

Medical Clearance in Emergency Psychiatry



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Evidence Based Evaluation of Psychiatric Patients

Evidence Based Medical Evaluation of Psychiatric Patients

Primary Purpose:

Is a medical illness causing or exacerbating the psychiatric condition?

Secondary Purpose: Identify medical or surgical conditions incidental to the psychiatric problem that may need treatment

Tertiary Purpose: Establish whether psychiatric facility can manage existing medical problems and whether patient is stable for transport.

Evidence Based Medical Evaluation of Psychiatric Patients

- Drug / Alcohol intoxication or withdrawal
- Primary Medical – primarily delirium and head trauma
- Psychiatric

Delirium versus Dementia

	Delirium	Dementia
Onset	Acute	Slow
Awareness	Reduced	Clear
Alertness	Fluctuates	Normal
Orientation	Impaired	Impaired
Memory	Impaired	Impaired
Perception	Hallucinations	Intact
Thinking	Disorganized	Vague
Language	Slow	Word finding problems

Medical Clearance Components

- History and physical exam
- Mental status examination
- Testing
- Treatment

Protocol for the Emergency Medicine Evaluation of Psychiatric Patients

- Team of Illinois psychiatrists and emergency physicians met to develop a consensus document in 1995
- Coordinate transfers to a State Operated Psychiatric Facility (SOF)
- Services provided at an SOF: Monitor vital signs, routine neurological monitoring, glucose finger sticks, fluid input and output, insertion and maintenance of urinary catheters, oxygen administration and suction, clinical laboratories, radiographic procedures, intramuscular and subcutaneous injections.

Zun, LS, Leiken, JB, Scotland, NL et. al: A tool for the emergency medicine evaluation of psychiatric patients (letter), Am J Emerg Med, 14:329-333, 1996.

Consensus Document

- Tool establishes the EP as the decision maker if lab tests are clinically indicated
- Observation is the means to determine if the presentation is from drugs/alcohol
- May be used for adults and children
- Medical findings may or may not preclude transfer to a SOF
- Checklist developed as a transfer document

Medical Clearance Checklist

Patient's name _____

Race _____

Date _____

Date of birth _____

Gender _____

Institution



Yes

No

1. Does the patient have new psychiatric condition?

2. Any history of active medical illness needing evaluation?

3. Any abnormal vital signs prior to transfer

Temperature >101°F

Pulse outside of 50 to 120 beats/min

Blood pressure <90 systolic or >200; >120 diastolic

Respiratory rate >24 breaths/min

(For a pediatric patient, vital signs indices outside the normal range for his/her age and sex)

4. Any abnormal physical exam (unclothed)

a. Absence of significant part of body, eg, limb

b. Acute and chronic trauma (including signs of victimization/abuse)

c. Breath sounds

d. Cardiac dysrhythmia, murmurs

e. Skin and vascular signs: diaphoresis, pallor, cyanosis, edema

f. Abdominal distention, bowel sounds

g. Neurological with particular focus on:

i. ataxia

ii. pupil symmetry, size

iii. nystagmus

iv. paralysis

v. meningeal signs

vi. Reflexes

5. Any abnormal mental status indicating medical illness such as lethargic, stuporous, comatose, spontaneously fluctuating mental status?

If no to all of the above questions, no further evaluation is necessary. Go to question #9

If yes to any of the above questions go to question #6, tests may be indicated.

6. Were any labs done?

What lab tests were performed? _____

What were the results? _____

Possibility of pregnancy? _____

What were the results? _____

7. Were X-rays performed?

What kind of x-rays performed? _____

What were the results? _____

8. Was there any medical treatment needed by the patient prior to medical clearance?

What treatment? _____

9. Has the patient been medically cleared in the ED?

10. Any acute medical condition that was adequately treated in the emergency department that allows transfer to a state operated psychiatric facility (SOF)?

What treatment? _____

11. Current medications and last administered? _____

12. Diagnoses: Psychiatric _____

Medical _____

Substance abuse _____

13. Medical follow-up or treatment required on psych floor or at SOF: _

14. I have had adequate time to evaluate the patient and the patient's medical condition is sufficiently stable that transfer to ___ SOF or ___ psych floor does not pose a significant risk of deterioration. (check one)

_____ MD/DO

Physician Signature

Evaluation Mental Status Examination

- Random sample of 120 EPs in 1983
- <5 minutes to perform the test (72%)
- Tests Used
 - Level of consciousness 95%
 - Orientation 87%
 - Speech 80%
 - Behavior 76%
- Majority perceived a need for and would use a short test of mental status (97%)

Zun LS and Gold I: A Survey of the form of mental status examination administered by emergency physicians, Ann Emerg Med,15: 916-922, 1986.

Evaluation: Short Mental Status Examinations



- Mini-Mental State Exam
- The Brief Mental Status Examination
- Short Portable Mental Status Questionnaire
- Cognitive Capacity Screening Examination

Brief Mental Status Examination*

Item	Score		
(weight) =	(number of errors) x		total
What year is it now?	0 or 1	x 4	=
What month is it?	0 or 1	x 3	=
<p>Present memory phase after me and remember it: <u>John Brown</u>, <u>42 Market Street</u> <u>New York</u></p>			
About what time is it? (Answer correct if within 1 hour)	0 or 1	x 3	=
Count backwards from 20 to 1.	0, 1, or 2	x 2	=
Say the months in reverse	0, 1, or 2	x 2	=
Repeat the memory phase x2 =	0, 1, 2, 3, 4 or 5		
(each underlined portion is worth 1 point)			
Final score is equal to the sum of the total(s)	=		

* Katzman, R, Brown, T, Fuld, P, Peck, A, Schechter, R, Schimmel, H: Validation of a short orientation-memory concentration test of cognitive impairment. Am J Psych 1983; 140:734-9.

Use of the Short Tests in the ED

- Used the Brief Mental Status Examination in an inner city ED.
- Score 0-8 normal, 9-19 mildly impaired, 20-28 severely impaired
- 100 randomly selected subjects
- 100 subjects with indications for the exam
- Chi-squared analysis of the physician analysis vs. tool
- 72% sensitivity and 95% specificity in identifying impaired individuals in the ED

Kaufman, DM, and Zun, LS: A Quantifiable, brief mental status examination for emergency patients: J Emerg Med, 13:449-456, 1995.

What laboratories and
radiographs does the patient
need?

Evidence to Test

- 46% of psychiatric patients had unrecognized medical illness.
 - Hall, RC, Gardner, ER, Popkin, MK, et. al: Unrecognized physical illness prompting psychiatric admission: A prospective study. *Am J Psych* 1981; 138: 629-633.
- 92% of one or more previously undiagnosed physical diseases.
 - Bunce, DF: Jones, R, Badger, LW, Jones, SE: Medical Illness in psychiatric patients: Barriers to diagnoses and treatment. *South Med J* 1982; 75:941-944.
- 43% of psychiatric clinic patients had one or several physical illnesses.
 - Koranyi, E: Morbidity and rate of undiagnosed physical illness in a psychiatric population. *Arch Gen Psych* 1979; 36: 414-419.

Evidence to Test

- In a recent retrospective review of 158 patients, 6% of the psych patients had undiagnosed physical illness that might contribute to psychiatric illness.
 - Skelcy, K, Wagner, MJ: Medical clearance of the psychiatric patient, ACEP Research Forum, 2000.
- Osborn recommends a moderately comprehensive battery of tests that will detect 90% of all medical illnesses.
 - Osborn, H: Medical clearance of the patient with psychiatric symptoms. 357-371.

Psych History vs New Onset

- 100 consecutive patients aged 16-65 with new psychiatric symptoms.
- 63 of 100 had organic etiology for their symptoms
 - History (100) 53% ABN 27% sign
 - PE (100) 64% ABN 6% sign
 - CBC (98) 72% ABN 5% sign
 - SMA-7 (100) 73% ABN 10% sign
 - Drug screen (97) 37% ABN 29% sign
 - CT scan (82) 28% ABN 10% sign
 - LP (38) 55% ABN 8% sign
- Patients need extensive laboratory and radiographic evaluations including CT and LP.

Hennenman, PL, Mendoza, R, Lewis, RJ: Prospective evaluation of emergency department medical clearance. Ann Emerg Med 1994;24:672-677.

Evidence Not to Test

- Most laboratories, EKG and radiographic testing should be abandoned in favor of a more clinically driven and cost effective process.
 - Allen, MH, Currier, GW: Medical assessment in the psychiatric emergency service. New Directions in Mental Health Services 1999;82:21-28.
- Patients with primary psychiatric complaints with other negative findings do not need ancillary testing in the ED.
 - Korn,CS, Currier, GW, Henderson, SO: “Medical Clearance” of psychiatric patients without medical complaints in the emergency department. J Emerg Med 2000;18:173-176.

Evidence Not to Test

- Medical and substance abuse problems could be identified by initial vital signs together with a basic history and physical examination.
 - Olshaker, JS, Browne, B, Jerrard, DA, Prendergast, H, Stair, TO: Medical clearance and screening of psychiatric patients in the emergency department. Acad Emerg Med 1997;4:124-128.
- Universal laboratory and toxicologic screening is of low yield.
 - Olshaker, JS, Browne, B, Jerrard, DA, Prendergast, H, Stair, TO: Medical clearance and screening of psychiatric patients in the emergency department. Acad Emerg Med 1997;4:124-128.

EMTALA Requirements

- EMTALA does not require the patient to have laboratories or radiographies performed to ensure medical stability.
- It does require that psychiatric patients with medical problems are transferred to a psychiatric facility that is equipped to handle the patients' medical problem.

**Moy, MM: EMTALA and Psychiatry in The EMTALA Answer Book
2nd Edition. Gaithersburg, MD:Aspen; 2000**



What information needs to be
transmitted?

What needs to be documented?

- Poor documentation of medical examination of psychiatric patients
- 298 charts reviewed in 1991 at one hospital
- Triage deficiencies
 - Mental status 56%
- Physician deficiencies
 - Cranial nerves 45%
 - Motor function 38%
 - Extremities 27%
 - Mental status 20%
- “medically clear” documented in 80%

The Term “Medically Clear”

- Tintinalli states it should be replaced by discharge note
 - History and physical examination
 - Mental status and neurologic exam
 - Laboratory results
 - Discharge instructions
 - Follow up plans
- The term has greater capacity to mislead than to inform correctly
 - Concern about misdiagnosis, premature referral and misunderstandings
 - Recommends education and process factors
 - Weissberg, M: Emergency room clearance:An educational problem. Am J Psych 1979;136:787-789.
- “Medically stable” vs. “medically clear”

Massachusetts College of Emergency Medicine and Massachusetts Psychiatric Society Consensus Statement, 2003

The Criteria for Psychiatric Patients with Low Medical Risk recommended by the task force included:

- ∞ Age between 15 and 55 years old
- ∞ No acute medical complaints
- ∞ No new psychiatric or physical symptoms
- ∞ No evidence of a pattern of substance (alcohol or drug) abuse
- ∞ Normal physical examination that includes, at the minimum:
 - • • a. normal vital signs (with oxygen saturation if available.
 - b. normal (age appropriate) assessment of gait, strength and fluency of speech
 - c. normal (age appropriate) assessment of memory and concentration.

Massachusetts College of Emergency Medicine and Massachusetts Psychiatric Society Consensus Statement, 2003

- ∞ A typical physical examination in the emergency department is focal, driven by history, chief complaints and disposition, and is not a replacement for a general, multisystem physical examination.
- ∞ The extent of the physical examination performed on a psychiatric patient by the emergency physician should be documented in the patient's medical record.
- ∞ Routine diagnostic screening and application of medical technology for the patient who meets the above low medical risk criteria is of very low yield and therefore not recommended.

Medical Exclusion Criteria

- ∞ Reality based upon what medical capabilities the receiving psychiatric facility has.
- ∞ Medical Exclusion Criteria - collaboration

Flow Chart



- ⌘ Is there reason to suspect a medical emergency?
- ⌘ If the patient is known, is there a known medical emergency?

Flow Chart:

Peace officer may use the following indicators to determine if a medical emergency exists:

- ∞ Overdose
- ∞ Acute Intoxication with Alcohol or Drugs
- ∞ Chest Pain
- ∞ Fluctuating consciousness
- ∞ Stab Wound, bleeding or serious injury
- ∞ Seizure Activity

Flow Chart:

Peace officer may use the following indicators to determine if a medical emergency exists:

- ❧ Complications from Diabetes
- ❧ Injured in assault or fight
- ❧ Victim of Sexual Assault
- ❧ Person is a resident of a nursing home or assisted living facility

Questions

