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Emergency Medicine and Psychiatry Transfer Agreement

From ED to PES

All patients being transferred to PES require communication with a PES physician. PES is staffed by residents and attending physicians 24 hours a day, 7 days per week. Please do not call the PES provider until the patient is actually medically cleared and ready for transfer.

Handoff presentations should include the same basic information provided during any provider-to-provider transfer of care:

1. Name, age, medical record number
2. Reason for presentation to ER
3. Medical evaluation, pertinent results and interventions performed (including medications given)
4. Reason for psychiatric evaluation/transfer to PES
5. ED Powernotes/lab results are ideally reviewed by the accepting physician as part of this acceptance and transfer of care

Focused Medical Assessment ("Medical Clearance")

"Medical clearance" for the purposes of a PES/UPC patient transfer is the sole responsibility of the ED provider. This may be better described as a "Focused Medical Assessment" directed at excluding a medical etiology for a patient's symptoms. Stable vitals signs, *as determined by the ED provider*, should be considered a mandatory element of this process. Documentation of "Medically Cleared" or "Stable" should ideally be made within the chart. Addressing concerns about medical clearance expressed by the PES provider is reasonable

and collegial discussions are encouraged. Specific requests for labs, consultations, and imaging by a PES provider should not be considered mandatory if the patient has been determined to be medically cleared.

- **Urine Drug Toxicology** - Routine urine drug screening should not delay transfer of patients with psychiatric complaints who are clinically sober, awake, alert, with normal vital signs
- **Blood Alcohol Levels** - Patient clinical evaluation and cognitive function should determine the appropriate time for initiation of a psychiatric evaluation rather than a specific blood alcohol level. However, given the potential for alcohol withdrawal, no patient with an alcohol level above 0.200 BAC shall be considered "medically cleared" even if clinically sober. A 4 hour observation from arrival in the ED to "medical clearance" shall be observed for patients with an initial ETOH above 0.200. No such observation period is required for patients who are clinically sober, not in apparent alcohol withdrawal, who have an initial ETOH level below 0.200. Blood alcohol levels may be accurately assessed with a BAL measurement, or a breathalyzed BAC. Subsequent measurements should be measured by breathalyzer rather than repeat blood draws.

Suicidal Ideation (SI)

Suicidal patients will be screened by the ED staff in accordance with the UNMH Suicide Screening Policy with appropriate room placement and safety measures as dictated by this procedure. The provider suicide screening should include the joint PES/ED SI screening tool, available within Powernote ED as a macro. In the absence of concerns for overdose or intoxication, no testing other than the courtesy of a urine drug screen and breathalyzed BAC shall be required. In the setting of potential ingestion, a routine overdose workup should be considered with additional testing as clinically indicated.

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Intoxicated patients presenting with complaints of suicidal ideation (SI) should undergo a period of observation and sobering prior to calling PES for a request of transfer. This will allow an evaluation for alcohol withdrawal and the opportunity to reassess the patient for SI when sober. These patients shall have the provider suicide screening exam repeated when they are clinically sober, and prior to transfer, to assist in determining the triage acuity for PES. All patients screening positive for SI plus one of the other risk factors will be categorized as a "Level I" acuity patient for the purposes of transfer/acceptance by PES and will require an open room to be accepted. Other history or clinical gestalt may also raise the acuity level for a patient with SI/reported SI for whom a transfer is requested. Lower risk patients, e.g. depressed with SI but no additional risk factors, may be accepted for evaluation if requested, but will be accepted as a "Level II" for the purposes of the PES screening/triage acuity. Low risk patients may also be considered for referral to the Psychiatric Urgent Care and MATS without security escort.

Altered Mental Status

Altered mental status patients without preceding history are considered to have a medical condition until appropriate work-ups have ruled out medical causes. The availability of medical intervention and diagnostics at the Psychiatric Center are extremely limited. In particular, IV access, cardiac monitoring, and urgent laboratory and radiologic testing are not available. As a result, several common ED patient populations in need of psychiatric evaluation require routine medical attention/workups before transfer (all included generally under the heading of AMS, i.e. "altered mental status"):

1. **r/o Delirium:** □Chem7, UDM, U/A, CBC with diff, LFTs and ammonia. Consider TSH, basic sepsis workup, and CT Head.

2. **intoxication/overdose:** □Chem7, UDM, EKG, Aspirin, Tylenol, TCA levels if any suspicion of ingestion

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3. **alcohol withdrawal**: □Stable vital signs in the absence of continuous treatment with IV benzodiazepines

4. **elderly patients with agitation/dementia:** consider r/o delirium work-up, plus B12, TSH, and consider a CT Head.

Restraints

Patients in restraints must be transferred by EMS to PES/UPC, rather than by security. All appropriate attempts to de-escalate patients verbally, or medically, in order to remove restraints should be undertaken. For patients in whom de-escalation results in the removal of restraints, there is no minimum observation period required prior to transfer to PES, however all such patients should be considered a Level I acuity for the purposes of PES acceptance until their evaluation at PES.

From UPC to ED

Emergent Medical Evaluations

In light of the limitations to diagnose and treat acute medical conditions that patients present with at PES, or develop as inpatients in the University Psychiatric Center, we encourage the facilitated transfer of patients requiring emergent medical evaluation from these areas to the Emergency Department after provider-to-provider communication. A phone call to the ED Attending is required.

Non-emergent medical evaluations

Non-emergent medical evaluations at UPC should be undertaken by on-site consultation of UNMH inpatient services at UPC. Please refer to the UNMH-PES transfer guideline which delineates inpatient service responsibilities regarding timely consultation at UPC as well as responsibilities of inpatient services to accept patients to their inpatient service if ongoing medical therapy is required which is beyond the scope of UPC to provide. This policy also specifically addresses the scenario of "bounce-backs" of patients transferred from UNMH

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inpatient services to UPC. All attempts to avoid ED transfers for non-emergent scenarios are encouraged. For patents transferred to the UNMH ED, the transferring psychiatrist should document the plan for continued psychiatric care or treatment once medical clearance is complete. For non-emergent referrals for PES patients who may need Urgent Care or ED evaluations, please refer these patients as walk-ins once psychiatrically cleared rather than utilizing EMS transfer mechanisms.

Jail Patients:

Incarcerated or arrested suicidal/homicidal patients can be referred to jail as in table.

PES is comfortable evaluating any incarcerated patient as long as that patient is in direct custody of either a jail facility or police department and is accompanied by those security personnel (not just ED security).

Jail	Psychiatric Services
Metropolitan Detention Center (Downtown or Westside facilities)	Yes
Sandoval County	Yes
Santa Fe State Penitentiary	No
Los Lunas	Yes

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Appendix:

PES Suicide Screening Form (modified for UNMH ED)*

Focused Medical Impression: _

Focused Psychiatric Evaluation: _

[_] Suicide Behaviors: [_] ideation [_] intent [_] plan [_] action [_] prior history
[_] Assaultive/Aggressive Behaviors: [_] ideation [_] intent [_] plan [_] action [_] prior history
[_] Auditory Hallucinations
[_] Paranoid Delusions
[_] Agitation: [_] verbal [_] physical

Assessment and Plan

[_] Examination identifies or suggests emergency medical nonpsychiatric condition.
Plan: Evaluate and treat for medical condition.
[_] Examination identifies or suggests emergency psychiatric condition.
Plan: Continue MSE process and initiate stabilizing treatment. Consult Psychiatry Consultant in ER or PES Provider for possible transfer.

[_] Examination identifies no obvious psychiatric emergency medical condition.
Plan: [_] Patient may be referred to non-emergency psychiatric services.

*** Derived from the SAFE-T Scoring system**
http://www.sprc.org/library_resources/items/safe-t-pocket-card