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SUMMARY

Medical Clearance Evaluation in the ED For People with Mental Health Needs

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Medical Clearance Evaluation in the ED For People with Mental Health Needs

In 2018, MN Health Collaborative partners developed and adopted shared standards for medical clearance evaluation in Emergency Departments (EDs), including labs needed, to ensure a person is medically stable for transition to inpatient psychiatric facilities.

The following MN Health Collaborative recommendations are based on evidence-based guidelines published by the American College of Emergency Medicine (ACEP) and the American Academy of Emergency Psychiatry (AAEP), as well as consensus recommendations by the expert working group based on local community context.

Implementing these medical clearance practices will decrease the wide local variation which at times results in unnecessary tests and delays in patients receiving needed treatment.

Medical clearance evaluation falls within an overall goal of this working group: **Develop and implement shared standards for patients with mental health needs in the ED.** This includes the following:

- **Assessment**
  medical clearance, suicide prevention, agitation
- **Intervention and Treatment**
  brief interventions, initiating therapeutic treatment
- **Referral and Transition**
  to most appropriate level of care including optimizing existing beds and non-hospital options

"Having statewide agreement that patients with mental health needs are having a poor experience in our Emergency Departments has helped us move towards system-based problem solving. Hearing about each other's efforts to improve assessment and treatment in the EDs has set the bar higher for what each organization expects of itself.

Moving patients more quickly and safely from the EDs to the appropriate treatment setting now seems within reach."

- Steve Miller, MD, Executive Medical Director, Behavioral Health, University of Minnesota Health

MN Health Collaborative partners have also developed and adopted shared standards for Suicide Prevention and Intervention in the ED. Further recommendations are in development.

Recommendations

Medical Clearance Evaluation in the ED
For Patients with Mental Health Needs

MN Health Collaborative partners are adopting the following:

1. For emergency department patients with primary psychiatric complaints, diagnostic evaluation should be directed by the patient's history and physical examination. *Routine* laboratory testing does not need to be performed. (ACEP)

2. *Routine* laboratory testing* should not be required by facilities accepting patients for psychiatric treatment. Laboratory evaluation should be based on individual patient history and exam. (Collaborative Consensus)

3. Further medical evaluation should be considered for patients who have (1) new-onset psychiatric symptoms after the age of 45 years, (2) advanced age (65 years of age and older), (3) cognitive deficits or delirium, (4) positive review of systems indicative of a physical etiology, such as cough and fever, (5) focal neurological findings or evidence of head injury, (6) substance intoxication, withdrawal, or exposure to toxins/drugs, (7) decreased level of awareness, or (8) other indications, such as abnormal vital signs that direct further assessment. (AAEP)

   Note regarding age: There is no evidence on age as an independent risk factor. For organizations that wish to use the SMART tool (created by Sierra Sacramento Valley Medical Society), note that the tool uses >55 years of age and <12 years of age as warranting consideration. The SMART tool is available at: smartmedicalclearance.org.

4. When Urine Drug Screen (UDS) is obtained for a psychiatric patient, it should not delay disposition. The patient may be transferred to another facility with a pending UDS. (Collaborative Consensus)

   *Note: ACEP recommends that **routine** UDS should not be performed as part of the ED assessment of the psychiatric patient.*

5. For patients with alcohol intoxication, the psychiatric assessment of the patient should be based on the patient's cognitive abilities, rather than a specific blood alcohol level. Clinicians should consider using a period of observation to determine if psychiatric symptoms resolve as the episode of intoxication resolves. (ACEP)

6. If there is disagreement between the receiving facility and ED on evaluation and/or disposition of the patient with psychiatric complaints, **the receiving psychiatry clinician and referring ED clinician should discuss the case** via phone. (Collaborative Consensus)

* It is critical to distinguish between tests needed in the ED and tests that can be done at the inpatient facility. The ED is responsible for tests that assist in acute ED management as well as help determine patient disposition. If labs are already being obtained in the ED, the ED provider may choose to include labs that would be helpful for inpatient management. **However, these labs should not delay disposition.** Courtesy labs that may benefit an inpatient facility may include: 1) therapeutic drug levels of psychoactive agents 2) pregnancy test 3) ECG for patients on psychoactive agents with QTc implications 4) CBC/CMP

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References

ACEP guideline:

American College of Emergency Physicians. Care of the psychiatric patient in the emergency department, a review of the literature. October 2014.

AAEP guideline:

Anderson EL, Nordstrom K, Wilson MP, et al. American Association for Emergency Psychiatry Task Force on Medical Clearance of Adults Part I: Introduction, Review and Evidence-Based Guidelines. *Western Journal of Emergency Medicine*. 2017;18(2):235-42.

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