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

<table>
<thead>
<tr>
<th></th>
<th>Delirium</th>
<th>Dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Onset</td>
<td>Acute</td>
<td>Slow</td>
</tr>
<tr>
<td>Awareness</td>
<td>Reduced</td>
<td>Clear</td>
</tr>
<tr>
<td>Alertness</td>
<td>Fluctuates</td>
<td>Normal</td>
</tr>
<tr>
<td>Orientation</td>
<td>Impaired</td>
<td>Impaired</td>
</tr>
<tr>
<td>Memory</td>
<td>Impaired</td>
<td>Impaired</td>
</tr>
<tr>
<td>Perception</td>
<td>Hallucinations</td>
<td>Intact</td>
</tr>
<tr>
<td>Thinking</td>
<td>Disorganized</td>
<td>Vague</td>
</tr>
<tr>
<td>Language</td>
<td>Slow</td>
<td>Word finding problems</td>
</tr>
</tbody>
</table>
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.

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

<table>
<thead>
<tr>
<th><strong>Patient’s name</strong></th>
<th><strong>Race</strong></th>
<th><strong>Date</strong></th>
<th><strong>Date of birth</strong></th>
<th><strong>Gender</strong></th>
<th><strong>Institution</strong></th>
</tr>
</thead>
</table>

- **1. Does the patient have new psychiatric condition?**
  - Yes □
  - No □

- **2. Any history of active medical illness needing evaluation?**
  - Yes □
  - No □

- **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)
  - Yes □
  - No □

- **4. Any abnormal physical exam (unclothed)**
  - Yes □
  - No □
  - 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%)

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**

<table>
<thead>
<tr>
<th>Item</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>(number of errors) x (weight) = total</td>
<td></td>
</tr>
<tr>
<td>What year is it now?</td>
<td></td>
</tr>
<tr>
<td>0 or 1 x 4 =</td>
<td></td>
</tr>
<tr>
<td>What month is it?</td>
<td></td>
</tr>
<tr>
<td>0 or 1 x 3 =</td>
<td></td>
</tr>
<tr>
<td>Present memory phase after me and remember it: ( \underline{John \ Brown, 42 \ Market \ Street \ New \ York} )</td>
<td></td>
</tr>
<tr>
<td>About what time is it?</td>
<td></td>
</tr>
<tr>
<td>0 or 1 x 3 =</td>
<td></td>
</tr>
<tr>
<td>(Answer correct if within 1 hour)</td>
<td></td>
</tr>
<tr>
<td>Count backwards from 20 to 1.</td>
<td></td>
</tr>
<tr>
<td>0.1. or 2 x2 =</td>
<td></td>
</tr>
<tr>
<td>Say the months in reverse</td>
<td></td>
</tr>
<tr>
<td>0, 1, or 2 x2 =</td>
<td></td>
</tr>
<tr>
<td>Repeat the memory phase</td>
<td></td>
</tr>
<tr>
<td>0,1,2,3,4 or 5 x2 =</td>
<td></td>
</tr>
<tr>
<td>(each underlined portion is worth 1 point)</td>
<td></td>
</tr>
<tr>
<td>Final score is equal to the sum of the total(s) =</td>
<td></td>
</tr>
</tbody>
</table>

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

What laboratories and radiographs does the patient need?
Evidence to Test

• 46% of psychiatric patients had unrecognized medical illness.

• 92% of one or more previously undiagnosed physical diseases.

• 43% of psychiatric clinic patients had one or several physical illnesses.
  • Koranyi, E: Morbidly 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.

- Osborn recommends a moderately comprehensive battery of tests that will detect 90% of all medical illnesses.
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.

Evidence Not to Test

- Most laboratories, EKG and radiographic testing should be abandoned in favor of a more clinically driven and cost effective process.

- Patients with primary psychiatric complaints with other negative findings do not need ancillary testing in the ED.
Evidence Not to Test

- Medical and substance abuse problems could be identified by initial vital signs together with a basic history and physical examination.

- Universal laboratory and toxicologic screening is of low yield.
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.

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
- “Medically stable” vs. “medically clear”
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:
  - Normal vital signs (with oxygen saturation if available)
  - Normal (age appropriate) assessment of gait, strength and fluency of speech
  - Normal (age appropriate) assessment of memory and concentration.
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