

Guideline for Assessment of Children & Adolescents in need of Psychiatric Evaluation in the Pediatric ED and 3ACC Pediatric UCC 2018

1) **Psychiatric evaluation:** Does this patient need assessment for possible admission? Does this patient need emergent psychiatric evaluation and management? Below are the following routes for psychiatric assessment.

- **ACCESS (8am-8pm weekdays, 8am-5pm weekends)**
 - o **Generally first call for patients with psychiatric needs in the UNM system**
 - o Children may be evaluated by ACCESS clinicians in the Pediatric ED, or upon transfer to the ACCESS Clinical Program at the Children's Psychiatric Hospital (CPH) when appropriate and available
 - o ACCESS can facilitate communication with the Child & Adolescent Psychiatry Fellows and Attendings for consideration of direct admission
 - o ACCESS can arrange outpatient follow-up if the child does not meet admission criteria
 - o Contact: cell 505 363 7270; landline 505 272 2890; back-up 505 453 4725
- **Child & Adolescent Psychiatry Fellow (5pm-8am weekdays, 8a-8a weekends)**
 - o Can help to consult/facilitate direct admission, triage for evaluation needs (eg recommend transfer to PES) and/or arrange discharge plans
 - o Child & Adolescent Psychiatry Attendings are always available for back-up
 - o Contact information: per AmION
- **Child & Adolescent Attending on Call (8am-8am weekdays, 8a-8a weekends)**
 - o Back-up to Child fellow on call
 - o Physician contact for 3ACC Pediatric Urgent Care (ACCESS still first call)
 - o Back-up if ACCESS is saturated, or if referred by ACCESS during 8a-5pm weekday hours
 - o Contact: AmION, or via PALS
- **Psychiatric Emergency Services - PES (all hours) – 272 2920**
 - o Psychiatric ED for adults and children
 - o Due to space constraints and volume, often try to evaluate children via other avenues
 - o May be appropriate for transfer if:
 - ACCESS is unavailable
 - Child & Adolescent Psychiatry Fellow does not deem patient meets criteria for admission, but needs further in-person psychiatric evaluation prior to discharge
 - Patient was sent from PES for medical clearance and is now stable for psychiatric evaluation
 - o Please call ACCESS or Child & Adolescent Psychiatry Fellow first for patients in the Pediatric ED; then call PES physician for acceptance for transfer
 - o If patient has been accepted to CPH for admission, they do not need to go through PES as well

2) **Direct admission:** Does this patient have a clear indication for admission?

- A child or adolescent patient in Peds ER or 3ACC Peds UCC can be discussed with, and a disposition (either discharge to home, admit to the pediatric hospital for medical reasons or directly admit to CPH) determined by primary physician in consultation with the Child & Adolescent Psychiatry Fellow and/or Attending. This can be after consultation with ACCESS, or directly if outside ACCESS hours of operation.
 - o **During 8am-5pm weekdays** please contact the ACCESS Clinician first to determine appropriate Attending for consultation
 - o **After 5pm and on weekends**, please contact the ACCESS clinician first, then the Child & Adolescent Psychiatry Fellow (or Attending for Psychiatric UCC) on-call
 - o **After ACCESS business hours**, please contact Child & Adolescent Psychiatry Fellow (or Attending for Psychiatric UCC) on-call

Updated 9/2018

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3) **Medical clearance:** Prior to psychiatric admission, the patient must be *medically cleared* i.e. the patient be healthy enough to return home or have care provided in a less supportive setting than a medical floor. Patients who are unable to be medically cleared should be admitted to a medical service with a plan for psychiatric consult. Questions regarding medical clearance may be clarified with the Child & Adolescent Psychiatry Fellow or Attending on call. Please note that intravenous fluids, intravenous medications and frequent lab draws are not performed on the psychiatric ward. Patients must be independently mobile and tolerating PO intake.

4) Brief overview of psychiatric admission needs:

- If a child patient will be admitted (not just evaluated), please discuss with family that this will be:
 - o a multiple day stay (not just overnight or a clinic evaluation)
 - o a locked facility
- Please contact Child & Adolescent Psychiatry Fellow/Attending or ACCESS for any further concerns

5) Transfer logistics to CPH or PES from 3ACC PUCC

Note: Certificate for Evaluation (CEV) (“involuntary hold”) form available at <https://hospitals.health.unm.edu/intranet/Forms/ClinicalForms/Index.cfm>

- If ACCESS requests that patient be transported for further evaluation and patient agrees, or patient is being transferred to PES: call UNMH security 272-2160 to arrange for transport, and complete an involuntary hold form.
- If patient is accepted to CPH and agrees to voluntary admission : call UNMH security 272-2160 to arrange for transport and complete an involuntary hold form.
- If patient is accepted to CPH or PES but does not agree to admission (involuntary) : call either Security or UNM Campus Police 277-2241 to arrange for transportation (based on degree of elopement concern.).
- Backup transportation plan: ambulance, to be arranged by social worker, RN case manager or clinic charge RN
- If hospitalization is not required, arrange urgent psych eval (within 1-2 days) with ACCESS

ACCESS is a group of Master’s Level Clinicians and Registered Nurses whose primary focus is to assess children and adolescents referred from across New Mexico for possible admission to CPH. These clinicians work in consultation with the Child & Adolescent Psychiatry Fellows and Faculty.

²PES is a 24/7 Psychiatric Emergency Service which provides emergency assessment and treatment for patients with acute psychiatric emergencies including children and adolescents. The Attending Child & Adolescent Psychiatrist on-call is available to provide consultation to the psychiatry residents and faculty at PES for children and adolescents evaluated in this clinical setting.

³CPH is the "Children's Psychiatric Hospital". This is also referred to as CPC-IP or “Children’s Psychiatric Center Inpatient”. The entire Children’s Psychiatric Center encompasses both inpatient and outpatient services.

CPC - Children's Psychiatric Center. This umbrella term incorporates CPH and also includes Cimarron Clinic. **CPH** - Children's Psychiatric Hospital.

PFCA - Programs for Children and Adolescents. This is an outpatient therapy service for youth at UNM.

ABC – Clinic for urgent follow-up Psychiatric Med management (Psychiatric) clinic for youth, based at Cimarron Clinic.

ACCESS – The acute triage team of clinicians at CPH and the clinic evaluation space at CPH.

PES - Psychiatric Emergency Services

PUCC – Psychiatric Urgent Care Center.

MHC - Mental Health Center.

START - This is a rapid outpatient mental health clinic for adults. It is the most common entry point clinic into adult outpatient services.

ASAP - Alcohol and Substance Abuse Program outpatient clinic.

COPE - This is the outpatient psychosis clinic

MATS - Metropolitan Assessment and Treatment Services (gov-funded detox facility)

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