Medical Screening in the Emergency Department for Psychiatric Patients

The goals of this collaborative protocol are to:

- Achieve greater consistency in the concept and procedures of medical screening to minimize inappropriate placement and care of patients.
- Enhance the collaboration between psychiatry and emergency medicine departments to maximize coordination of care.
- Expedite the flow of patients through the emergency department.
- Avoid the use of unnecessary procedures, which incur unnecessary costs and create the potential for iatrogenic harm.

Ensuring medical stability for psychiatric patients involves obtaining vital signs, a medical history, review of systems, physical examination, mental status examination (including tests of orientation). Laboratory investigations may be required in certain cases. The following minimum guidelines are suggested:

1. Patients who have a previous psychiatric history and established psychiatric diagnosis require a basic history and physical examination for medical screening. No laboratory investigations are required unless clinically indicated.

2. Patients with no prior psychiatric history who present with new onset of confusion, mania, or psychosis should receive a MMSE, CBC, Electrolytes, BUN, Creatinine, Glucose, Blood Alcohol Level, and Urine Drug Screen, in addition to the History and Physical. Consideration of a CT Head is warranted in all such patients. If such patients are over 60 years of age, they should also receive a EKG and chest X-ray.

3. Patients who have serious comorbid medical conditions or concurrent medical complaints should receive an appropriate work-up to assure these are stable.

4. Chest X-rays should be performed to help rule out active TB for HIV (+) patients. Identifying active TB is particularly important due to close person-to-person contact on psychiatric ward.

5. Blood alcohol level, urine drug screen and Liver Function Tests should be performed for patients with a history of substance misuse and/or signs of intoxication. Patients are unlikely to be admitted to a mental health facility on the basis of substance-induced psychiatric symptoms only.

6. Females between the age of 12 and 55 will get BHCG to rule out pregnancy and allow appropriate medication decision-making downstream.

7. Consideration of a standardized medical work-up for homeless individuals as guided by newly developed care plans based upon recent work by Inner City Health Associates.

For any given patient, exceptions can be made to the above guidelines if there is mutual agreement between the emergency physician and the psychiatrist. It is an expectation that when a patient is transferred to another institution within the protocols of the Mental Health and Addictions Emergency Department Alliance, medical clearance will be appropriately documented prior to the patient’s transfer.
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Documentation of the following must be present in the medical record prior to transfer from the ED:
1. A brief summary of the results of both the history and physical
2. Results of all laboratory tests.
3. Recommendations for the management of any medical conditions identified in the ED.

Where possible, tests and investigations will be initiated based upon medical directives in the Emergency Department.

References
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