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## **North Sound Behavioral Health Administrative Services Organization, LLC**

### **Section 1700 – Integrated Crisis Response Services (ICRS): Medical Status Criteria for Involuntary Treatment Services**

Authorizing Source: RCW 71.05.020; DCR Protocols

Approved by: Executive Director Date: 4/29/2025

Signature:

#### **POLICY # 1721.00**

#### **SUBJECT: MEDICAL STATUS CRITERIA FOR INVOLUNTARY TREATMENT SERVICES**

##### **PURPOSE**

To outline a process that ensures medical stability of the individual, prior to North Sound BH-ASO Regional Crisis Line (RCL) or a Designated Crisis Responder (DCR) screening for Involuntary Treatment Act (ITA) evaluation at community hospitals (emergency departments, general medical floor, Intensive Care Unit, etc.). Such criteria are essential to ensure consistent medical status for the DCR's ITA assessment process.

##### **DEFINITION**

**Medical clearance:** means a physician or other health care provider, including an Indian health care provider, has determined that a person is medically stable and ready for referral to the designated crisis responder or facility. For a person presenting in the community, no medical clearance is required prior to investigation by a designated crisis responder (RCW 71.05.020).

##### **POLICY**

Individuals in need of ITA evaluation shall be medically ready for discharge from the hospital and able to be interviewed prior to referral for a DCR. Exceptions can be made on a case-by-case basis when, in the professional judgment of the hospital Medical Doctor (MD, DO), Advanced Register Nurse Practitioner (ARNP), or Physician Assistant (PA) specific diagnostic/medical clearance procedures are not warranted, or are not in the best interest of the individual or the individual requires further medical treatment and needs to be assessed for involuntary behavioral health treatment (e.g., in these cases a Single Bed Cert can be considered, and a detention can commence).

##### **PROCEDURES**

1. Individuals shall be evaluated by a MD, DO, ARNP, or PA and the individual's presenting problem(s) to the hospital, shall be addressed by the hospital professional, prior to the referral for ITA services.
2. All referrals for ITA services shall have a full, documented body systems examination by a MD, DO, ARNP, or PA to include wounds or trauma, cardiac and respiratory status, evidence of acute nutritional/hydration issues, acute etiologies ruled out and complaints of pain addressed.
3. The following vitals parameters shall be met prior to evaluation for ITA services:
  - a. Resting pulse, no greater than 120 and no lower than 50;
  - b. Systolic blood pressure no greater than 200;
  - c. Diastolic blood pressure no less than 50, no greater than 110; and
  - d. Temperature no greater than 101.5 degrees Fahrenheit.

4. A urine toxicology screen is needed if any signs of intoxication or substance abuse are present.
  - a. Secure Withdrawal Management and Stabilization (SWMS) facilities require the results of toxicology screens prior to acceptance.
  - b. Individuals who present with substances in their system and are not able to be interviewed due to the effects of the substances require medical intervention/observation to address detoxification. The individual should be re-examined by the medical professional after the individual is medically ready for discharge and able to be interviewed to determine if the initial presenting problem has resolved or is still in need of an evaluation for ITA services.
5. If psychiatric hospitalization is deemed likely, other routine laboratory screens (e.g., chemical 7 panel, complete metabolic panel, applicable psychotropic medication blood levels, urinalysis and urine toxicology) shall be obtained, if necessary, in order to facilitate the individual's transfer to an evaluation and treatment (E&T) facility.
  - a. While clinically directed testing should be conducted in advance, transfer should not be delayed for routine testing if the patient has been determined to be otherwise medically stable for transfer.
6. For individuals presenting with psychosis and no mental health or drug use history, a brief screening neurological exam shall be considered to rule out focal neurological symptoms that may indicate a primary medical concern.
7. A constellation of confusion, agitation, incoherence and elevated vital signs should be assumed to be delirium until proven otherwise. This would include delirium secondary to substance withdrawal.
8. A brief Mental Status Exam shall be completed.
9. When it is unclear whether a presentation warrants a transfer, medical providers at both facilities should review the patient's presentation without the use of DCRs as intermediaries.

## **ATTACHMENTS**

None