

# Pediatric Behavioral Health Policy and Procedure

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1. Pediatric Patient, any patient under the age of 18 who presents to the Emergency Department.
2. A behavioral health patient is any patient considered a danger to self, danger to others, gravely disabled, or patients presenting with altered levels of consciousness that are unable to make medical decisions. Patients who are under the influence of substances will fall into this category until they are considered capable of making reasonable decisions.
3. Medical care will include a medical screening exam by the assigned Physician. This may include lab work, urinalysis, urine toxicology screening, radiological testing and EKG.
4. Psychiatric assessment may be performed by the Psychiatrist/ Psychologist, or the Psychiatric Evaluation Team for an accepting LPS (Lanterman- Petris- Short) designated facility, or County Access Psychiatric Mobile Response Team (PMRT).
5. Physical safety refers to maintaining the physical safety of patient and staff members. This may be achieved through the modification of environment (removal of potentially dangerous items from patient room, including patient belongings), modification of patient food trays ( safety tray), adjusting physical location ( in private room vs. hallway), increased frequency of observation rounds, provision of reality orientation and psychosocial interventions, and the use of chemical and/or physical restraints.
6. Medical Clearance will be met once patient has received a MSE by the Emergency Department Physician, determined to have no emergent medical needs. To obtain medical clearance, a patient must have stable vital signs and will have the following tests: labs, alcohol level, and urine toxicity screen. When medically appropriate, Pts may require additional testing to meet medical clearance up and to include CT scans, EKG's, radiological testing or repeat lab testing.
7. Constant Observer is any person assigned to monitor the patient for safety. This may include Security, RN, EMT, Nursing Assistant, or Sitter. This person will be responsible for maintaining the safety of the patient and will report to the RN any changes in behavior.
8. Identification as Behavioral Health Patient: Upon presentation to Emergency Department, if the patient is assessed by triage RN, as a Behavioral health patient, the Charge RN will be notified of patient presence in ED. This will ensure rapid placement in an ED bed, as well as rapid notification to the MD of patient needs for evaluation. The RN, MD, SW or CM may identify a patient as a Behavioral Health Patient. Once identified, Pt shall be identified on electronic medical record (EMR).
9. Room Assignment/ preparation: Pt shall be placed in private room when possible. Use of hallway beds should be on a case by case basis, with the coordination of the charge nurse depending on the needs of the Patient and the status of the Emergency Department. The room should be prepped for Pt safety on a case by case basis with collaboration of entire care team, including SW/CM, Patient Safety Officer and RN. This may include removal of all wires, tubing, belongings bags, suction canisters and other equipment. Rooms that have unsupervised bathroom access should be avoided. The curtain is to remain open at all times.

10. Medical Evaluation/ Medical hold: Acute Behavioral health patients have a MSE by the Emergency Department Physician to assess for medical necessity and potential medical clearance. The Physician will place pts who present as a danger to themselves, others, gravely disabled or Altered Level of Consciousness on Medical Hold in the EMR. The Physician will participate in all patient decision making in collaboration with the patient care team, including SW/CM, RN and Patient Safety Officers.
11. Patient Safety/ Public Safety Officer Role: Once a Medical hold has been ordered by the MD, Public Safety Officer's (PSO) are to stand by on all behavioral health patients. Pediatric Patients should be accompanied by a parent or guardian at all times unless their presence is causing additional harm to patient. In the event that a parent or guardian is unable to accompany the Patient, a 1:1 same sex constant observer will be utilized in addition to PSO stand by. PSO's are to search patient belongings for potentially dangerous items, remove all personal items to secured location, and assist Patient in donning of Behavioral Health gown. Items will be returned to Patient if PSO feels it is safe to do so. In the event of multiple Behavioral Health Patients present in ED, Patient rooms shall be altered to enable visual observation of all necessary Patients. PSO to work closely with the Charge Nurse and SW to determine need for additional support.
12. RN Role: The RN will document, and report to SW/CM any significant changes in behavior. Pt documentation will correspond with standard Emergency Department patient guidelines and will take place every 1 hour or more as needed. The RN will assess and anticipate the needs for psychosocial interventions, medications, chemical restraints and physical restraints in collaboration with the care team. The bedside RN to complete the Behavioral Health Checklist and the Suicide assessment tool in the EMR.
13. Social Worker/ Case Management role: The SW will provide psychosocial assessment of the acute Behavioral health patient. SW/CM will participate in care coordination as needed, and will assist in patient process through Emergency Department. The SW will determine the need for psychiatric evaluation, and arrange evaluation by most appropriate means.
14. Basic Needs: The primary objective of the Emergency Department team is to protect the patient and his or her rights, dignity and wellbeing in keeping with the standards of Patient Rights. The RN will offer Patients the opportunity to bathe every 24 hours as well as ensure food and snacks are given at regular intervals. When requested, and when appropriate and safe the patient will be escorted outside by Public Safety Officers.