
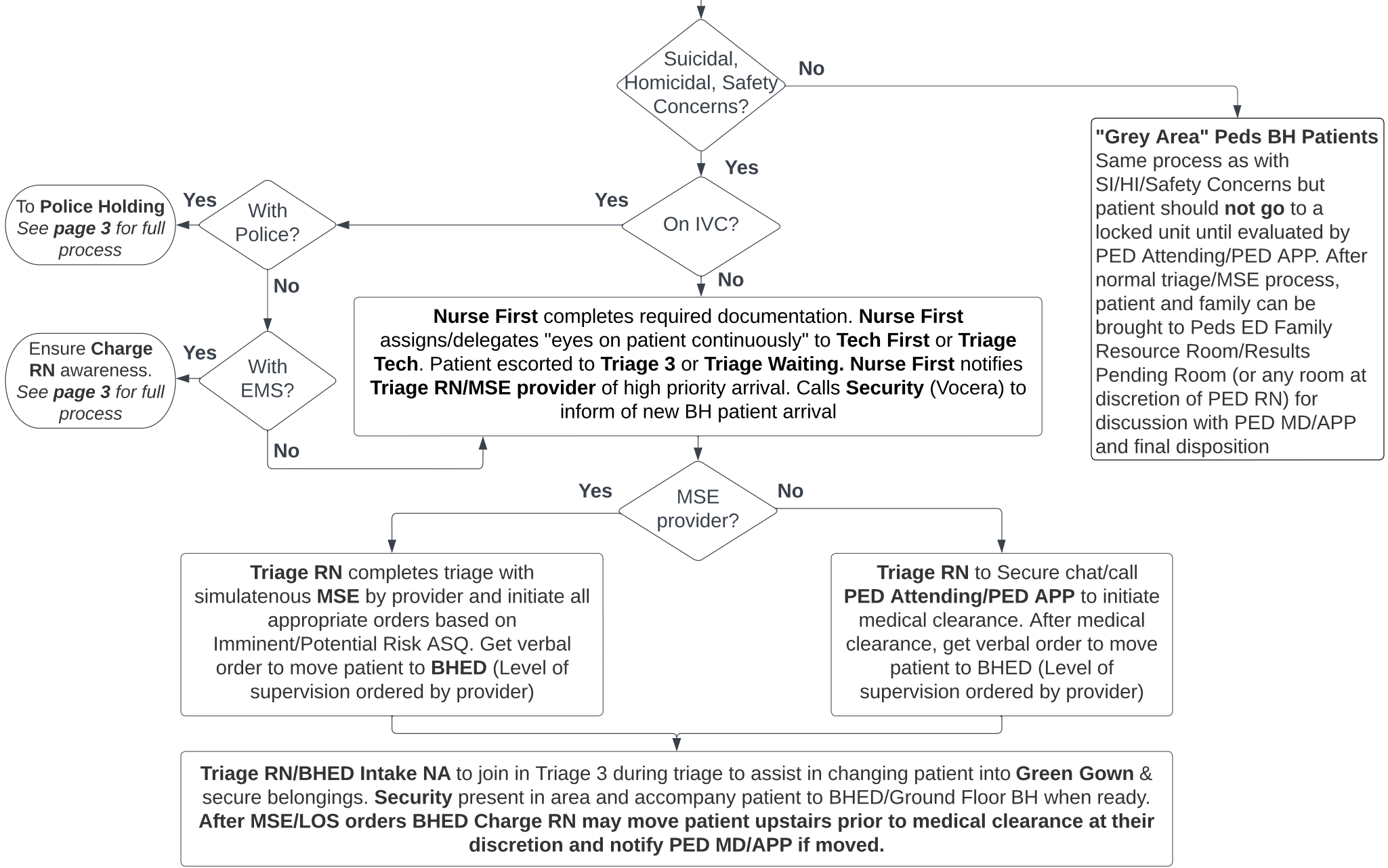


*Intoxicated on any arrival path or Elderly AMS patients go through medical process first (see page 4 for full process)

 **Flow diagram intended to be quick glance reference. Please refer to pages 3 and 4 for full details of process**

Pediatric patient arrives to Triage with Behavioral Health (BH) Chief Complaint*

*Intoxicated or altered patients go through medical process first (see page 4 for full process)



BHED Intake Process/ GREEN GOWN - Patient on IVC:

10/6/2022: IVC approved

Police arrival
on IVC

- To Police Holding with Police who accompanying patient
- Simultaneous quick registration and **Nurse First required info then notify Triage RN and BHED intake NA**
- **BHED NA** to “pick up” patient who is escorted by Police (community Police/Sherriff and UNC Police/security to BHED) **Community police to give report to BHED RN and ED RN**
- Change into Green Gown – belongings secured (eyes on patient continuously)
- Full triage to be completed by **ED RN in BHED**
- Suicide and/or elopement orders entered by **triage RN/designee** immediately
- Medical Clearance – **Triage RN to notify TEAM D provider via secure chat** on arrival of patient to BHED to initiate medical clearance workup and orders for Level of Supervision-> once above completed ED RN ok to leave BHED

EMS arrival
on IVC

- **ED Charge RN** aware – upon arrival assess for patient placement (Room 26 if out of control, or in Main ED if medically inappropriate for BHED)
- **EMS accompanies to BHED** (or assigned location) by **BHED Intake NA/ ED**
- Changed to green gown & belongings secured away from patient
- **Charge or bedside RN (or charge designee) to complete full triage** at bedside
- Suicide and/or elopement orders entered by **Bedside RN (whoever completes triage)** immediately
- Medical Clearance – **RN Completing Triage** to notify provider assigned to care area or TEAM D Attending if placed in BHED upon patient arrival to initiate medical clearance workup – communicate via secure chat to initiate medical clearance and orders for Level of Supervision

GREEN GOWN PROCESS LEGAL Status- **Voluntary patient:**

11/30/2022: approved edits to clarify 12.7.2022

Stated Suicidal/Homicidal or with disorganized thinking

- **Nurse First completes required documentation (according to Nurse First Job Aid)**
- **Nurse First assigns/delegates “eyes on patient continuously”** to Tech First or Triage Tech (someone who is in area who can be pulled immediately to this role) and notifies BH Intake NA of new patient arrival if not present in ED Lobby
- Patient is escorted to **Triage 3** if not occupied or **TRIAGE WAITING** by either **Nurse First or Tech First**, pt to sit close to **door to triage waiting-** not waiting room.
- **Nurse First notifies** Triage RN/MSE provider (when on shift) of high priority arrival. **Calls security (Vocera)** to inform of new BH patient arrival
- **Triage RN : complete triage- if during MSE hours/simultaneous MSE** Imminent/Potential Risk ASQ initiate all appropriate orders, **(after MSE hours, triage RN to send secure chat to TEAM D ATTENDING to initiate Medical Clearance and ASQ findings – get verbal order to move patient to BHED (Provider will enter Level of Care Supervision order in Epic)**
- **Triage RN/BHED Intake NA** to join in **Triage 3** during triage to assist in changing patient into Green Gown & secure belongings (patient should not be left unattended at any time. Two staff present for concerns of violence/flight) **Security present** in area to support Green Gown/belonging process secure belongings away from patient) and **accompany patient to BHED** when ready
- Provider to place orders for Level of Supervision to include verbiage regarding not free to leave, explain to patient and need to accompany patient to a location for their safety
- Choices for rooming in preference order: **BHED intake, BHED, ED Team C** – if cooperative in curtained area/in locked area in Team C with doors open, Room 26 with door open. If not cooperative- place into best secure location

Intoxicated any arrival path

- Altered mental capacity due to intoxication (alcohol/substance); therefore, at risk for elopement will be **direct bedded**
- **Tech First if ambulatory arrival/EMS if ambulance arrival to accompany** to appropriate treatment area by wheelchair or stretcher, do not ambulate through ED (FALL RISK Precautions Required)
- **NA or RN:** Green gown and belongings secured away from patient **upon arrival** in treatment location
- Triage according to normal **medical** processes
- Patient will be monitored in cohort location (alcove areas in team A/B (rooms 8-12 & 18-21- has bathroom within space) at a ratio based on clinical judgement and acuity of patients in combined cohort
- Elopement precaution orders and Level of Supervision orders to be placed immediately

Elderly AMS

- **Elderly with Altered mental capacity** will considered **medical** until **full medical clearance** is completed; if capable of walking, or getting out of bed, will be considered elopement risk and will be **direct bedded** whenever possible. Stretcher triage in hall in front of charge is preferred until direct bedding possible
- **Tech First if ambulatory arrival/EMS if ambulance arrival to accompany** to appropriate treatment area by wheelchair or stretcher, do not ambulate through ED (FALL RISK Precautions Required)
- **NA or RN:** Green gown and belongings secured away from patient **upon arrival** in treatment location
- Triage according to normal **medical** processes
- Patient will be monitored in cohort location (alcove areas in team A/B (rooms 8-12 & 18-21- has bathroom within space) at a ratio based on clinical judgement and acuity of patients in combined cohort
- Elopement precaution orders and Level of Supervision orders to be placed immediately by provider assigned to care area