Guideline for Assessment of Children/Adolescents in need of Psychiatric assessment from Pediatric ED

1) **Medical clearance:** Is patient *medically stable for discharge* from ED, such that not admitted to Psychiatry, they can return home? Or be admitted to a facility (CPH) with less access to medical support?

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

- **Daytime** (8am-5pm) – **ACCESS (8am-8pm)** ((d)363-7270, (cell) 272-2890)
  – behavioral health clinicians come to Pediatric ED or see patients at CPH – please contact to arrange evaluation
  - ACCESS can facilitate communication with Child Psych attendings for consideration of direct admission
  - ACCESS can arrange outpatient follow-up if child does not meet admission criteria
  - ACCESS is available approximately 0800 – 2000 8am-8pm
  - During ACCESS hours of operation, the child will be evaluated by ACCESS Clinicians either in the Pediatric ED or upon transfer to the ACCESS Clinical Program at Children’s Psychiatric Center – Inpatient Program (CPC-IP) when appropriate

- **After hours**
  - **Child Psych fellow** (5pm-8am) – **Child Psych fellow** (and/or ACCESS, based on time of need)
    - They will help to consider/facilitate direct admission, triage for evaluation needs, and arrange discharge plans if appropriate
    - Child Psych attendings are always available for back-up

- **PES** (Psychiatric Emergency Services all hours) – 272 2920
  - Psychiatric ER for adults and children; due to space constraints and volume, we try to evaluate children via other avenues
  - May be appropriate venue for transfer if:
    - ACCESS is unavailable
    - Child fellow does not deem patient to meet criteria for admission, but you feel they need further in-person psychiatric evaluation prior to discharge
    - Patient was sent from PES for medical clearance and now stable
    - Parent/guardian must accompany patients from PED to PES
  - Please call ACCESS or Child Psych fellow first for patients in Pediatric ED; then call PES physician for acceptance for transfer
  - 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 clear indication for admission? A child or adolescent patient with can be discussed and a disposition determined (either discharged home from Pediatric ED or directly admitted to CPC-IP) by a physician in the Pediatric ED in consultation with the Child & Adolescent Psychiatry Fellow and/or Attending without being assessed by an ACCESS Clinician.

   - **During 8am-8pm please contact ACCESS Clinician first** to determine appropriate attending for consultation
   - Child & Adolescent Psychiatry Attending on-call is a backup for this purpose on weekdays between **8am-5pm**
   - **After 8pm and on weekends**, the Child & Adolescent Psychiatry Fellow or Attending on-call is the initial contact

3) **Medical clearance**: Prior to psychiatric admission, the patient must be *medically cleared* for admission. I.e, the patient must be healthy enough to return home or have care provided in a setting less supportive than a medical floor. Patients who are unable to be medically cleared should be admitted to a medical service with plan for psychiatric consult. Questions regarding medical clearance may be clarified with the attending or fellow on call. Intravenous fluids, intravenous medications, and frequent lab draws are not performed inpatient.

4) **Brief overview of admission needs**

   - If your patient is going to be admitted (not just evaluated) – please discuss with family:
     - That this will be a multiple day stay (not just overnight or evaluation)
     - Locked facility
   - Please attempt to obtain UDART prior to admission and/or PES transfer. Results not necessary for admission or transfer.
   - Please contact fellow, attending, or ACCESS for any further concerns

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1 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 CPC-IP. These clinicians work in consultation with the Child & Adolescent Psychiatry Division Fellows and Faculty.

2 PES is a 24/7 Psychiatric Emergency Service which can provide 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 in PES for children and adolescents evaluated in this clinical setting.
Psychiatry and Mental Health Terms and Acronyms

**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)