Medical Screening in the Emergency Department for Psychiatric Patients

The goals of this collaborative protocol are to:

- Achieve greater consistency in the concept, application and procedures of medical screening to minimize inappropriate placement and to improve care of patients.
- Enhance the collaboration between psychiatry and emergency medicine departments and to maximize coordination of care.
- Streamline the flow of psychiatric patients through the emergency department.
- Avoid the use of unnecessary tests and procedures, which incur unnecessary costs and create the potential for iatrogenic harm.
- Maximize the use of current medical directives and allow the timely initiation of applicable medical tests.

Background

Prior to consulting patients to the Psychiatric Emergency Service, it is important to ensure that individuals are medically stable[1] and have the cognitive ability to participate in an assessment. In particular, the emergency-based team should consider whether the patient's presenting symptoms are caused or exacerbated by a medical condition, assess and treat any medical condition requiring acute intervention, and determine if intoxication may prevent an accurate psychiatric exam.

A symptom-based evaluation and focused medical assessment should be performed by the emergency team including.

- **vital signs**
- **a relevant medical history**
- **a brief review of systems**
- **physical examination**
- **mental status examination (including tests of orientation).[i] Laboratory investigations** may be required in certain cases.
- **in cases of new onset confusion, mania or psychosis, screening for delirium, dementia and depression**

Laboratory investigations and medical imaging can be ordered based on the following minimum guidelines (see algorithm)

1. Patients who have a previous psychiatric history and established psychiatric diagnosis require a basic history and physical examination including the vital signs for medical screening.
    a. 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 baseline evaluation should include a screen for **delirium, dementia and depression**.

[1] The term 'medical clearance' is problematic because it implies different things to different groups. Focused medical assessment better describes the process in which, with reasonable medical certainty, medical causes for patient's presentations are considered, other illnesses/injuries are detected and treated, and the patient is medically stable for further psychiatric assessment.

a. Suggested lab tests include:
   i. **CBC, Electrolytes, BUN, Creatinine, Glucose,**
   ii. **Blood Alcohol Level (BAL)** [2]
   iii. **Urine Drug Screen**[3]
   iv. Consideration of a **CT Head** is warranted in all such patients.
   v. If such patients are over 60 years of age, consider an **EKG** and **chest X-ray**.

3. Patients who have serious comorbid medical conditions or concurrent medical complaints should receive a relevant work-up to ensure they are medically stable for psychiatric assessment.

4. Patients who are HIV+ and not actively followed by a primary care or infectious disease specialist.

   a. For patients considered for admission, chest X-rays should be performed to help rule out active TB. Identifying active TB is particularly important due to close person-to-person contact on psychiatric ward.
   b. For patients not considered for admission, chest x-rays are ordered at the discretion of the emergency physician.

5. Patients with a history of substance misuses and/or signs of intoxication:
   a. For patients considered for admission:
      i. Blood alcohol level (BAL)[2]
      ii. Urine drug screen[3]
      iii. Liver Function Tests should be performed for patients with a history of substance misuse and/or signs of intoxication.

   Note: 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 have a **BHCG** performed to rule out pregnancy and allow appropriate ongoing medication and psychiatric decision-making.

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 screening will be appropriately documented prior to the patient's transfer.

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[2] Cognitive ability rather than a specific Blood Alcohol Level should determine the basis on which clinicians begin the psychiatric assessment.

[3] Routine urine toxicology may not impact the emergency medical assessment. However, it is often done on behalf of the PES; return of results should not delay patient evaluation or 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 available laboratory and/or medical imaging tests.
3. List of pending laboratory and/or medical imaging results.
4. Recommendations for the management of any medical conditions identified in the ED.

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