

<b>GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER</b>		
<b>TITLE:</b> Crisis Stabilization: Inpatient Unit Admission and Discharged Criteria	<b>POLICY NO:</b> CL-NU -03	Page 1 of 3
<b>RESPONSIBILITY:</b> Inpatient - Nursing		
<b>APPROVED BY:</b> <u>Reyn. Vaz</u> DIRECTOR	<b>EFFECTIVE:</b> JAN 08 2017	
	<b>LAST REVIEWED/REVISED:</b>	

**PURPOSE:**

- A. To provide clarification on the eligibility of consumers for services at the crisis stabilization unit (inpatient units) and guide staff pertaining to admission criteria continued stay, and the required documentation.
- B. To ensure that all admissions, with the exception of court orders, are appropriate and are for the well-being of clients served.

**POLICY**

- A. GBHWC adopts the medical necessity criteria for admission and continued stay based on current psychiatric literature; pertinent documents from professional associations such as American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, and the American Society for Addiction Medicine; and other relevant sources of information, such as the National Institute of Mental Health, Agency for Healthcare Research and Quality, Substance Abuse and Mental Health Services Administration. The criteria are also reviewed and approved by the Medical Director and Nurse Administrator on an annual basis.
- B. Consumers admitted into the inpatient unit must meet all the established criteria for admission:
  1. The individual has been evaluated by a licensed clinician and demonstrates symptomatology consistent with a primary diagnosis recognized by the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) which requires and can reasonably be expected to respond to therapeutic intervention; and
  2. The consumer cannot be safely treated at another level of care; and
  3. The individual is medically stable and free of any severe medical problem(s) that would be beyond the capabilities of the inpatient unit (IU) staff to treat, as judged by the admitting professional and/or IU professionals; and
  4. There is evidence of actual or potential danger to self or others or severe psychological dysfunction as evidenced by at least one (1) of the following:
    - i. A suicide attempt which is serious or suicidal ideation with a plan or means.
    - ii. Impulsive behavior and/or concurrent intoxication that increase the need for consideration at this level of care. Imminent danger to others as evidenced by current assaultive threats or behavior, with a clear risk of escalation or future repetition (i.e., has a plan and means).
    - iii. The individual is gravely disabled (i.e., disorganized/bizarre behavior or psychomotor agitation or retardation) and it interferes with the activities of daily living to such a degree that the individual needs

- twenty-four (24) hour skilled acute behavioral health interventions and cannot function at a less intensive level of care.
- iv. The individual is unable to care for self due to his/her psychiatric condition so that life-threatening deterioration is expected.
- C. For Continued stay in the inpatient unit, individuals must meet either criteria 1 or 2.
1. Despite active participation by the consumer, the treatment plan implemented has not led to enough improvement in the consumer's condition such that he/she can safely move to and sustain improvement in a less restrictive environment as evidenced by:
    - i. The consumer continues to suffer from symptoms and /or behaviors that led to the admission, or
    - ii. The consumer has developed new symptoms and/or behaviors that require twenty-four (24) hour skilled acute behavioral health interventions for safe and effective treatment.
  2. The consumer has developed serious adverse drug reaction to psychiatric medications; however the side effects do not require the consumer to be transferred to an acute care medical facility.
- D. Consumers will be discharged from the in-patient unit if the admission and continued stay criteria are not met as determined by the Psychiatrist and/ or
1. The consumer has developed symptoms of a secondary medical condition that require admission to an acute care medical facility, or
  2. The consumer has developed serious adverse effects to psychiatric medications that require admission to an acute care medical facility.
  3. Consent for treatment is withdrawn, and or the court has denied involuntary inpatient treatment.

## **PROCEDURE:**

### Admitting Procedures

- A. If the admitting professional determines the individual meets the established admission criteria, the admitting professional will authorize admission and give the admission order to the admitting nurse.
  1. The admitting professional's orders may be by telephone but must be signed by the admitting professional by the next working day.
  2. Admission orders must include:
    - i. A Completed Physician's Order Form.
    - ii. A signed request for Voluntary Admission Form or an Involuntary 72-Hour Hold Form.
    - iii. A copy of Legal Guardianship if applicable.
- B. Once client is escorted into the unit, the admitting nurse is responsible for completing the following:
  1. Orientation of client to the unit
  2. Inpatient Initial Treatment Plan upon admission
  3. Initial Screening for Self-Harm, Assaultive Behavior, Elopement, and Fall

- Potential, and Nutritional Screening form upon admission
4. A physical health exam (unless the exam was completed at a medical facility and the documents accompanied the consumer) within twenty-four (24) hours, or sooner as needed, and/or Body Check upon admission. (Reference: *CL-NU-02 Body and Skin Inspection at Crisis Stabilization Unit*)
  5. Consumer's vital signs, including pain assessment, weight and height upon admission
  6. Nursing Assessment within twenty-four (24) hours, or sooner as needed
  7. Inpatient Advanced Crisis Planning form within forty-eight (48) hours, or sooner as needed
  8. Medication Consent Form, including medication education
  9. Admission notes

#### Discharge Procedures

- A. The Physician's discharge order will be written on the Physician's Order form and Discharge Summary shall be completed in the Electronic Behavioral Health Record (EBHR) within 24-hours post-discharged.
- B. The RN will carry out the physician's order for discharge, including the discharge medications, if applicable.
- C. The RN will complete the After Care Plan to include follow-up appointments, referrals, medication instructions, and crisis prevention plan, if applicable.
- D. A Safety Plan, if applicable, will be completed.
- E. The RN will discuss the After Care Plan instructions to the consumer and/or their legal guardian prior to obtaining consumer's and /or legal guardian's signatures.
- F. The RN will provide a copy of the completed and signed After Care Plan instructions, a Safety Plan and any prescriptions, if applicable, to the client and/or legal guardian.
- G. All of the client's belongings will be returned to the client and/or legal guardian and the Inventory Log sheet signed prior to exiting the unit.

**SUPERSEDES:** *Admission to Inpatient Unit Protocol: 8/17/2017; Wilfred Aflague*

**GUAM BEHAVIORAL HEALTH AND WELLNESS CENTER  
REVIEW AND ENDORSEMENT CERTIFICATION**

The signatories on this document acknowledge that they have reviewed and approved the following:

Policies and Procedure


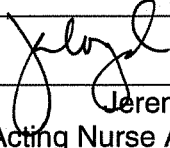
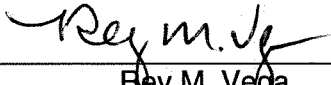
Submitted by: Jeremy Lloyd

Protocol/Form

Policy No: CL-NU-03

Bylaws

Title: Crisis Stabilization: Inpatient Unit Admission and Discharge Criteria

<b>Reviewed/Endorsed</b>	<b>Date</b>	<b>Signature</b>
	06/05/17	
<b>Title</b>	<b>Name Title</b>	Dr. Ariel Ismael Medical Director
<b>Reviewed/Endorsed</b>	<b>Date</b>	<b>Signature</b>
	6/5/17	
<b>Title</b>	<b>Name Title</b>	Jeremy Lloyd Acting Nurse Administrator
<b>Reviewed/Endorsed</b>	<b>Date</b>	<b>Signature</b>
	JUN 08 2017	
<b>Title</b>	<b>Name Title</b>	Rey M. Vega Director