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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: 11/3/2020 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 screening for Involuntary Treatment Act (ITA) evaluation at community hospitals (emergency departments, general medical floor, Intensive Care Unit, etc.). Such criteria are essential to provide consistent and basic medical status for the assessment process.

#### **DEFINITION**

**Medical clearance:** means a physician or other health care provider has determined that a person is medically stable and ready for referral to the designated crisis responder (DCR) (RCW 71.05.020)

#### **POLICY**

Individuals in need of ITA evaluation for Behavioral Health Disorder 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 potential referrals to 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. For individuals requiring a SUD Involuntary evaluation, a toxicology screen is required prior to dispatch of the Designated Crisis Responder (DCR). Secure Detox facilities require the results of toxicology screens prior to acceptance to these facilities.
  - 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. A blood level of prescribed measurable psychotropic medications (e.g., lithium, tegretol, depakote) shall be obtained
  6. If psychiatric hospitalization is deemed likely, other routine laboratory screens (e.g., chemical 7 panel, complete metabolic panel, urinalysis and urine toxicology) shall be obtained in order to facilitate the individual's transfer to an evaluation and treatment (E&T) facility.
  7. For individuals presenting with psychosis and no mental health or drug use history, a brief screening neurological exam shall be completed to rule out focal neurological symptoms that may indicate a primary medical concern.
  8. 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.
  9. A brief Mental Status Exam shall be completed.

#### **ATTACHMENTS**

None