Pre-Hospital/Emergency Department (ED) Management of Psychiatric Patients

Purpose:
This policy is intended for ambulance personnel, public safety officers, physicians and nursing staffing at receiving hospitals expected to manage psychiatric patients. Its purpose is to:
- Define the need for medical screening exam and clearance of psychiatric patients and its occurrence at a medical facility.
- Ensure the proper preparation of paperwork necessary for involuntary psychiatric commitment, allowing the smooth transfer to psychiatric screening centers.

Pre-Hospital Procedure:
All patients that are assumed to be having an acute psychiatric episode are to be taken to an ED for a medical screening exam and clearance before being transported to a Psychiatric Screening Center (PSC). The destination facility will be determined based on the apparent medical condition of the patient and the Transportation of Patients Protocol.

If an ambulance is called by the police for transport of a violent patient to the ED, it is recommended that the patient be accompanied in the ambulance by a police officer and EMS personnel in the patient compartment with the patient under restraints, if necessary. Local rules must apply when public safety officers are involved.

Upon arrival to the ED the police officer, public safety officer and/or EMS personnel must assist in the safe transfer of the patient to hospital staff. This will include:
1. Restraining or detaining the patient as ordered by the physicians.
2. Providing a verbal report and a completed run sheet.
3. Providing a valid, complete petition if family members or another responsible adult is not present and/or willing to complete the petition. The adult that observed the behavior should always be encouraged to go the hospital to complete a petition.

Petition for Admission must be completed by a person who observed the abnormal behavior requiring the patient to be brought to the ED (may be any of the following: a family member, friend, police, EMS personnel, or any other adult person). The original form must accompany the patient upon transfer. Petitions are to be completed in black ink and no holes are to be punched in the petition or Clinical Certificate.
Medical emergencies should be treated and stabilized at medical facilities since psychiatric facilities do not have the resources to provide care for acute medical illness.

**ED Admission Procedure:**
ED staff determine that a patient meets 401 criteria (is eligible for involuntary commitment) after reviewing the completed petition and interviewing the patient.

There must be an ED staff to PSC Therapist contact for patient to be accepted.

Petition for Admission must be completed by an adult, over 18 years old (may be any of the following: a family member, friend, police, EMS personnel, or any other adult person that observed the petitionable behaviors). The original form must accompany the patient upon transfer. **Petitions are to be completed in black ink and no holes are to be punched in the petition or Clinical Certificate. If a minor error is made while writing the petition draw a single line through the word and initial it. Gross errors will require the petition to be rewritten.**

**Children and adolescents (anyone under 18 years of age) may not be petitioned. Adults may not be petitioned if alcohol or drug abuse is the only issue.**

A Clinical Certificate is not necessary on patients medically cleared in an ED and transferred to PIC. A Clinical Certificate is required if the patient is being transferred to any other psychiatric facility. **Note:** A physician cannot complete a petition and sign the Clinical Certificate.

A Transfer Sheet must be completed by the attending physician, including:
- The reason for transfer.
- Verification of the patient’s stability for transfer.
- The name of the accepting physician.

As part of the Health Care Team, EMS personnel are responsible for working with the transferring facility to assure that the following papers are included in the Transfer packet:
1. Petition for Admission – original
2. Clinical Certificate – original, if applicable
3. Transfer Sheet – original
4. Completed copy of the patient’s medical record including: lab work, x-ray findings, treatment given, recommendation for follow-up treatment
5. Prescription or suitable form stating “Patient has had a medical screening evaluation and no evidence of obvious acute medical disease requiring hospitalization has been identified”, signed by the physician.

Make sure all information is complete, including dotting the i’s and crossing the t’s.

Paper Checklist for EMS Personnel When Transporting Petitioned Psychiatric Patients

_____ Original Petition (completed in black ink with no holes or other defacing)

_____ Original Clinical Certificate (if not going to PIC)

_____ Original Medical Screening/Clearance Form or comparable physician documentation

_____ Physician dictation or medical report

_____ Nurses Notes documenting course of treatment, medications, tests, etc.

_____ Copies of all lab work

_____ Copies of EKG(s), if applicable

_____ X-ray, CT, MRI reports, if applicable

_____ Hospital Transfer Form

_____ Face Sheet

_____ Prescription Authorizing Transfer (if required)

_____ Patient Safety-Transport patient by stretcher
HEMS
System Protocols
PRE-HOSPITAL/EMERGENCY DEPARTMENT MANAGEMENT OF
PSYCHIATRIC PATIENTS

Date: April 2013

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

In the matter of

Probable cause: ________________________________
Date of birth: ____________________
Race: ____________________
Sex: ____________________

I believe the individual named above needs treatment.

County at ____________________
Street address: ____________________
City: ____________________
State: ____________________
Zip: ____________________

3. I believe the individual has mental illness and

☐ a. as a result of this mental illness, the individual can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

☐ b. the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

☐ c. the individual's judgment is so impaired s/he is unable to understand the need for treatment. Continued behavior as the result of mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others. (If this is the only item checked, you must file the petition with the court before the person can be hospitalized.)

4. The conclusions stated above are based on
a. my personal observation of the person doing the following acts and saying the following things:

(PLEASE SEE OTHER SIDE)

Do not write below this line. For court use only.

MCA Name: HEMS, INC. (Wayne County)
MCA Board Approval Date: April 11, 2013
MDCH Approval Date: August 15, 2013
MCA Implementation Date: October 1, 2013

Section 6-44
# PRE-HOSPITAL/EMERGENCY DEPARTMENT MANAGEMENT OF PSYCHIATRIC PATIENTS

**MCA Board Approval Date:** April 11, 2013  
**MDCH Approval Date:** August 15, 2013  
**MCA Implementation Date:** October 1, 2013
HEMS System Protocols  
PRE-HOSPITAL/EMERGENCY DEPARTMENT MANAGEMENT OF PSYCHIATRIC PATIENTS

Date: April 2013  

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The individual [ ] is [ ] is not a veteran

I request the court to determine the individual to be a person requiring treatment and that s/he be hospitalized until the hearing.

I declare that this petition/application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

[Signature]

Date

[Address]

City, state, zip

[Telephone no.]

Home telephone no.

[Work telephone no.]

Attached is a □ clinical certificate by physician or licensed psychologist taken within the last 72 hours.
□ clinical certificate by psychiatrist taken within the last 72 hours.
□ petition/affidavit for examination (PCM 209) because examination could not be secured.

ечение for Hospitalization was filed with the hospital on [ ] at [ ] m

[Signature of hospital representative]

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<tr>
<th>NAME</th>
<th>RELATIONSHIP</th>
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<th>TELEPHONE</th>
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<tr>
<td></td>
<td>Spouse</td>
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<td>Guardian</td>
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Section 6-44
DATE: JULY 19, 1993

TO: HOSPITALS WITHIN THE WAYNE COUNTY AREA

FROM: HONORABLE FREDDIE G. BURTON JR., CHIEF JUDGE

RE: FILING OF PETITIONS/INVOLUNTARY HOSPITALIZATION PROCESS

Please be advised that in an effort to improve and maintain the efficiency of Court operations in processing petitions, the following information is being disseminated to you:

- All papers submitted for filing with the Court must be legible and in black ink, originals only.
- Poor quality copies of forms and outdated forms will not be accepted.
- It is necessary that all forms be submitted without holes in them.
- Allegations must be clearly in accordance with the Mental Health Code.
- All petitions must be accompanied by the appropriate Physician's Certificate(s) and a completed Notice of Hospitalization and Certification of Service form.
- Petitions filed which are not in keeping with the guidelines stated above will be returned.

Any institution in need of forms should contact the State of Michigan Department of Mental Health at 1-(517)-373-3740. A sample packet of forms has been included for your reference.