

	<h2>Behavioral Health Services Crisis and Acute Care Guideline</h2>
Revised 07/09/2024	<h3>County Crisis Stabilization Unit Medical Admission Guidelines</h3>
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**INTRODUCTION:**

This guideline is to be used by Crisis Stabilization Unit (CSU) staff to determine medical stability of persons seeking access to crisis stabilization services. CSU services do not include medical treatment for emergent medical problems or complications on-site. The County CSU does have a Basic Medical Services (BMS) team, comprised of advanced medical practitioners who evaluate and treat urgent and non-emergent medical issues. Individuals may be directed to an emergency department for physical evaluation and medical clearance as determined in collaboration with CSU psychiatrists and BMS providers to ensure the individual can safely be seen at the CSU. Clients with concurrent medical conditions, including acute alcohol or other drug detoxification symptoms, must be physically stable for outpatient care and can be safely treated at home with medical follow-up in 24 to 36 hours.

**PROTOCOL:**

❖ **General Procedures**

1. The CSU psychiatrist and BMS provider if available will review documentation of client’s medical condition as part of the CSU admission process. This documentation must include the client’s medical history, appropriate laboratory tests and a list of prescribed medications with dose and administration schedule. Laboratory tests that may be requested are listed in the Specific Medical Guidelines.
2. In addition to reviewing the client’s clinical record, the CSU psychiatrist and BMS provider if available will discuss the case with the treating physician to clarify issues and gain information necessary to determine if the client’s treatment is within the scope of CSU capabilities.
3. Clients admitted to the CSU from the community for behavioral health services who experience acute medical problems are assessed by on-site BMS providers, and if necessary, will be referred immediately to appropriate medical emergency departments for evaluation, medical treatment, and stabilization.
4. For clients admitted to CSU from medical emergency departments who experience acute medical problems, the on-site BMS provider or psychiatrist will assess and consult with the



emergency department physician prior to returning the client to the referring emergency service.

### ❖ **General Medical Guidelines**

Examples of symptoms and conditions that may be beyond the scope of care at CSU:

1. Acute physical conditions requiring emergent treatment or hospitalization;
2. Acute physical conditions requiring IV's or indwelling catheters (without specific approval from CSU);
3. Drug/alcohol intoxication and/or drug/alcohol withdrawal with severe symptoms or requiring IV medication;
4. Chronic or terminal conditions requiring special, skilled nursing care which is not available at CSU;
5. Weight loss (20% of body weight) within the last 30 days without any prior work up;
6. Active contagious illnesses or infectious processes requiring isolation or quarantine or acute medical care;
7. Recent injuries, including onset of severe unexplained pain, without prior medical assessment such as severe laceration, injuries sustained from rape, bleeding, or head trauma;
8. Severe allergic manifestations such as anaphylaxis;
9. Clients using assistive device such as a wheelchair/walker must be able to transfer and perform ADLs independently. Clients using a cane or crutch will need to use a wheelchair while at the CSU and be able to transfer independently.

### ❖ **Specific Medical Guidelines**

The specific medical conditions listed below will usually require evaluation and/or stabilization before admission to CSU:

1. Abnormal Vital Signs:
  - Unexplained or untreated fever of 101 or above;
  - Blood pressure greater than 180/110 mm of Hg;
  - Blood pressure greater than 180/110 mm of Hg once treated will consider with three consecutive blood pressure readings below 180/110 mm of Hg and trending down and each taken one hour apart;
  - Blood pressure below 90/60 mm of Hg;
  - Sustained pulse rate < 50 beats per minutes or >120 beats per minute;
  - Sustained rapid respiration, respiratory distress, shortness of breath.
2. Symptoms Associated with Chemical Agents – for clients exhibiting signs of intoxication, a urine drug screen may be requested to identify all intoxicating substances the client has ingested:
  - Blood alcohol level >.15 with abnormal vital signs;
  - Severe alcohol withdrawal symptoms, such as seizures, alcoholic hallucinosis, delirium tremens;
  - Client requiring IV medications or frequent benzodiazepine dosing (<Q4hrs) for treatment of alcohol withdrawal;

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- Drug overdose clients with elevated drug levels requiring cardiovascular monitoring or support.
3. Medication Overdose or Toxicity – CSU psychiatrists must have the following information when evaluating the client’s physical health/medical stability:
    - Lithium overdose – lithium level prior to and after intravenous fluid infusion;
    - Clients exhibiting signs of lithium toxicity – lithium blood level;
    - Aspirin overdose – salicylate level;
    - Tylenol (acetaminophen) overdose – 4-hour post ingestion acetaminophen level of <150 with unremarkable liver enzymes or acetaminophen level <30;
    - Overdose on other substances — documentation of appropriate evaluation and treatment, including consultation with poison control if necessary.
  4. Fluid and Electrolyte Disorders:
    - Acidosis or alkalosis;
    - Hyperkalemia (K + blood level above 5.5 mEq);
    - Hypokalemia (K + blood level below 3.0 mEq) will be considered once repleted;
    - Hypocalcemia < 8 mg/dL;
    - Electrolytes may be required on clients who are dehydrated or malnourished (clinical judgement required).
  5. Special Dietary Requirements:
    - Clients requiring IV feedings;
    - Clients requiring nasogastric tube feedings;
    - Clients requiring gastrostomy feedings.
  6. Eye Disorders:
    - Recent and relatively sudden loss of vision;
    - Ocular emergencies such as hemorrhage or laceration.
  7. Ear, Nose, Throat Disorders:
    - Untreated sore throats with fever above 101°;
    - Foreign body in the airway or food passages;
    - Severe epistaxis.
  8. Respiratory Tract Disorders:
    - Untreated pneumonia;
    - Untreated pleuritis (pain on respiration);
    - Respiratory illnesses requiring continuing oxygen supply;
    - Lung abscesses;
    - Suspected pulmonary embolism;
    - CPAP machine.
  9. Cardiovascular Disorders:
    - Suspected myocardial infarction (chest pain);
    - Serious arrhythmia or abnormal heart rhythm;

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- Sustained pulse rate greater than 120 beats per minute;
  - Sustained pulse rate lower than 50 beats per minute;
  - Uncontrolled hypertension greater than 180/110. BP > 180/110 will consider once treated with 3 consecutive BP readings below 180/110, trending down, each taken one hour apart;
  - Suspected carditis or pericarditis;
  - EKG's may be required on clients with cardiovascular problems.

10. Blood Vessel and Lymphatic Disorders:

- Suspected cases of aneurysm of the aorta;
- Thrombophlebitis of the superficial or deep veins;
- Acute occlusive disease of the arteries in the lower legs or feet.

11. Blood Disorders:

- Severe anemia (Hgb below 9, HCT below 32);
- Clients with hemorrhagic diseases with acute symptoms or manifestations;
- No blood thinner except for baby aspirin, typically between 75mg to 100mg.

12. Gastrointestinal Tract and Liver Disorders:

- Severe persistent nausea or vomiting;
- Severe persistent diarrhea;
- Vomiting of blood or passing of blood in stools without previous evaluation;
- Unexplained, untreated jaundice;
- Suspected G.I. hemorrhages;
- Suspected acute abdomen. (Unexplained acute abdominal pain);
- Anal abscess requiring surgery;
- Rectal prolapse;
- Liver function test or prothrombin time may be required with G.I. and liver problems;
- Will consider clients with no oral intake up to 3 days with normal vital signs.

13. Obstetrics and Gynecology Conditions:

- Severe abnormal vaginal bleeding;
- Suspected ectopic pregnancy;
- Suspected toxemia of pregnancy;
- > 34 weeks IUP;
- <24 hours post-partum for vaginal delivery;
- <48 hours post-partum for C-section.

14. Bone and Joint Disorders:

- Suspected/untreated fractures or dislocations;
- No hard fiber glass or plaster cast ; Soft splint only;
- Signs of poor cast care (with no recent examination).

15. Genito-Urinary Disorders:

- Unexplained /untreated urinary retention;
- Unexplained/ untreated incontinence of urine;

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- Acute pyelonephritis (kidney infection);
  - Renal failure requiring dialysis or creatinine unknown.

16. Nervous System Disorders:

- Clients with poor alertness, etiology unknown;
- Recent fainting spells or dizziness, etiology unknown;
- Undiagnosed/untreated seizure activity;
- Status epilepticus;
- Recent, severe head injury with unconsciousness;
- Suspected intracranial aneurysm;
- Suspected brain abscess;
- Suspected intracranial tumor;
- Dementia with no psychiatric diagnosis.

17. Endocrine Disorders:

- Uncontrolled diabetes with random blood glucose level above 300. Will consider blood sugar level below 300, once treated and trending down with 2 readings one hour apart;
- Suspected acute thyrotoxicosis;
- Suspected pheochromocytoma.

18. Infectious Diseases:

- All infectious diseases are subject to the approval of the CSU physician
- Lice and scabies must be treated initially except for field base referrals and walk-ins;
- Positive Covid clients will be considered based on Local Health Department or CDPH recommendations.

19. Disorders due to Physical Agents:

- Heat exhaustion or heat stroke;
- Severe, extensive burns;
- Frostbite.

20. Malignancies:

- Malignancies requiring inpatient treatment or specialized nursing care;



## ❖ Problem Resolution

Exceptions to these guidelines will be made by the CSU psychiatrist and BMS provider if available, after direct consultation with the referring physician. The referring physician and CSU psychiatrist and BMS provider if available must reach agreement on the appropriateness of the CSU admission before a client can be accepted for treatment. For disagreements between the referring physician and the CSU psychiatrist that cannot be resolved at the physician-to-physician level, the referring physician/facility may contact the following persons to discuss individual cases and seek resolution:

1. The CSU Medical Director - (714) 834-6900;
2. The Behavioral Health Services Associate Medical Director - (714) 834-5048;
3. The Program Manager or Service Chief - available 24 hours a day.