

# Process for Evaluating Behavioral Health Patients in the Pediatric Emergency Department

Patient with behavioral health complaint arrives to PED

See patient in Police holding (if that is their starting location) or advise staff to move to final destination (Behavioral Health ED [**BHED**] or Ground Floor Neurosciences Hospital [**GNSH**])

Take an abbreviated history (focus on: suicidal ideation, homicidal ideation, auditory or visual hallucinations, and patient/parent/guardian/school safety concerns in addition to noting existing psychiatric and/or medical diagnoses), perform a physical examination, present patient to attending, and consult **Psychiatric Emergency Services (PES; pager 216-3832)**. Complete a full ED Provider Note if this is a new encounter.

## Place the following orders:

- Inpatient psychiatric consult (not pediatric psych) AND **ADT 18 (Place patient in ED Psych) \*\*NEW FEB 2020\*\***
- Diet
- Order all home medications (check drug levels if appropriate)
- Urine tox
- Urine pregnancy if appropriate
- If an intentional overdose add the following orders: CBC, CMP, Lipase, TSH, Acetaminophen Level, Salicylate Level, Ethanol Level, EKG
- Level of Supervision or Suicide Precautions
  - Triage nurse will put in suicide precautions if patient screens high risk for suicide and will assign 1:1 sitter
  - After your evaluation, if you think the patient can be downgraded you can discontinue suicide precautions and put in a Level of Supervision q15 minutes. Document a downgraded risk level by utilizing the system smartphrase: . **SAFETPROTOCOLINITIAL**
- Complete a Progress Note after receiving sign out on an existing encounter or after every subsequent significant event.