



History

- Past medical & psychiatric history
- Pertinent medication hx
- Compliance with meds
- Court ordered treatment or current petition
- Hx of substance abuse
- Hx of alcohol withdrawal seizures
- Any current medical complaints

Signs and symptoms

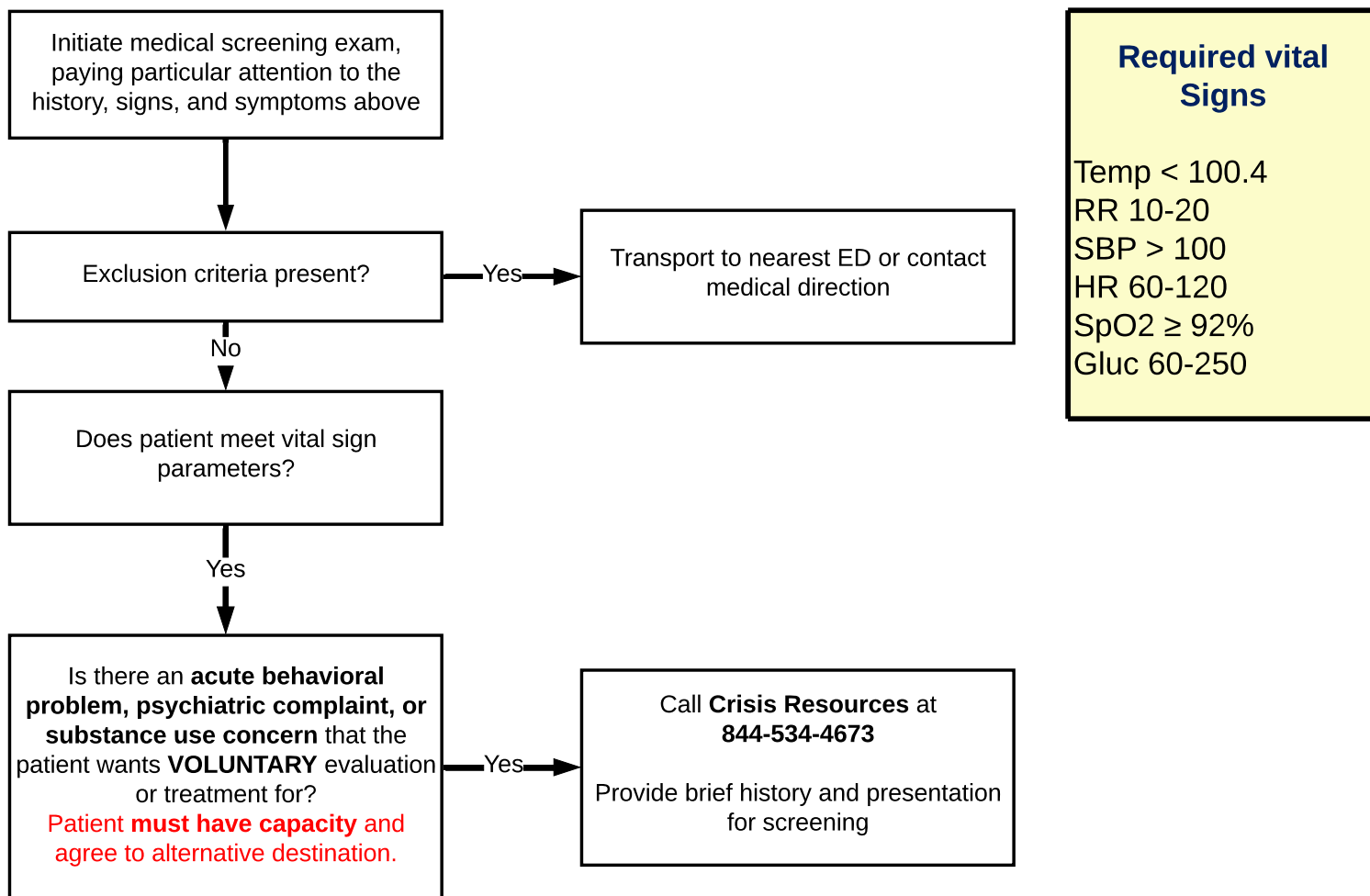
- Statements of suicidal thoughts/actions
- Exhibiting behaviors that could be dangerous to self or others
- Acute psychiatric complaints
- Substance abuse and/or withdrawal

Differential

- Altered mental status
- Drug use
- Trauma
- Stroke
- Hypoglycemia Infection

Exclusion Criteria

- Any new medical condition, injury, or complaint requiring medical evaluation
- Any vital sign outside of range
- Suicide attempt (i.e. any ingestion, self-harm)
- Concerns for current alcohol withdrawal
- Trauma or suspected trauma
- Combative or violent behavior (i.e., behavior that poses a danger to self or others that cannot be verbally de-escalated, requiring physical restraints and/or chemical sedation)
- Need for IV or medication administration by EMS
- Unable to perform activities of daily living due to medical or physical limitations



***** IMPORTANT: *****

All patients have the right to request evaluation and transportation to an emergency department.



Education/Pearls

The “Treat and Refer - Behavioral” outcome is intended to be used with this Behavioral Health Treat and Refer AG. This is for patients who want help with substance withdrawal, suicidal thoughts without active attempt or plan, or other behavioral health concerns. This protocol enables a provider to initiate municipal resources for behavioral health, including evaluation and treatment by healthcare professionals outside of the emergency department.

Capacity:

- Determining if a patient is A&O x 4 does not automatically mean a person has the ability to make an informed decision.
- Patients must demonstrate:
 - an understanding of what is going on, including risks, burdens, and benefits
 - an understanding of what you are offering
 - the ability to make their own decision to refuse care
 - the ability to make that decision without impairment

Suicidal Patients:

- If the patient has **actively attempted suicide** (ex: overdose, self-harm), the **patient must go to the ED**.
- If a reliable third party reports suspicion of an attempt of suicide (ex: overdose, self-harm), the **patient must go to the ED**.
- If the patient only reports suicidal ideation with no active attempt, the patient may be evaluated over the phone by the AZ crisis intervention services (844-534-4673).
 - The patient must be accompanied by a responsible adult (age 18 years or older)
 - Under no circumstances should a suicidal patient be left alone
 - If patient is alone and requires transportation by Crisis Team, wait with patient for transportation.
 - When in doubt, transport patient to the Emergency Department

Warm Hand-Off and Transportation Considerations:

- AZ Complete Health is contracted through the state to provide crisis resources for patients undergoing substance related problems, thoughts of self-harm, and other behavioral health issues. They are **available 24/7 at 844-534-4673** to assist in the evaluation of patients telephonically and help to determine safe disposition. Please identify yourself as a 9-1-1 EMS provider at the start the phone-call to expedite services.
- Warm handoff
 - Provide patient name, age, and other useful demographics
 - Provide history of present illness
 - Confirm that an evaluation of capacity has been made
- Possible Dispositions
 - Patient is provided all resources by Crisis Team over the phone and no longer requests transport. EMS may clear the scene.
 - Patient requires further evaluation and management at a substance abuse or behavioral health center, but is determined to be safe to wait for transportation arranged by Crisis Team. EMS may clear the scene.
 - Patient requires further evaluation and management at a substance abuse or behavioral health center, but is not safe to be left on scene alone. If there is a responsible adult (18 years or older) on scene, patient may be left in their care. If not, wait for transportation arranged by Crisis Team.
- **Important: When transferring care to another agency, we are making an assessment that this patient is medically safe for an alternative destination and does not require immediate evaluation in the emergency department.**