

EMERGENCY DEPARTMENT POLICIES		
SUBJECT:	Psychiatric Patient Transport from Psychiatry Clinic to the Emergency Department	NO. 21.1 PAGE NO. 1 of 3

Original Date of Issue: 7/99

Reviewed:	1/03						
Revised:	5/00						

Patient Population

Neonate	√
Pediatric	√
Adolescent	√
Adult	√
Geriatric	√

POLICY:

Patients/Staff/Visitors, who require Emergency Department Psychiatric evaluation and need to be escorted there, will be expedited to the Emergency Department in a safe and legal manner.

IMPLEMENTATION:

1. Assess the cooperation of the potential patient to determine the need for assistance from the New York City Police Department. Only Peace or Police Officers can forcibly remove a patient from a clinic area.
2. Please refer to the attached Guidelines for assistance in determining how best to escort the Patients/Staff/Visitors to the Emergency Department.

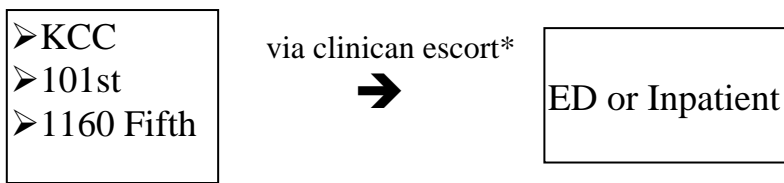
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Guidelines for Differential Management of Behavioral and Medical Emergencies in Clinic

The management of clinic emergencies requires continuous clinical assessment and often requires the recruitment of additional clinical support. In regard to the latter, the clinic chief resident, clinical supervisor, and/or any clinic/ED psychiatry attending should be contacted.

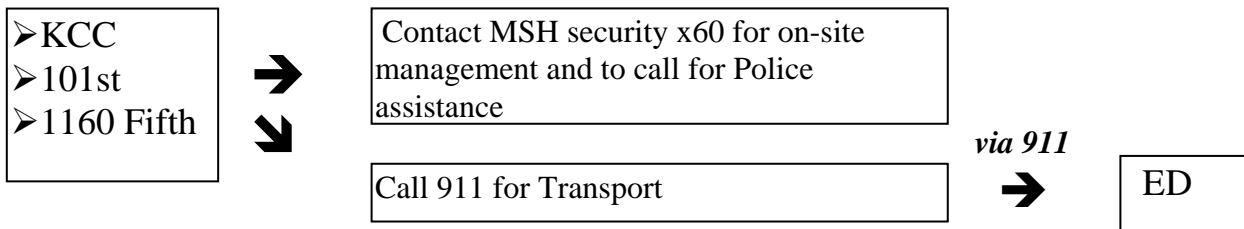
1. Behavioral Emergencies

- A.** Patient cooperative, but requires further assessment in the ED, or direct admission to inpatient service, and is considered voluntary:



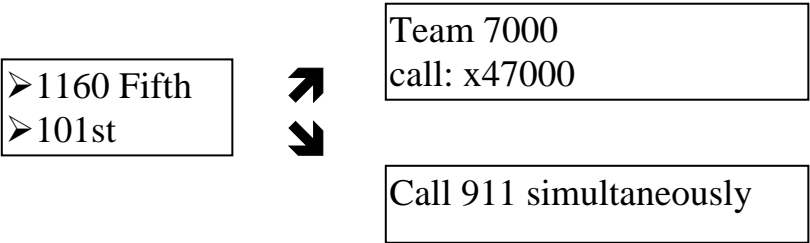
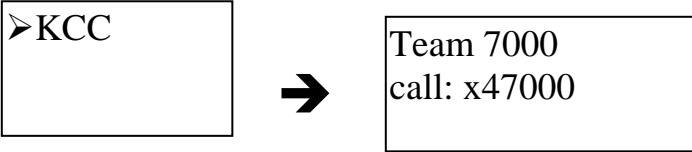
***MSH “routine” security escort optional, call x60. See below for differential management considerations**

- B.** Patient currently cooperative but considered potentially uncooperative and a potential danger to self/other if not in continued care; involuntary management is otherwise obliged, *or* patient is currently uncooperative and requires immediate involuntary management:



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2. **Medical Emergencies** Acute medical concern: LOC, respiratory or cardiac arrest, other:



3. **Other emergency assistance call 636**

Note: The Psych ED nurse [beeper 2419] must be informed of the impending referral for emergency behavioral management in every possible instance. This contact will also facilitate triage