Psychiatric Admission Policy

Purpose:
To provide guidelines for admission to Psychiatric Service that conforms to the laws of the State of Louisiana.

Policy:

1. Patients admitted to the psychiatric unit must have a primary Axis I diagnosis of mental illness that can be expected to improve significantly through inpatient psychiatric treatment. The diagnosis of inter-current diseases must be included as well.

2. Patients with primary diagnosis of alcohol/substance abuse cannot be admitted.

3. Reasons for admission as stated by the patient and/or others significantly involved must be clearly documented.

4. Patients must be medically cleared before they are admitted to the psychiatric unit. This may be accomplished in ECC/PCU or on the respective inpatient unit.
   - Patient blood alcohol lab level must be less than 150 mg/dl.
   - Patient blood glucose lab level must be less than 250.
   - Patient does not have significantly abnormal vital signs. Parameters listed:
     - Temp > 100.6 °F or < 96.0 °F
     - Pulse < 50 or > 100 beats/min
     - SBP < 100 or > 189
     - DBP > 99
     - RR < 14 or > 21
     - Pulse Ox < 95%
   - Patient must not require respiratory isolation.
   - Patient must not have a fragile/unstable medical condition that requires intensive medical evaluation and management and/or intensive nursing interventions. (requiring a nurse/patient ratio that exceeds 6:1)

5. Patients must be 18 years of age or older.

6. Patients cannot be transferred to or from the psychiatric unit. To change location, they must be discharged and readmitted regardless of the service assigned. A new patient medical record must be generated.
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7. To provide for unit safety and to having adequate staff available to care for a new admit, patient admissions will be suspended 15 minutes before and after change of shift time.

8. Admission assessment should indicate an assessment of suicide or homicide attempt or risk for assaultive behavior that indicates a danger to self or others.

9. Admission must be justified by either symptoms or findings that clinically indicate the need for hospitalization, or by management, that is, services to the patient that are considered best provided in the hospital setting. One or more of the "Indications for Hospitalization" and one or more of the "Treatment" categories must be met for admission to be covered.

A. Indications for Hospitalization:
   1. Recent (within 72 hours) attempted suicide.
   2. Documentation of suicide ideation requiring suicide precautions.
   3. Assaultive behavior as a result of a psychiatric disorder.
   4. Documentation of self-mutilative behavior as a result of a psychiatric disorder.
   5. Major depression (must have four of the following symptoms):
      a. Poor appetite or significant weight loss (when not dieting) or increased appetite or significant weight gain.
      b. Insomnia or hypersomnia.
      c. Psychomotor agitation or retardation (but not merely subjective feelings of restlessness or being slowed down).
      d. Loss of energy, fatigue.
      e. Feelings of worthlessness, self-reproach, or excessive or inappropriate guilt (either may be delusional).
      f. Complaints or evidence of diminished ability to think or concentrate, such as slowed thinking, or indecisiveness not associated with marked loosening of associations or incoherence.
      g. Recurrent thoughts of death, suicide ideation, wishes to be dead or suicide attempt.
   6. Acute onset or acute exacerbation of hallucinations, delusions, illusions, the magnitude and severity of which threatens the patient's well being.
   7. Inability of the patient to comply with prescribed psychiatric health regimens (e.g., taking prescribed psychotropic medications, going to outpatient appointments to receive prescriptions and/or IM medications, etc.) in a patient who has a chronic history of decompensation without psychotropic medications, with documentation of expectation of improved compliance with inpatient hospitalization with a short period of time (less than or equal to 14 days).
   8. Potential hazard to the health or life of a patient who, due to concurrent psychiatric illness, is unable to comply with prescribed medical health regimes (e.g., insulin-dependent diabetes, etc.).
   9. Acute onset of inability to cope with stressful situation.
   10. Acute onset of inability to care for self or attend to activities of daily living, AND documentation of expectation that resumption of self-
responsibility will occur following appropriate treatment.

11. Manic state admitted for injectable neuroleptics or rapid modification of psychotropic drugs or initiation of Lithium treatment.

12. Evidence of symptoms and/or behavior or verbalizations reflecting significant risk or potential danger (or actual demonstrated danger) to self, others, or property. (Must be documented a minimum of every seven days.)

10. Patient must be assigned a legal status upon admission, both to protect their rights, and to make orderly treatment possible.

A. Voluntary Admissions: Voluntary admission may be offered to the patient if they are capable of understanding the following criteria:
   1. Realize they are in a treatment facility
   2. Realizes the treatment facility is for the purpose of treating mental illness
   3. Understands the discharge procedures applicable to that admission status

B. Formal Voluntary Admission: Again, the patient must demonstrate understanding of the three aforementioned factors, and specifically that they must give 72 hours notice in writing if they desire to be discharged. During this 72 hour period, the treating physician must decide whether to:
   1. Discharge the patient
   2. File for a judicial commitment including an order to hold the person for a hearing; or
   3. Execute an emergency certificate.

C. Involuntary Admission:
   1. The physician can execute a Physician's Emergency Certificate (PEC) to hospitalize a patient up to 72 hours if the patient is dangerous to their self or others, or is so gravely disabled mentally, that they are unable to care for their basic needs. The physician cannot write a second PEC during the same admission subsequent to expiration of existing PEC.
   2. The family, the legal guardian, the hospital director or any other interested person may file for a hearing to obtain judicial commitment. The court may issue an order allowing the person's confinement until such a hearing is held.
   3. At any time after a PEC is written, or a pending petition for Judicial Commitment is ordered, the patient may change to a Formal Voluntary Admission, with physician approval. The patient then must give 72 hour notice if they want to leave. A second PEC can be written for that admission.
   4. An Order of Protective Custody is not an admission order. It means only that the police or other authorities can pick the patient up and bring him to the hospital for possible admission. If the patient requires and desires hospital care, they can sign a Formal Voluntary Admission form. If they
refuse admission, and meet the criteria, then the physician shall make out a PEC. It gives authority to hold against will for 72 hours from initiation. The OPC must be timed and signed by legal officer taking patient into custody and is valid for 12 hours. A physician must evaluate the patient within that time frame.