

WASHINGTON ADVENTIST HOSPITAL
EMERGENCY MEDICINE DEPARTMENT
POLICY MANUAL

EMERGENCY PETITION
Assessment & Disposition of Diagnosed/Suspected

Effective Date: 11/79

Comments:

Reviewed: 3/98, 4/01, 7/04

Revised: 10/90, 12/91, 2/95, 7/04

Policy No. 5026

Origin: ED

Authority: EDC

Page: 1 of 4

PURPOSE

The purpose of this policy is to establish guidelines for the assessment of the diagnosed or suspected mentally ill patient presenting to the Emergency Department.

POLICY

The patient with a mental disorder may arrive in the Emergency Department in several ways:

1. On a voluntary basis - alone or with family, friends, etc.
2. Unwilling - brought by family, friends, or police.
3. By Petition for Emergency Evaluation with police/sheriff involvement. NOTE: The Petition does not need to be present in its entirety but should be verified with every reasonable effort that it has been executed properly; that is, duly signed by a Judge or Police Officer.
4. By Mobile Crisis Team (county professional team responsible for psychiatric emergency evaluation -- they may provide a written report and/or consult with the ED physician and the psychiatric physician).

PROCEDURE

A. OBTAINING CONSENT FOR TREATMENT

Every effort should be made to obtain the consent of the patient on the Emergency Department "Consent for Treatment" form. Complete documentation of all such efforts should be noted in the patient's medical record if the patient refused to sign. For a patient who is unable/unwilling to sign, indicate on the consent form state the reason the patient cannot sign. The witness section of the consent must be filled out according to policy.

B. EVALUATION IN THE ED BY PHYSICIAN AND PSYCHIATRIC LICENSED COUNSELOR

After the Emergency Department physician, or private medical physician, examines the patient and requires an additional psychiatric evaluation or consultation, the psychiatric licensed counselor will be called. The psychiatric licensed counselor will respond to the Emergency Department within [one-half hour.] If the psychiatric nurse is unable to respond within that time period, or if the Emergency Department physician disagrees with recommended disposition, the Emergency Department physician will consult with the psychiatrist directly. The psychiatrist will

WASHINGTON ADVENTIST HOSPITAL
EMERGENCY MEDICINE DEPARTMENT
POLICY MANUAL

EMERGENCY PETITION
Assessment & Disposition of Diagnosed/Suspected

Policy No: 5026
Page: 2 of 4

be required to come in and do an evaluation, if requested to do so by the Emergency Department physician.

C. DISPOSITION

1. A patient may be:

- a. Discharged with, or, if deemed appropriate, without, mental health referrals.
- b. Admitted to the Hospital on Unit 2100, if medically clear; if not medically clear, the patient must be admitted to an appropriate medical bed. Patients admitted to Unit 2100 will be admitted to a psychiatrist
- c. Transferred to private mental health unit or facility. Involuntary transfers to Maryland facilities must have two "Mentally Disordered Physician's Certificates" third-party forms completed and a narrative report completed by either one of the certifying physicians or psychologists. The transfer must be accepted by the receiving institution.
- d. Transferred to State facility. To be eligible for admission, a patient must be:
 1. In need of inpatient psychiatric hospitalization suffering from a mental disorder qualified as such under the American Psychiatric Association definition, a danger to himself or others, and be medically clear as validated by diagnostic testing when appropriate, including but not limited to, drugs/toxicology testing.
 - 1a2. With involuntary admissions, two Physicians' or Psychologist's Certificates (DHMH- Form #2), a third party (DHMH 34), and a narrative report from either one of the certifying physicians or psychologists (which further elaborates on the certifying questions), and copies of any relevant records or reports regarding the patient.
 - 1a3. Patients will not be transferred to State facilities if Washington Adventist Hospital has beds and the patient meets admission criteria.

WASHINGTON ADVENTIST HOSPITAL
EMERGENCY MEDICINE DEPARTMENT
POLICY MANUAL

EMERGENCY PETITION
Assessment & Disposition of Diagnosed/Suspected

Policy No: 5026
Page: 3 of 4

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2. Even though a patient is admitted to the Hospital on a voluntary basis, the patient can be held against their will. Once the voluntary consent for admission is signed, the patient can be held up to three days without their consent. If the voluntary patient does elope, it is up to the physician to determine whether or not the police need to be contacted to bring the patient back for admission.

D. WASHINGTON ADVENTIST HOSPITAL'S INVOLUNTARY UNIT

The patient may be considered for admission to that unit when:

1. The patient is eligible for admission (from Unit #2100 admission criteria) as designated by psychiatrist's admission order.
2. Certifying paperwork is complete:
 - a. Two Physician's Certificates have been signed.
 - b. The third party form is complete.
 - c. An accompanying narrative from one of the certifying physicians is complete.
3. There is a note on the Emergency Department record by the Emergency Department physician that states that the patient is "medically clear." When these patients are admitted, they are accompanied to the unit by a Security officer and an Emergency Department staff member.

WASHINGTON ADVENTIST HOSPITAL
EMERGENCY MEDICINE DEPARTMENT
POLICY MANUAL

EMERGENCY PETITION
Assessment & Disposition of Diagnosed/Suspected

Policy No: 5026
Page: 4 of 4

E. GERIATRIC EVALUATION

All patients 65 years and older must have a Geriatric Evaluation Clearance in order to be admitted. The nurse should call the agency and be prepared to give a brief description of need, tentative diagnosis, past medical history, and medications. The agency will be responsible for notifying the State Mental Health Facility with the clearance information. If the patient is on medical assistance, it may be possible to arrange transportation through a private ambulance company accepting payment through the State Medical Assistance Program.

F. TRANSPORTING TO STATE FACILITY

The receiving State hospital must be notified and accept the transfer of the patient. Residents of Montgomery County are sent to Springfield State Hospital. Residents of Prince George's County go to Spring Grove State Hospital. Springfield transport is arranged through the Montgomery County Crisis Center. Spring Grove transport is arranged via Silver Spring ambulance services.

All patients sent to a State psychiatric facility must have a blood alcohol level less than 100. If a patient's BA level is greater than 100, he/she must have a documented BA less than 100 before transfer.

If the patient does not speak English, the State facility must be notified of this fact when transfer is being arranged. (Once the patient arrives at the State facility, that facility must notify the patient of the patient's bill of rights; therefore, that facility must then make arrangements for an appropriate translator.)

WASHINGTON ADVENTIST HOSPITAL
EMERGENCY MEDICINE DEPARTMENT
POLICY MANUAL

EMERGENCY PETITION
Assessment & Disposition of Diagnosed/Suspected

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Page: 1 of 2

PURPOSE

The purpose of this policy is to establish guidelines for the care of a patient on a Petition for Emergency Evaluation.

POLICY

A family member who has reason to believe that a person is mentally disordered and is in clear and imminent danger of causing grave and immediate personal injury to himself or others may file a petition for the emergency evaluation of such person with the Court Commissioner.

NOTE: Upon arrival at the Emergency Department, the Petition does not need to be present in its entirety but should be verified with every reasonable effort that it has been executed properly; that is, duly signed by a Judge.

PROCEDURE

A. TIME LIMIT FOR EXAMINATION

It should be noted that the admittee (patient) must be examined by a physician within six hours after being taken into custody to determine if the admittee has symptoms of a mental disorder and the appearance of being in clear and imminent danger of causing grave and immediate personal harm to himself or others. If the examining physician finds that the emergency admittee meets the criteria for involuntary admission and is unwilling or unable to be a voluntary patient, the physician shall take the necessary steps to have the emergency admittee admitted to an appropriate facility. An appropriate facility includes a general hospital with licensed inpatient psychiatric units. If all these conditions are not met the admittee will be released to be returned to the place where he entered into the peace officer's custody, unless he/she requests not to be transported. Arrangements for this prompt transportation shall be made by the emergency facility. If transportation by the emergency facility is not available, then it will be accomplished by a peace officer.

A petition for emergency evaluation of an individual may be made if the petitioner believes that the individual has a mental disorder and presents an imminent danger to the life or safety of themselves or others. The petition may be made by a physician, psychologist, clinical social worker, licensed clinical professional counselor, a health officer or his designee, or a peace officer who has observed the individual or the individual's behavior or any interested person.

Reference: Maryland Code §10-622, 624.

WASHINGTON ADVENTIST HOSPITAL
EMERGENCY MEDICINE DEPARTMENT
POLICY MANUAL

EMERGENCY PETITION
Assessment & Disposition of the Patient

Policy No: 5030
Page: 2 of 2

B. NOTIFICATION TO INTERESTED PERSON

The examining physician or his designee shall give notice by telephone, or otherwise, of the examination and the emergency admittee's present and potential status and whereabouts to the nearest relative and/or interested person shown on the petition and to the admittee's attorney, if any.

C. ALTERNATIVES FOR DISPOSITION OF EMERGENCY ADMITTEE

Alternatives are:

1. Admittee may be certified on (DHMH #2) Physicians' or Psychologists' Certificates for Mentally Disordered by two physicians, with a narrative report from one of the physicians (that further elaborates on the certifying questions) and a third-party form, and then admitted to a State or private psychiatric facility or admitted to WAH, if admission criteria is met.
2. Admittee may be released for failure to meet one of more of the requirements of the petition.
3. The admittee may be allowed to sign a Voluntary Treatment Agreement immediately after he has been released.

D. MAINTAINING RECORDS

All original Petitions, whether admittees were released or admitted into the emergency facility, will become part of the emergency facility records. If the peace officer does not have a copy, one should be made in the Emergency Department. All certifying forms will be copied and kept with the Emergency Department record. The originals of the certifying forms and a copy of the Petition and Emergency Department Medical Record will accompany the admittee to the receiving facility.