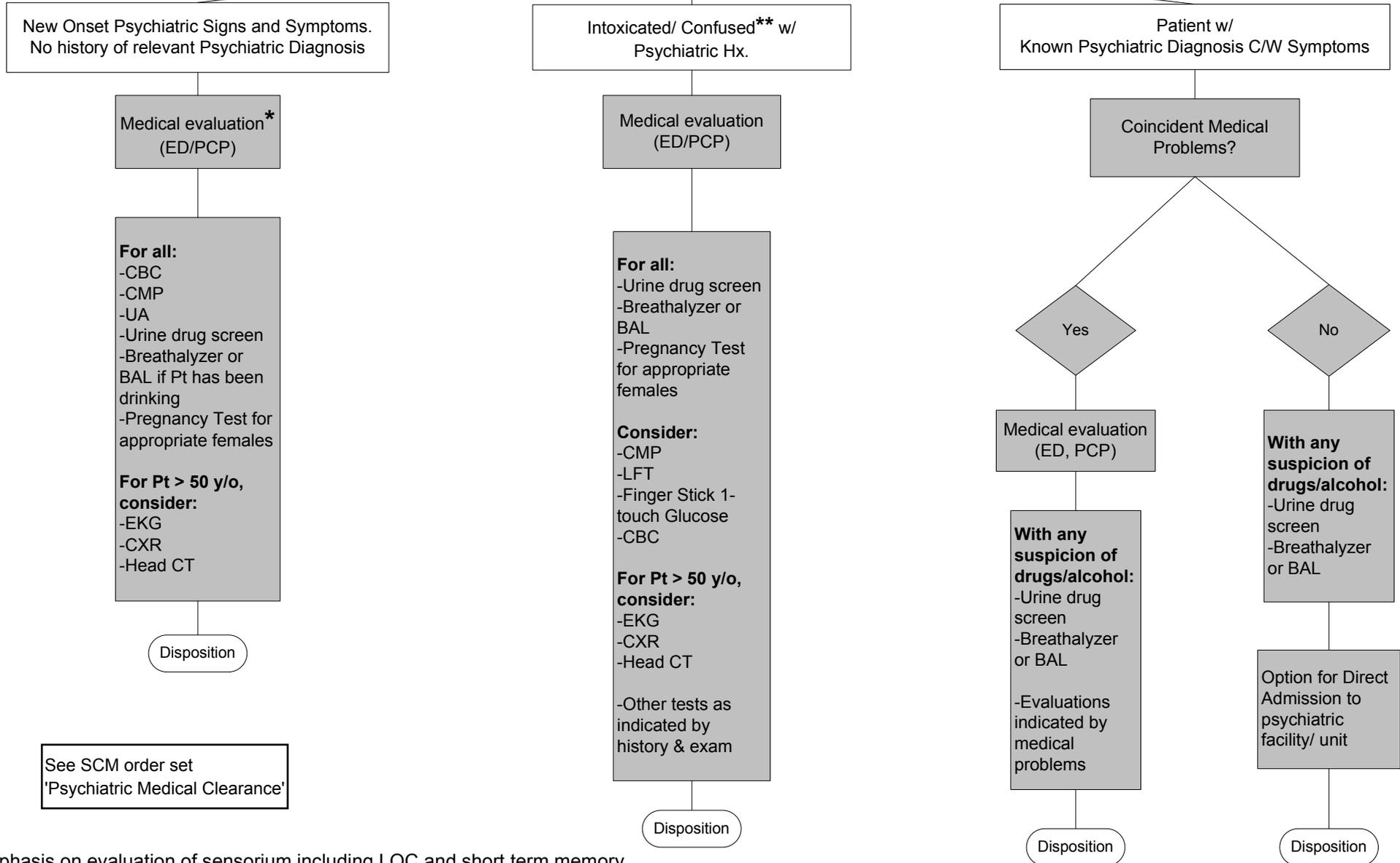


**MaineHealth Medical Clearance Protocol:
Acute Psychiatric Patient in the E.D.
Presenting for IP Admission**

To report activity outside this protocol within the MaineHealth System please dial (207) 761-2322



* Emphasis on evaluation of sensorium including LOC and short term memory

**Evaluation for Delirium is an important part of medical evaluation

Guideline Evidence

Guideline Topic: Medical Clearance of Psych Patients in the ED

Author: Katie Dolbec, MD

Date of Creation: 12/23/10 Sugg Update: 12/23/2011

Search Criteria: Medical Clearance, Psychiatric Patients,
Emergency Department

Databases: PubMed

Key Guidelines (Dates) MaineHealth Medical Clearance Protocol

#	Recommendation	Source	Classification	Level of Evidence
1	The vast majority of medical problems and substance abuse in ED psychiatric patients can be identified by initial vital signs and a basic history and physical examination. Universal laboratory and toxicological screening of all patients with psychiatric complaints is of low yield.	Acad. Emerg. Med. 1997; 4:124-128	Retrospective Observational Analysis	III
2	Patients with a primary psychiatric complaint coupled with a documented past psychiatric history, negative physical findings, and stable vital signs who deny current medical problems may be referred to psychiatric services without the use of ancillary testing in the ED.	Journal of Emergency Medicine. Volume 18, Issue 2, February 2000, Pages 173-176	Retrospective Chart Review	III
3	Patients with psychiatric presentations should undergo a complete physical examination, including a full set of vital signs, before disposition from the ED.	Journal of Emergency Medicine. Volume 35, Issue 4, November 2008, Pages 369-372	Retrospective Chart Review	III
4	Routine-driven urine toxicology screens in uncomplicated psychiatric patients being evaluated in the ED offered little additional information, did not influence management, and potentially increased both ED cost and time. Patients with straightforward psychiatric complaints may be medically cleared without a urine toxicology screen.	Pediatr Emer Care. 2009;25: 387-392	Retrospective Chart Review	III
5	Patients presenting to the ED with psychiatric chief complaints, benign histories and normal physical examinations have a low likelihood of clinically significant laboratory findings.	WestJEM. 2009;10:97- 100	Prospective, Unbinded Study	Ib
6	Patients presenting to the ED with a psychiatric chief complaint can be medically cleared for admission to a psychiatric facility by qualified emergency physicians using an appropriate history and physical examination. There is no need for routine medical screening laboratory tests.	Journal of Emergency Medicine, 2010.	Retrospective Chart Review	III
7	Psychiatric patients in the ED require a complete assessment adequate to exclude medical diseases that may present with psychiatric symptoms including a medical, psychiatric, and substance abuse history, a review of systems, and vital signs. Physical examination must include a cognitive examination and a screening neurologic examination. Laboratory examinations should be performed as indicated but should always include a urine pregnancy test in all fertile women, blood levels of all psychiatric medications with an established therapeutic window, and routine urine toxicology evaluation. Other exams and tests should be performed at the discretion of the providers.	APA Task Force on Psychiatric Emergency Medicine	Expert Committee Report	IV