Emergency Care Institute
NEW SOUTH WALES

ACI NSW Agency for Clinical Innovation

Physical Screening of the Mental Health Patient

A Simple Evidence-Based Approach

First Presented by Sue Ieraci
Bankstown ED November 2008

- Missed medical diagnoses
- Psych doctors can't (won't) examine patients physically
- Can't see/accept without medical clearance
- Psych called for any behavioural problem

- I'll see them after they're medically cleared
- Can go to the ward after medically cleared
- We've had lots of cases of missed medical problems – someone died once.

Perennial problem
lots of mythology

What is the purpose of medical clearance

- Medical/physical illness → behavioural disturbance
- Disposition is appropriate-primarily psychiatric

What it's NOT:

- ✘ Insurance exam
- ✘ Guarantee that the person has no intercurrent illness
- ✘ Guarantee that there is no risk of subsequent illness

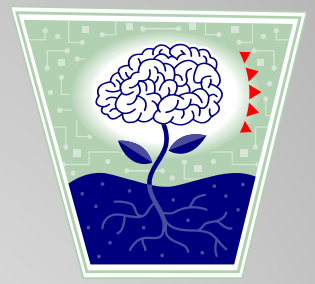
Understanding delirium

- An alteration of conscious state caused by organic factors – end results of hypoxia, sepsis, hypotension
- Physiological abnormality resulting in altered brain function

Simple pathophysiology

"The brain depends on the rest of the body for its nourishment and internal environment. If an inadequate supply of blood reaches the brain, or if that blood is deficient in oxygen or glucose, the brain cannot function properly."

Diagnostic and lab testing in Psychiatry



Acute psychosis

Medical causes:

- Drug intoxication (history + toxidrome)
- Organ failure (Hx +physiological abnormality)
- Sepsis (physiological abnormality)
- Intracranial path. (neurological signs)
- Endocrine emergency (physiological signs)

SO

What "medical" cause gives you acute psychosis without physiological signs?

Search for local data

- Anecdotal cases only
- No data collection
- Only one single MET call to the MHU in the past year for a patient admitted within 24 hrs from ED – patient stayed on the MHU.

- Single case report in Sept 2000 of 76 yr old female presenting with reports of "personality change." (Ma, UCLA Dept of Med)
- Recently diagnosed breast cancer
- Secondary lesion on CT

"A careful search for the underlying cause of psychosis, including mania, after age 45 is generally warranted."

The CT scan
Mania resulting from brain tumour

What about blood tests?

- *Korn et al J Emerg Med 2000:*

  Of 80 patients with strictly psychiatric complaints and without significant medical history, only two had abnormal blood tests which did not alter treatment

  "Patients with a primary psychiatric complaint coupled with a documented past psychiatric history, negative physical findings, and stable vital signs who deny current medical problems may be referred to psychiatric services without the use of ancillary testing in the ED."

- *Olshaker et al Acad Emerg Med 1997*:

  If their 345 psych admissions had had no blood tests, they would have missed only two SYMPTOMATIC patients with hypokalaemia

  History alone had 94% sensitivity for identifying acute medical conditions

A structured approach

FLOWCHART

ATS 3, 4 or 5

↓

Exacerbation of known mental health condition

↓

Physiological observations and conscious state normal

↓

Age less than 65

↓

No further "physical" or tests

prior to psychiatry referral

New presentation
Ingestion or injury

and/or

Abnormal Obs
Delirious
Physical symptoms/signs
Age >65

↓

Initial ED evaluation

Flowchart detail

ATS CAT 1 or 2:

- Immediate threat of dangerous violence
- immediate threat to self or others
- requires or has required restraint
- severe agitation or aggression
- any other Cat 1-2 medical features

TRIAGE TO EMERGENCY DEPARTMENT
ACUTE ASSESSMENT & STABILISATION

BANKSTOWN HOSPITAL Emergency Department

PHYSICAL HEALTH REVIEW FOR MENTAL HEALTH PATIENTS

Brief description of presenting problem:

_____

Physiological Observations:

Heart rate **BP** **Temp** **Resp. rate** **O2Sats**

Any acute physical health problems (including ingestion or drug side-effects) ?

_____

_____

Is the patient excessively drowsy or confused?(distinguish confusion from psychosis)

_____

_____

Can you find any evidence of physical cause for the acute presentation?

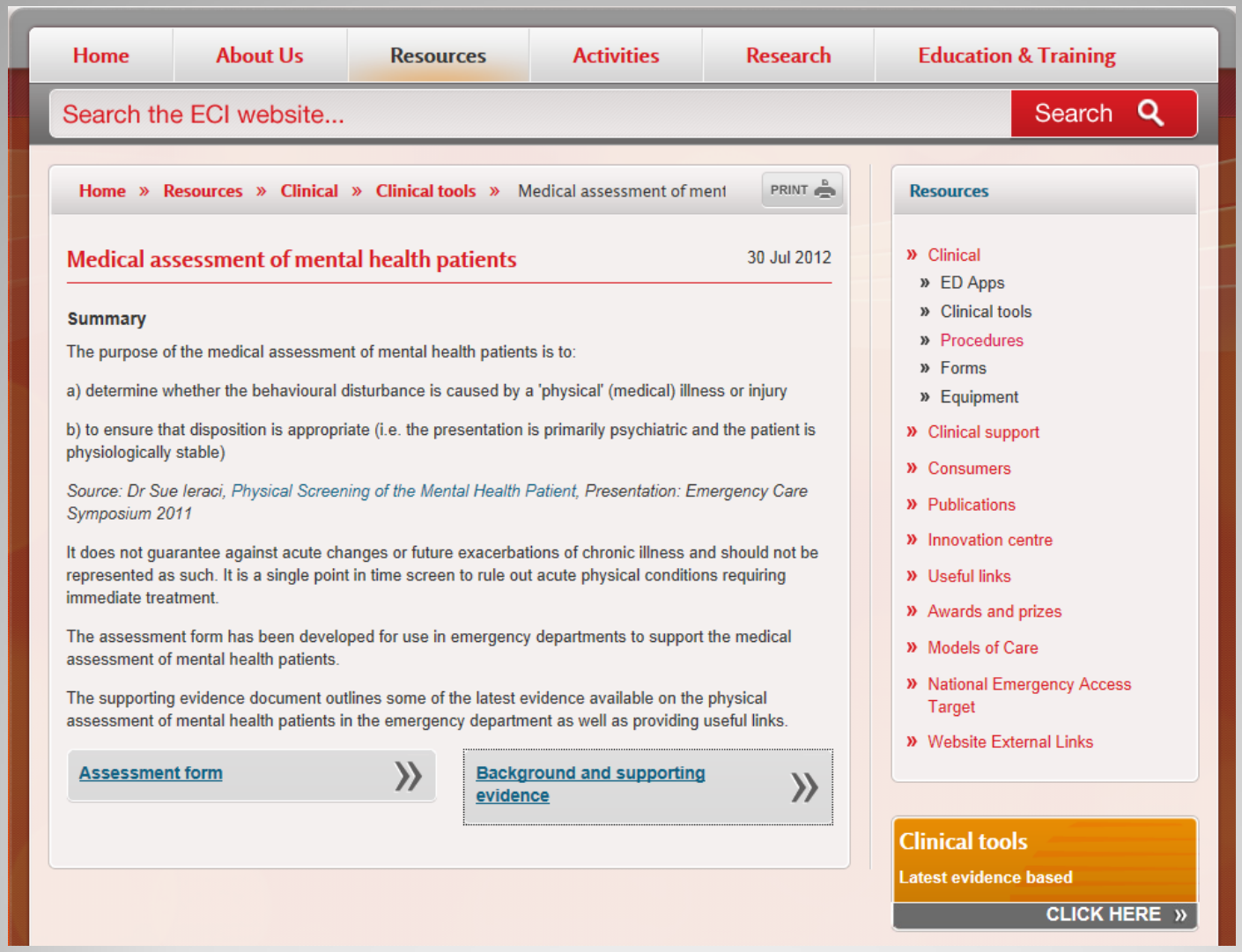
_____

Are there any issues that the psychiatry team should follow-up?

_____

_____ _____

ED doctor's name printed **Signed** **Date and time**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PRINT
Medical assessment of mental health patients
30 Jul 2012
Summary
The purpose of the medical assessment of mental health patients is to:
a) determine whether the behavioural disturbance is caused by a 'physical' (medical) illness or injury
b) to ensure that disposition is appropriate (i.e. the presentation is primarily psychiatric and the patient is physiologically stable)
Source: Dr Sue Ieraci, Physical Screening of the Mental Health Patient, Presentation: Emergency Care Symposium 2011
It does not guarantee against acute changes or future exacerbations of chronic illness and should not be represented as such. It is a single point in time screen to rule out acute physical conditions requiring immediate treatment.
The assessment form has been developed for use in emergency departments to support the medical assessment of mental health patients.
The supporting evidence document outlines some of the latest evidence available on the physical assessment of mental health patients in the emergency department as well as providing useful links.
Assessment form
Background and supporting evidence
Resources
» Clinical
» ED Apps
» Clinical tools
» Procedures
» Forms
» Equipment
» Clinical support
» Consumers
» Publications
» Innovation centre
» Useful links
» Awards and prizes
» Models of Care
» National Emergency Access Target
» Website External Links
Clinical tools
Latest evidence based
CLICK HERE »

Physical Assessment for Mental Health Patients Form

Emergency Care Institute

Patient's details (or sticker)

Name_____
Age_____
DOB_____
Address_____

Brief description of presenting problem

Physiological observations

Heart rate	BP	Temp.	Resp. Rate	O2Sats	BSL

Meets low risk criteria (all required)

- ☑ Age 15-65 years
- ☑ No acute physical health problems (including trauma, ingestion or drug side-effects)
- ☑ No altered level of consciousness (confusion vs psychosis)
- ☑ No evidence of physical cause for the acute presentation
- ☑ Not the first or significantly different psychiatric presentation

Patient may be referred to mental health service

Doesn't meet low risk criteria (write in notes)

- Urgent resuscitation/sedation alert senior ED, NUM, security if required
- Further medical review based on observations discuss with senior ED
- Investigations done based on clinical findings
- Subacute medical issue identified, flag for psychiatric services

Transfer to Mental Health Services? ☐ Yes ☐ No

Referred to_____ **for**_____ ☐ n/a

Is the Mental Health Services aware of the patient? ☐ Yes ☐ No

ED doctor's name printed **Signed** **Date and time**

Adapted by the ECI from Bankstown and Liverpool Hospital Forms Prepared March 2012

Supporting evidence for physical assessment of mental health patients

Emergency Care Institute
NEW SOUTH WALES

To improve mental health patient flow and care in the ED a rapid clinical assessment tool has been developed by the ECI. Historically the term 'medical clearance' is not an accurate representation of the screening process and may lead to unrealistic expectations of what is achieved by this. The physical assessment for acute medical illness which may be concurrent with or related to the mental health presentation is very important.

This physical assessment is based on vital signs and a rapid appraisal of history to determine if the patient is low risk for acute organic illness. This does not clear the patient from future acute medical illness or change the status of stable chronic conditions.

It is important that there is clear guidance on the purpose of the medical assessment and its limitations.

The evidence as reviewed by the ECI suggests the risk for acute medical problems in psychiatric patients who are admitted to Psychiatric Units is small. The benefits of various investigations in cohorts of patients deemed low risk is very limited.

Advantages of system

1. Logical and "evidence"-based
2. Ensures physiological obs. are done (*almost* always)
1. Brief and standardised
2. Makes intention of "screen" clear

Reception by MH staff

- Managers like it, sometimes complain when form not completed
- Registrars reluctantly accept that it serves its purpose
- MHU nurses expect to see it
- No-one can disagree with any of its specific content
- There are still anecdotes…..”the Lithium level wasn’t done – what if they were toxic ?”
  (*and asymptomatic??)*

SUMMARY

- To affect behaviour, a systemic illness has to affect brain oxygenation, perfusion or glucose
- Systemic illness or drug intoxication affecting brain behaviour is highly unlikely to be occult
- ED processes that do not add value to patient care, or that delay patients getting to definitive care, should be eliminated
- An evidence-based and standardised approach helps in rationalising processes