

EMERGENCY DEPARTMENT POLICIES

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Original Date of Issue: 1/86

Reviewed:	5/94	10/98	9/99	5/00	9/01	1/03	
Revised:	6/88	6/91	11/93	12/94	6/96	4/97	

Patient Population

Neonate	
Pediatric	√
Adolescent	√
Adult	√
Geriatric	√

POLICY:

All psychiatric patients presenting to the Emergency Department (ED) must be accepted for evaluation.

IMPLEMENTATION:

Each patient must receive a prompt medical screening and an evaluation in order to determine the most appropriate disposition. If an admission is required, the physician must decide if the patient must be admitted on an involuntary, emergency, or voluntary status. After this determination is made, an involuntary or voluntary admission packet must be completed in accordance with Office of Mental Health regulations/Mental Hygiene Law and documented on the designated forms. The physician must proceed as follows:

I. VOLUNTARY ADMISSIONS

- A. Physician signature is required on both Application and Status and Rights.
- B. Status and Rights must be discussed *in full* with the patient. A patient who cannot understand and recall the contents of the Status and Rights, *CANNOT* sign in voluntarily (i.e., patient has inadequate short term memory, patient who is too delusional to understand that hospitalization is not equivalent to incarceration).
- C. Both licensed and unlicensed physicians may sign voluntary applications.

II. INVOLUNTARY ADMISSIONS

- A. Two Physician Certificate – (Mental Hygiene Law, Section 9.27).
 - Physician Certificates may only be signed by NYS licensed physicians. Non-psychiatric physicians may sign the Physician Certificate if the criteria of examination, as stipulated on the form, are met.
 - Unlicensed physicians may sign Part B of the Involuntary Application

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- B. Application Process – Unlicensed physicians may sign Part B (Physician’s Confirmation of Need For Involuntary Care and Treatment in a Hospital)

Part B must be signed by a physician other than either of the physicians who completed the Physician Certificates.

1. Part A Application For Admission must be signed by any of the following:
- a). Someone residing with the person; b) person’s father, mother, spouse, sibling, child or nearest relative; c) committee of person; d) officer or any public or well recognized charitable agency or home in whose institution the person resides; e) Director of Community Services or Director of Social Services; f) Director of Hospital in which the person is hospitalized or designee; g) Director of Facility providing care to alcoholics, substance abusers or substance dependent persons; h) Director of Division for Youth; i) Social Service official or authorized agency with custody or guardianship of children over 16 years of age; j) someone having custody of a child pursuant to Family Court Act; or, k) qualified psychiatrist who is either supervising the treatment of or treating person for a mental illness in a facility licensed and operated by OMH.

All patients being admitted to a hospital for the mentally ill as an involuntary patient are required to receive a copy of the Notice of Status and Rights (preferably the original copy) to be given at the time of admission or conversion to involuntary status. Copies of the Notice are also sent to the Mental Hygiene Legal Service and the nearest relative or other designated person by the patient to be informed of the admission.

- C) Emergency Admission (Mental Hygiene Law, Section 9.39)
- A physician, preferably a staff psychiatrist, must examine the patient in the Emergency Room and determine that the person meets the Emergency Standard for admission and fill out the form. The date and time to be documented on the form must be the triage time.
 - No application is necessary upon admission but written status and rights must be provided to the patient, preferably the original copy, with the others for the Mental Hygiene Legal Service and as well as the persons designated by the person admitted.

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III. ADOLESCENT EVALUATIONS

- A. Child Psychiatry Service is responsible for all children under the age of 13. Aside from Crisis Teams called to the Pediatric floors, Adult Psych residents are not responsible for the initial evaluation of ANY patient under 13 years of age. Rarely, and only with the approval of the Psych ER Director and Child Psych Consult-Liaison Attending, will an Adult Psych Emergency Room physician be asked to follow a child on the Pediatric Service signed out by the Child Psych fellow. Children between the ages of 13 and 16 years old are to be evaluated comprehensively by the Adult Psych resident and discussed, preliminarily, with the Attending on-call with regard to aspects of the examination and disposition planning. Final disposition, including admission, may be implemented at the discretion of the psych ED attending, in consultation with Child Psych Attending on-call.
- B. The Adult Psych Emergency Room physician will see all adolescents 13-18+ as primary Psych ER patients or in consultation to the Pediatric Emergency Room (PER), or the floors.

IV. TRANSFERS

All patients requiring transfer must be in accordance with established ED policies and EMTALA regulations.

V. CONSULTATIONS

Psychiatric consultations within the ED and general hospital will be performed in keeping with established Medical Board guidelines.