluate for co-occurring substance use disorders. However, the decision on active intoxication is a clinical assessment and should not delay referral.

Step 2: Acceptance and Placement

Definition: After evaluation by the Mental Health Provider or other care team members, if the patient is to be placed in another facility for care, additional labs that would be of benefit to the receiving provider can be requested and may include:

Timing: These additional tests that will benefit the receiving facility and not impact the clinical care in the emergency department should not delay transport to the definitive destination. Instead, the results can be faxed to the receiving facility when complete.

Therapeutic Drug Levels – To assist with management at the definitive care location, psychoactive medications with titratable drug levels can be drawn including but not limited to Lithium, Valproic Acid or similar compounds, and Phenytoin.

Pregnancy Test – In women of child bear age without a pregnancy test in the past one months for whom there is concern for pregnancy, a pregnancy test (urine or blood) can be obtained to assist with the receiving facility’s care.

EKG – In individuals on psychoactive agents with QTc implications and for whom there is no available EKG within the prior 6 months, an EKG can be obtained to assist with the receiving facility’s care.

CBC / CMP – These labs should be obtained if they are beneficial to the receiving facility and have not been completed either as part of a Medical Clearance process (as discussed above) or in the last **month** for the following high risk patients:

- Elderly patients (>65 years old)
- Substance abuse history
- New onset Mental health condition
- New medical complaints not otherwise felt to require a Medical Clearance as discussed above

Urinalysis / TSH / FT4 / Other Testing – Additional testing that does not impact the prescribing patterns of the receiving facility should be ordered only when clinically indicated by the treating physician and not part of the routine ordering and evaluation of a psychiatric patient.

Ionizing radiation – The routine use of head CT and other diagnostic imaging is not indicated or evidence based. Additionally it presents risk of radiation to patients that should be reserved for when it is indication. Consideration for imaging should be undertaken when:

- Rapid Decompensation of a previously stable patient without alternative explanation
- New onset of psychosis inconsistent with traditional psychiatric disorder
- Focal neurologic deficits
- Medical Indication
- Chemical intoxication with evidence of new trauma

Conflict Resolution

When there is a disagreement between the receiving facility and the care provider in the Emergency Department, rapid resolution is recommended in the following order:

1. A provider to provider conversation should be undertaken in real-time during the treatment of the patient.
2. A ED provider can request to speak with the medical director of the receiving facility.
3. When feasible, the Medical Director of the responsible BHO should be contacted if it cannot be resolved between the parties.
4. If the issue cannot be resolved at the local level, it should be referred to the Washington Chapter of the American College of Emergency Physicians for further review and stakeholder discussion.