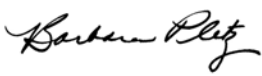




SMART PROGRAM PSYCHIATRIC ASSESSMENT AND DISPOSITION

APPROVED: 

EMS Medical Director



EMS Administrator

Purpose

The purpose of this protocol is to discuss the general care of clients that the SMART paramedic is called to assess. Additional information regarding minor patients and those who are intoxicated are addressed in the Pediatric Psychiatric Assessment or Intoxicated Patient Psychiatric Assessment protocols.

Scene Size-Up/Global Assessment

- Recognize hazards, ensure safety of scene, and secure a safe area for treatment
- Apply appropriate universal body substance isolation precautions
- Recognize hazards to patient and yourself and protect from further injury
- Evaluate the surroundings: syringes, blood glucose monitoring supplies, insulin, etc.
- Identify number of patients and resources needed
- Call for EMS, fire and police backup as 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.
- Initiate Multicasualty Incident Protocol as needed
- Observe position of patient
- Plan strategy to protect evidence at potential crime scene
- Contact 911 at anytime if the patient becomes violent or if there is a concern for paramedic or patient safety

Information Needed

- Complete and document medical and mental health assessment on the SMART Prehospital Assessment Record (PAR).

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- Evaluate for changes in mental status: baseline status, onset and progression of altered state, preceding symptoms such as headache, seizures, confusion, trauma, etc.
 - Note: onset and progression of symptoms is critical in differentiating between dementia and delirium
- Environmental surroundings relative to food, clothing, shelter and finances

Objective Findings

- Complete Vital Signs
- Blood Glucose for any patient with recent change in mental status
- Pain Assessment documented for any complaint of pain or discomfort

Treatment / Disposition (see attached algorithm)

Medical Emergencies

- If the paramedic assessment is abnormal and the patient will voluntarily accept transportation to an emergency department, the paramedic will treat and transport the patient in accordance with existing patient care protocols
- If the patient has the need for medical care and is not willing to be transported voluntarily to an emergency department, disposition will be based on the mental health assessment.
- If the patient is determined to be gravely disabled or a danger to themselves or others, a 5150 hold will be placed by the paramedic or the law enforcement officer and the patient will be transported to the appropriate medical ED.

Psychiatric Emergencies

- If, based on the mental health exam, it is determined that there is a possible psychiatric emergency, the patient will be offered voluntary care and transportation to a psychiatric emergency department in the SMART vehicle.
- If the patient is in need of emergency psychiatric care and is not willing to be transported voluntarily to a psychiatric emergency department, disposition will be based on the mental health assessment.
- If the patient is determined to be gravely disabled, or a danger to themselves or others, a 5150 hold will be placed by the paramedic or the law enforcement officer and the patient will be transported to the appropriate psychiatric ED
- 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, parent, guardian or designated decision maker, or

- The psychiatric emergency facility that is closest to the point of contact.

Consultation

- The San Mateo Medical Center (SMMC) Psychiatric Emergency Services (PES) attending psychiatrist will be contacted for psychiatric consultation if the paramedic is unsure if the patient meets the criteria for a 5150 hold.
 - If the PES physician determines that there is no apparent emergency situation and the patient is competent to refuse care, the patient will be asked to sign the SMART program non-transport form.
 - The SMART Clinician or the PES attending psychiatrist may be contacted if the patient has significant behavioral or social issues, does not meet the criteria for a 5150 hold and will not accept voluntary transportation.
- The TIES Line can be contacted to determine if the patient has a conservator.
- To determine if a temporary conservatorship has been placed contact (650) 363-4117 (M-F, 8a-5p)
 - If the patient is under conservatorship, the conservator will be contacted to assist with the disposition of the patient.
- If there is a concern for the safety of a dependent or elderly adult or suspicion of abuse or neglect, the Ties line will be contacted. A written and verbal report will be filed.

Referral

Immediate:

- If the patient needs immediate intervention and does not meet criteria for mental health or medical transportation, the SMART Clinician will be contacted by pager or phone during business hours.
- If the SMART Clinician is unavailable, the Mental Health Support team may be contacted.
- The TIES line may be contacted for immediate referral of a dependent or elderly adult or if there is any concern regarding safety, abuse or neglect

Urgent (next business day):

- If the need for referral is urgent or routine, the Prehospital Assessment Record (PAR) will be faxed or e-mailed to the SMART Clinician. A voice contact should also be considered.

Routine:

- If the patient needs a routine referral, based on the paramedic's assessment, consultation with the PES physician or consultation with the SMART Clinician, referral will be made to the appropriate community resource and written materials will be left with the patient

Documentation

- A Prehospital Care Record (PCR), which includes elements of the medical and psychiatric assessment of the patient, will be completed for all patients.
- If the patient is turned over to an ambulance for medical transportation the transporting paramedic will complete a PCR. The SMART paramedic will complete the PAR.
- If a 5150 form has been generated, it will be transported to the hospital with the patient.
- Copies of all forms and documentation completed by the SMART paramedic including the PAR, 5150 forms, abuse reports, will be forwarded to the SMART Clinician by the end of the SMART paramedic's shift.

Disposition

- Patients assessed by the SMART paramedic may be transported to a Medical ED, facility designated as a psychiatric emergency services receiving facility, mental health provider office/clinic or shelter or emergency housing in the SMART vehicle.
 - Transportation to a office or clinic for the provision of psychiatric services, shelter or emergency housing must be pre-arranged by and in consultation with the SMART Clinician, the SMMC PES staff in consultation with the Psychiatrist, Child protective Services or Aging and Adult Services
- If a patient is not transported, a SMART program Non-Transport form will be signed. (attached)
- Refer to the SMART Program Pediatric Policy for clarification of consent and disposition for the minor patient.

Precautions and Comments

- If there is a suspicion of abuse or neglect of an elder or dependent adult, the appropriate verbal and written reports will be filed and authorities notified.
 - A verbal report should be made to the TIES line at 1-800-675-8437.
- Extreme caution should be used if patients are under the influence of drugs or alcohol during the assessment and not transported for further care.
- Family members should be provided with the opportunity to complete a "San Mateo County Mental Health Information Provided by Family Member" form in compliance with Section 5008.2 of the Welfare and Institutions Code.



*San Mateo County Mental Health Assessment and Referral Team
Non-Transportation Form*

- Patient has been offered and refused transportation to recommended services at this time.
- Patient and SMART paramedic have agreed that immediate transportation to recommended services are not needed at this time. The recommended follow-up services are as follows:
 - The client will work with the SMART Clinician.
 - _____
 - _____
 - _____
 - _____
 - _____

Patient Name: _____ Date: _____ Time: _____
(Print)

Signature: _____ Relation: _____
(Patient or Responsible Party)

Paramedic: _____ Date: _____ Time: _____

Witness: _____ Date: _____ Time: _____

