

Psychiatric Patient “Fast-Track” Protocol

Departments of Emergency Medicine

Updated November 2020

Goals:

1. Improve the ED throughput of ambulatory medically-stable psychiatric patients.
 - Measure(s): Arrival-to-provider, Arrival-to-disposition
2. Use telemedicine at HED and GED facilities to decrease ED-to-ED transfers.
 - Measure: Number of ED-to-ED transfers for psychiatric patients

University (UED) Protocol:

1. Ambulatory patient checks-in with a primary psychiatric complaint.
2. Triage RN considers the **exclusion criteria** for the “fast-track” process:
 - a. Active medical issues (including PUI symptoms)
 - b. Alcohol or benzodiazepine withdrawal (tachycardic, tremulous)
 - c. Acute agitation requiring isolation, sedation or restraints
3. If the patient likely qualifies for the fast-track, the Triage RN places the patient in the atrium cubicle space and calls the PIT (or Pod 2) physician.
 - a. Similar to an MEU patient, this functions to actively “pull” the ED physician to the patient. (Decreasing door-to-provider time)
4. PIT (or Pod 2) physician comes to the atrium and assesses the patient.
 - a. **The “Dr Exam” event should be completed at this time.**
 - b. If the physician agrees that the patient meets criteria for the fast-track process, they are responsible for staffing the patient.
 - c. If the patient does not qualify, the patient is placed back in the waiting room to await a regular pod bed.
5. For patients that qualify for the fast-track, the ED physician has 1 of 3 options:
 - a. (1) Patient is safe to discharge
 - i. ED physician discharges the patient directly from the waiting room with outpatient resources as needed.
 - ii. ED physician may consult PES Social Worker to aid in the discussion of outpatient options and possibly arrange follow-up.
 - Limited overnight weekend coverage
 - b. (2) Patient needs to be admitted to a psychiatric hospital
 - i. Medical clearance labs and COVID test are ordered.

- ii. Sitter is ordered as needed.
- iii. When medically cleared, the ED physician calls for admission. **The ED physician places ED Admit Request without placing a consult.**
 - If the psych physician requests that a consult take place prior to admission, then place the consult order.
- iv. Patient is placed in a room if available to await inpatient bed.
- c. (3) Patient needs a consult to better clarify disposition
 - i. Patient is placed in Triage Room 1 with the telemedicine cart.
 - ii. Sitter is ordered as needed.
 - iii. **ED physician pages the psychiatry physician on-call and places the “UED Consult to Psychiatry” order.**
 - iv. PES Social Worker coordinates the telemedicine consult.
 - v. Upon completion of the interview, the psychiatry physician contacts the ED physician with recommendations for disposition.
 - vi. ED physician completes the consult order and the patient is admitted or discharged based on the consult discussion.
 - vii. If the patient is being admitted, he/she is placed in a room if available to await inpatient bed.

Highlands (HED) Protocol:

1. Ambulatory patient checks-in with a primary psychiatric complaint.
2. Triage RN considers the **exclusion criteria** for the “fast-track” process:
 - a. Active medical issues (including PUI symptoms)
 - b. Alcohol or benzodiazepine withdrawal (tachycardic, tremulous)
 - c. Acute agitation requiring isolation, sedation or restraints
3. If the patient likely qualifies for the fast-track, the Triage RN places the patient in a designated psychiatry telemedicine space:
 - a. Room 6 vs regular room vs decon room if others are full
4. HED provider (MD or APP) assesses the patient.
 - a. **The “Dr Exam” event should be completed at this time.**
5. For patients that qualify for the fast-track, the ED physician has 1 of 3 options:
 - a. (1) Patient is safe to discharge
 - i. ED physician discharges the patient with outpatient resources.
 - b. (2) Patient needs to be admitted to a psychiatric hospital
 - i. Medical clearance labs and COVID test are ordered.
 - ii. When medically cleared, the ED physician calls for admission. **The ED physician places ED Admit Request without placing a consult.**
 - iii. If the patient is likely to board for a considerable time, they are transferred to Pod 6 in the UED when able. Otherwise, they are admitted directly to CPM if a bed is available.
 - c. (3) Patient needs a consult to better clarify disposition

- i. **ED physician pages the psychiatry physician on-call and places the “UED Consult to Psychiatry” order.**
- ii. Charge nurse coordinates the telemedicine consult.
- iii. Upon completion of the interview, the psychiatry physician contacts the ED physician with recommendations for disposition.
- iv. ED physician completes the consult order and the patient is admitted or discharged based on the consult discussion.

Gardendale (GED) Protocol:

1. Ambulatory patient checks-in with a primary psychiatric complaint.
2. Triage RN considers the **exclusion criteria** for the “fast-track” process:
 - a. Active medical issues (including PUI symptoms)
 - b. Alcohol or benzodiazepine withdrawal (tachycardic, tremulous)
 - c. Acute agitation requiring isolation, sedation or restraints
3. If the patient likely qualifies for the fast-track, the Triage RN places the patient in a designated psychiatry telemedicine space:
 - a. Room 14 is preferred.
4. GED provider (MD or APP) assesses the patient.
 - a. **The “Dr Exam” event should be completed at this time.**
5. For patients that qualify for the fast-track, the ED physician has 1 of 3 options:
 - a. (1) Patient is safe to discharge
 - i. ED physician discharges the patient with outpatient resources.
 - b. (2) Patient needs to be admitted to a psychiatric hospital
 - i. Medical clearance labs and COVID test are ordered.
 - ii. When medically cleared, the ED physician calls for admission. **The ED physician places ED Admit Request without placing a consult.**
 - iii. Patient is prioritized a bed at CPM to avoid boarding at GED.
 - c. (3) Patient needs a consult to better clarify disposition
 - i. **ED physician pages the psychiatry physician on-call and places the “UED Consult to Psychiatry” order.**
 - ii. Charge nurse coordinates the telemedicine consult.
 - iii. Upon completion of the interview, the psychiatry physician contacts the ED physician with recommendations for disposition.
 - iv. ED physician completes the consult order and the patient is admitted or discharged based on the consult discussion.