Down the Rabbit Hole

Emergency Department Medical Clearance of Patients with Psychiatric or Behavioral Emergencies

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KEYWORDS

- Medical clearance • Medical screening • Medical stability
- Psychiatric and behavioral emergencies

KEY POINTS

- Patients with primary mental health complaints comprise a substantial proportion of all emergency department visits.
- The medical clearance process for patients with behavioral and psychiatric emergencies consists of several elements, including medically stabilizing patients and meeting criteria for various inpatient psychiatric hospitals with limited medical resources.
- There are no uniformly accepted interdisciplinary guidelines or algorithms that constitute medical clearance between psychiatry and emergency medicine.
- The breadth of ancillary testing, including laboratory examinations and radiographic evaluations, is often hotly debated among EPs, emergency psychiatrists, and inpatient psychiatry teams.

INTRODUCTION

"But I don't want to go among mad people," Alice remarked.
"Oh, you can't help that," said the Cat: "we're all mad here. I'm mad. You're mad."
"How do you know I'm mad?" said Alice.
"You must be," said the Cat, "or you wouldn't have come here."
—Lewis Carroll, Alice in Wonderland

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Although the Cheshire cat was describing Wonderland to Alice, his words could have just as easily been spoken by a triage nurse during a busy overnight shift in an urban emergency department (ED). Imagine an ambulance bay and waiting room teeming with intoxicated, agitated, and psychotic patients. Surely, this dark and depressing image must be the backdrop of an urban legend, twisted fairy tale, or some cheesy made-for-TV medical drama. Then again, maybe it is merely the hallucination of some emergency staffer, high on monster drinks. When being outflanked at every turn by the inebriated and psychotic, in the words of Alice, would it really be mad of the emergency physicians (EPs) and emergency psychiatrists “to pray for better hallucinations?”

The ED serves as both the lifeline and the gateway to psychiatric care for millions of patients suffering from acute behavioral or psychiatric emergencies.[1] The American Psychiatric Association (APA) defines psychiatric emergencies as situations involving acute disturbances or alterations in “thought, mood, or social relationships that require immediate intervention as defined by patient, family or social unit.”[2,3]

These thought and mood disturbances can manifest in a myriad of ways and with varying degrees of severity. Patients may complain of anxiety or depression, experience personality changes, hallucinations, or delusions or show violent, aggressive, or self-injurious behavior. Psychiatric chief complaints already represent a staggering 6% of all adult ED visits and 7% of all pediatric ED visits, with the number increasing annually.[4,5] Like the Queen of Hearts, when confronted with the unique challenges and complexity inherent in the care of these patients, the overwhelmed EP may be tempted to yell, “Off with their heads,” thereby removing a large burden on the system and decompressing the triage area. However, as medical providers used to operating as a safety net for the most vulnerable members of our society, EPs cannot and will not so callously abandon their charges.

In a sense, the EP is the patient’s guide through Wonderland, ushering them safely from the ED into the hands of qualified psychiatric providers. The first and most important step of this process is to provide the medical clearance necessary for inpatient psychiatric admission.

Although there is no uniformly accepted definition of or interdisciplinary standard for medical clearance, EPs are generally charged with determining whether the patient’s psychiatric or behavioral emergency is the result of organic/functional or psychological conditions. When symptoms have a medical cause, inpatient psychiatric hospitalization is obviated. Psychiatric patients already have long ED stays, high rates of admission, readmission, and return visits, and high medical costs; it is a challenge to provide an accurate and complete medical assessment without ordering tests that unnecessarily compound the problem.[6,7] In this article, the controversies behind the medical clearance process are discussed and strategies for providing medical clearance in a cost-conscious manner are discussed.

Impact of Psychiatric Disease on the Emergency System

Adult patients with psychiatric and behavioral emergencies accounted for more than 53 million ED visits from 1992 to 2001 in the United States.[4] More recent data have shown an alarming trend of increasing ED visits for primary mental health complaints. For example, the Centers for Disease Control reported that during 2010 to 2011, approximately 468,000 ED visits were made by patients with bipolar disorder.[8]

In Harris County (where the authors work primarily), an estimated 108,480 children and 140,000 adults have a severe mental illness warranting treatment. With only 800 inpatient beds available in a population that requires an estimated 2000 beds, more than 650 patients are seen, stabilized and treated in the ED of Ben Taub General

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