North Sound Mental Health Administration
Regional Support Network for Island, San Juan, Skagit, Snohomish, and Whatcom Counties
Improving the mental health and well being of individuals and families in our communities
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NSMHA Contract Memorandum 2013-007

Date: September 5, 2013

To: Tom Sebastian, Compass Health
Donna Konicki, Bridgeways
Michael Watson, Lake Whatcom RTC
Jan Bodily, Whatcom Counseling and Psychiatric Center
Kathy McNaughton, Catholic Community Services Northwest
Claudia D'Allegri, Sea Mar
Ken Stark, Snohomish County Human Services Director
Phil Smith, Volunteers of America
Cindy Paffumi, Interfaith
Sue Closser, Sunrise Services
Christine Furman, Pioneer Human Services

From: Joe Valentine, Executive Director

Subject: Revised Policy

Policy 1721.00 – Medical Status Criteria for Voluntary and ITA Crisis Assessment in Emergency Departments and Community Hospitals

This policy has been through the complete review and approval process. The Executive Director signed and approved this policy September 5, 2013.

Full implementation of this revised policy should occur no later than 60 days after this memo.

cc: Cindy Ferraro, Bridgeways
Heather Fennell, Compass Health
Kay Burbidge, Lake Whatcom RTC
Pamala Benjamin, Whatcom Counseling and Psychiatric Center
Pat Morris, Volunteers of America
Katherine Scott, Sea Mar
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Jackie Henderson, Island County Coordinator
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Contract File

Effective Date: 2/3/2010; 10/9/2008
Revised Date: 8/29/2013
Review Date: 7/24/2013

North Sound Mental Health Administration

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

Authorizing Source: Per NSMHA and DMHP Protocols
Cancels:
See Also: Approved by: Executive Director Date: 9/5/2013
Providers must "comply with" this policy
Responsible Party: Deputy Director Signature:

POLICY #1721.00

SUBJECT: MEDICAL STATUS CRITERIA FOR VOLUNTARY AND ITA CRISIS ASSESSMENT IN EMERGENCY DEPARTMENTS AND COMMUNITY HOSPITALS

PURPOSE

To outline a process that assures medical stability of the individual, prior to screening for voluntary and involuntary treatment (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 voluntary and involuntary treatment crisis assessments shall be medically ready for discharge from the hospital and able to be interviewed to assure accurate mental 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.** 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, should 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 voluntary and 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 crisis and 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
    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 with alcohol intoxication, a level below .08 is required prior to an evaluation.
    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 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 metabolical 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