



INTOXICATED PATIENT PSYCHIATRIC ASSESSMENT AND DISPOSITION

APPROVED: 
EMS Medical Director


EMS Administrator

Guidelines and Information Needed

- Identify law enforcement officer in charge of the scene and make contact.
 - Obtain information regarding the client's behavior and events precipitating the call.
- A complete paramedic assessment must be completed and documented for any intoxicated patient.
- The term "intoxicated" refers to the excessive use/abuse of any combination of illicit drugs, prescription medications, alcohol or other mind altering substances resulting in significant impairment of physical or mental control.
- A blood sugar level must be obtained for all patients suspected of being intoxicated.
 - It should be documented if the patient refuses the procedure
- Pulse oximetry should be obtained for any patient with suspected intoxication.
- The history of substance use and the history of the symptoms that have occurred during prior episodes of withdrawal should be obtained and documented
- Include time and date of last use for each substance used, amount used, usual pattern of use.
- Question the patient about symptoms that occurred with past episodes of withdrawal.
 - Evaluation in an ED should be considered for patients who have recently experienced seizures, hallucinations, or other significant symptoms of withdrawal.
- Patients who have received treatment for hypoglycemia or drug overdose during the current event by EMS personnel or caregivers must be evaluated and transported as a medical patient.

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- Hypoglycemia, hypoxia, neurotrauma and other metabolic abnormalities can mimic an acute psychiatric decompensation or intoxication. Always rule out organic causes
- Patients with primary medical or psychiatric complaints may self-medicate with alcohol or other substances to decrease symptoms of underlying disease, use particular caution in intoxicated patients.

Assessment and Disposition

Medical

- If it is determined that the patient may have an emergency medical condition by assessment or history, transport the patient to the appropriate emergency department. Always transport the patient to the ED for the following:
 - Abnormal vital signs or abnormal cardiac rhythm
 - A patient with a heart rate <60 or >110
 - GCS less than 13
 - Patient unable to ambulate without assistance
 - Blood Glucose <80 or >200
 - Medical complaints related to current events
 - Untreated or recent trauma to head, neck, chest or abdomen as evidenced by bruising, contusions, abrasions or reliable history
 - Untreated recent lacerations
 - History or suspicion of recent substance overdose

Psychiatric

- If it is determined that the patient has an underlying psychiatric emergency, determine if the patient is willing to be evaluated voluntarily.
- If the patient does not accept voluntary transportation for medical or psychiatric treatment, determine if the patient meets the criteria for placement of a 5150 hold
 - The PES Physician may be contacted as necessary for consultation on the care of the patient.
- The patient will be transported to the most appropriate facility if possible. The appropriate facility is defined as:
 - The facility when the patient is usually cared for and therefore has ready access to the medical record or
 - The facility of choice as designated by the patient or the parent guardian or designated decision maker, or
 - The psychiatric emergency facility that is closest to the point of contact

Substance Abuse

- If it is determined that drug or alcohol ingestion is the primary presenting problem and there are no underlying medical conditions, evaluate the patient for transportation to First Chance.
- If there is no medical or psychiatric problem identified by the paramedic, the patient will be offered transportation to First Chance. First Chance is a

sobering station. It provides clients with bed space, a safe place to sober up, clean clothing if possible, referrals and counseling support.

- The patient must meet the medical criteria for admission to First Chance as stated in 2.1 above. As well as the First Chance admission criteria listed below.
 - The patient must be agree to admission
 - The patient must be ambulatory without assistance
 - The patient must have evidence of alcohol or other drug intoxication (odor of alcoholic beverages on breath, bottle, or admit to substance use)
 - The client must be an adult (over 18)
 - The client must be willing to accept transportation to First Chance and be willing to stay there for at least 5 hours
 - The client will need to have been checked for weapons by a law enforcement officer **or** to have had a through secondary survey by the paramedics to ensure there is not an occult injury or any weapons with the patient.
 - If the examination for weapons is done by a law enforcement officer, that officers name and badge number must be reported to First Chance
 - If the patient has any prescription or non-prescription medication with them the First Chance Staff should be notified.
 - If the patient is not willing to be transported voluntarily, does not meet criteria for a 5150, and does not require evaluation at an ED, a SMART Non-Transport form will be obtained
 - If the initial referral for transportation to First Chance was made by law enforcement the officer on scene should be notified.

Precautions and Comments

- Consultation, Referral and Documentation will be done in accordance with the Psychiatric Assessment and Disposition Protocol.
- Consider contacting the SMART Clinician or Aging and Adult Services for assistance in coordinating shelter services if needed.
- Make every attempt to determine how the patient may be contacted if there is no traditional address or phone number available and document for SMART Clinician.