

Process for Evaluating Behavioral Health Patients in the Pediatric Emergency Department

Patient with behavioral health complaint arrives to PED

Examine patient, perform history and physical examination

YES
NO
Medically cleared?

Consult **Psychiatric Emergency Services (Secure Chat > Groups > UNCH Psych ED Consult Team)**. Complete a full ED Provider Note if this is a new encounter.

Needs PED medical bed and appropriate medical resuscitation

YES
NO
Medically cleared?

Place the following orders:

(Click Here to create a Procedure Panel so you don't have to type in individual orders each time you see a behavioral health patient)

- Inpatient psychiatric consult (not pediatric psych) & ADT 18 (Place patient in ED Psych)
- Asymptomatic COVID Test
- Diet
- Order all home medications (check drug levels if appropriate; **hold home meds until discussing with PES if intentional ingestion!**)
- Urine tox
- Urine pregnancy if appropriate
- If an intentional overdose add the following orders: CBC, CMP, Lipase, TSH, Acetaminophen Level, Salicylate Level, Ethanol Level, EKG
- Other lab considerations (see next page)
- Level of Supervision (LOS) and Suicide Precautions
 - Triage nurse will put in suicide precautions if patient screens high risk for suicide and will assign 1:1 sitter
 - If the patient is not automatically put on suicide precautions by nursing, the provider must decide on LOS (1:1 vs. q15 checks) based on risks in the environment and the patient themselves. After your evaluation, if you think the patient can be downgraded you can discontinue suicide precautions and put in a Level of Supervision q15 minutes. Document a downgraded risk level by utilizing the system smartphrase: . **SAFETPROTOCOLINITIAL**
- **Complete a Progress Note once daily in the morning and after every subsequent significant event or intervention.**

Lab Considerations Depending on Clinical Scenario

Must order on all behavioral health patients: Utox, UA

On Lithium, consider: Lithium level, TSH, CMP (particularly creatinine)

On Depakote, consider: Depakote level, CBC, CMP (particularly LFTs)

On Tegretol, consider: Tegretol level, CBC with diff, CMP

On Clozapine, consider (risk for myocarditis): EKG, CK, CKMB, CRP, BNP, hsTroponin (single no delta), CBC with diff (required, not optional), ensure recent medication compliance, if patient hasn't taken in past 3 days DO NOT re-order at prior dose; do not order clozapine levels (they are send outs that take a week and are not generally clinically useful).

On Lamictal, consider (risk for Stevens Johnson): ensure recent medication compliance, if hasn't taken in the past 3 days DO NOT re-order at prior dose; do not order Lamictal levels (they are send outs that take a week and are not generally clinically useful)

On antipsychotics, consider: EKG; consider HbA1c, glucose, lipids (not urgent)

On combination of stimulant, alpha agonist, and/or antipsychotic.
consider: EKG (monitor QTc)