EM Basic- Psychiatric Medical Screening

First step- "scene safety"- safety of yourself, staff, and the patient

-Patient stripped down to underwear and in a hospital gown
-Clothes and shoes stored outside the room
-Powerful deterrent to the patient suddenly leaving
-If necessary, have security/police search the patient

Know your state's laws on involuntary holds/emergency detention

Look at chart- address abnormal vitals

-Pay special attention to fever, tachycardia, low pulse ox
-Read entire triage note for background on the patient
-Is this suicidal ideation (SI) or more of the patient acting bizarrely? (more altered mental status than SI)

Introduce yourself to the patient, sit down and listen

-For safety, stay in between the patient and the door
-Don't get trapped in the room
-Ask the patient why they are in the ED
-Be prepared to listen but be direct if the patient doesn't talk
-If they don't volunteer it- ask the patient "do you want to hurt yourself or anyone else"
-If the patient has SI, ask them directly what their plan is

PEARL: You aren't going to make a patient suicidal or give them ideas just by asking- you need to ask these questions directly to get the whole story

Pay attention to the patient's body language

-Are they being evasive?
-Are they hyper and on edge?
-Are they somnolent and depressed?
-Are they blowing off your concerns about SI?

If the patient has a plan to hurt themselves- how serious are they about carrying it out?

-Method doesn't matter- what matters is how much the patient believes it will hurt them
-Example- 10 motrin won't kill an adult but if the patient believes that it will, take it seriously

Ask about social and psychiatric history

-Social history- who does the patient live with? Support structure? Drugs or alcohol use?
-Psych history- previous psych admission, medications

Get full medical history- meds, allergies, PMH, PSH

Do a good review of symptoms- focus on neuro and endocrine

Do a good head to toe exam- focus on the neuro exam and mental status

-Some suggest doing a mini-mental status on every patient
-Probably not necessary but make sure the patient has a clear sensorium/mental status
-Pay attention to any confusion or fluctuating mental status

Labs- very low yield on young healthy patients but required by psych facilities/floors prior to admission- trying to catch undiagnosed medical conditions contributing/causing psych condition

General lab workup with possible explanations

CBC- anemia
Chem10- electrolyte disorders (hyponatremia, renal failure, etc.)
TSH- hypothyroidism (mimics depression)
Acetiminophen level- very important - OD is asymptomatic and lethal
ETOH level- general tox workup
Salicylate leve- same (but this is a recognizable toxidrome)
UA/Urine Drug Screen- UTI, drugs of abuse
Urine HCG- females= pregnant until proven otherwise

EKG- arrhythmias or prolonged arrhythmias (contraindication to some psych meds, can help you diagnose TCA overdose)

LFTs- optional- screen for liver disease?

Catching the red flags

-Most important part of this workup is to find those patients who have a medical condition causing their psychiatric illness
-Be careful in the young and the old and patients who all of the sudden have psychiatric problems without a previous history

Example- young patient starts suddenly acting bizarrely- could be herpes meningitis, older patient with SI with no stressors- could be a head bleed

PEARL- Red Flags- Sudden onset of symptoms, age greater than 40, visual or tactile hallucinations, fluctuating level of consciousness

Patients with red flags should get a non-contrast head CT and a lumbar puncture looking for intracranial masses/bleeding or meningitis and any other indicated testing

Bottom line- you have to pretend that you will be the last medical doctor that will see the patient- may be a long time before they see a doctor other than a psychiatrist

Disposition

Acting bizarrely with a known history of psychiatric illness- if history/exam, workup, and sensorium is normal may be able to discharge if the patient doesn't want to stay (you have a right to act bizarrely on the streets as long as you aren't hurting anyone or breaking any laws)- get social services help if you can

SI/HI- Should be evaluated by a psychiatrist in the ED

Psychiatrist agrees with admission- admit the patient to the psych floor/facility- may be a long wait- get the patient something to eat, make them comfortable, give benzos PRN for agitation

Psychiatrist disagrees with admission- make sure the patient hasn't changed their story when they talked to the psychiatrist, make sure the psychiatrist has the whole picture/story

Suicide Risk assessment- at community EDs without ready access to psychiatry, may have to make SI low risk vs. high risk decision- go to blog.ercast.org/suicide for podcasts and other information on this topic

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