

MEDICAL CLEARANCE CRITERIA FOR ADULT ED PATIENTS REQUIRING BEHAVIORAL HEALTH EVALUATIONS IN PAS

Patient (aged 18 years or older) presents to the VUH ED with **chief complaint of only evaluation for a Behavioral health complaint AND is hemodynamically stable** not requiring additional ED stabilization.

No →

ED Clinician Actions

1. Ensure Police Request form* and/or 6401/6404 completed if indicated by complaint.^
2. Evaluates patient for their acute presenting complaint (i.e., trauma, pain);
3. Draws PAS screening labs
4. Stabilizes Patient's condition
5. Determines patient's disposition.
6. *If patient to be discharged, follow flow chart*
7. If admit, Admitting team should consult Adult Psychiatry.

Yes

1. ED Triage Nurse alerts ED Attending (Triage or A Pod)
2. Police Request Form Completed if patient is "immediate threat"*
3. ED Attending performs focused history & physical exam.
4. ED Attending determines if criteria met for 6401 or 6404.^

PAS Screening Labs Ordered and Collected in Triage:

Required: CBC, BMP, Hepatic Panel, UA with Micro; ETOH level, Urine Drug Screen w/o confirmation

When Indicated: B-HCG/Urine Preg test; Drug Levels (Lithium; Depakote; Dilantin)

Normal Results Anticipated

Abnormal Results Anticipated

1. Consult PAS (PAS should respond < 15 mins)
2. Place Patient in PT room (if available)
3. If no open PT room, work with Flow Nurse for secure evaluation area
4. Diet and Nicotine patch orders (when applicable)
5. PAS contacts 2-RIDE to arrange transport

1. Wait for Results prior to consult PAS
2. Place Patient in PT room (if available)
3. If no open PT room, work with Flow Nurse for secure evaluation area
4. Diet and Nicotine patch orders (when applicable)
5. PAS contacts 2-RIDE to arrange transport

Qualified Medical Professional (QMP) Hours in PAS

Mon-Fri: 8am to 11pm
Sat-Sun: 8am to 7pm

Criteria for Patient to be transported to PAS

- **Stable Vitals (i.e. No RRT criteria):** (SBP between 90 - 200 mm Hg; Pulse between 40 - 120 bpm; Respirations between 8 - 30/min; and O2 sat > 90%)
- **ETOH Level:** < 300[†] AND no signs of clinical ataxia/delirium
- **Glucose:** < 350
- **No continuous oxygen requirement**
- **No physical restraints** (restraints must be discontinued for ≥1h prior to transport)
- **No specific CIWA score exclusions** as long as other criteria are met

[†] ETOH decreases by 25 mg/dl/hour in average individual

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Information on Medical Holds, 6401, and 6404 Procedures

*VUPD will support detaining and transporting to PAS a patient who poses an **immediate** substantial likelihood of serious harm due to mental illness or serious emotional disturbance. This includes patient's placed on any of the following: a VUMC institutional medical hold/No AMA order; a 6401; or a 6404. VUPD will transport according to the order of the Attending Physician at each facility (ED or PAS).

^ A 6401 is a process used to detain an individual for mental health examination. When an individual is posing an immediate substantial likelihood of serious harm due to mental illness or serious emotional disturbance and needs to be detained until examination can occur. Documentation justifying the need to detain an individual for examination can be made in the form of a progress note, doctor's order, assessment form or other but must indicate why the person is believed to have a mental illness or serious emotional disturbance and how they are posing an **immediate** substantial likelihood of serious harm.

^ A certificate of need or 6404 is a legal document used in the involuntary commitment process for individuals posing an **immediate** substantial likelihood of serious harm due to mental illness or serious emotional disturbance based on the face to face examination of the person by a qualified professional. A physician, psychologist or designated professional (Mandatory Prescreening Agent) may complete the first (1st) Certificate of Need for Involuntary Hospitalization. See MPA FAQ for type of professional eligible for MPA designation. Please note, per TCA. 33-4-107 that, for private facilities, one of the two certificates of need must be completed by a disinterested professional who is not an employee of the admitting psychiatric hospital. Only the admitting physician of the receiving psychiatric hospital or treatment resource has the authority to complete the second (2nd) Certificate of Need for involuntary hospitalization.

Note: Epic will not allow an ED patient with an order for "Medical Hold/No AMA" to be discharged from the ED and arrived in PAS. The ED physician must discontinue that order when the patient arrives in PAS so the patient's care may continue in PAS.