

Appendix A

Department of Behavioral Health and Developmental Disabilities Medical Clearance and Exclusionary Criteria for Admission to Crisis Services & Diagnostic Center: Crisis Services

Exclusionary Criteria	
1.	Angina
2.	Burns (severe) requiring acute care or physical therapy; if the burn could be cared for at home without nursing care, it is not an exclusion.
3.	Chronic Pain Coverage that includes IV opioid analgesia. All other chronic pain syndrome requires a Physician to Physician discussion
4.	Delirium
5.	Dementia: The Crisis Stabilization Diagnostic Center is not equipped to treat individuals with dementia as primary diagnosis. These individuals are also at risk of victimization and are better treated at a geriatric facility that specializes in memory care
6.	Dialysis
7.	Unstable fractures, open or closed
8.	GI bleed, active
9.	Infectious disease requiring treatment by IV antibiotic
10.	Intravenous fluids or IV medications
11.	TB, Active
12.	<p>Traumatic Brain Injury (TBI) in the absence of mental illness (if the individual was diagnosed with a mental illness prior to the TBI, the facility will evaluate.)</p> <p><i>Georgia Code - 37-3-1.16.1 - "Traumatic brain injury" means a traumatic insult to the brain and its related parts resulting in organic damage thereto which may cause physical, intellectual, emotional, social, or vocational changes in a person. It shall also be recognized that a person having a traumatic brain injury may have organic damage or physical or social disorders, but for the purposes of this chapter, traumatic brain injury shall not be considered mental illness.</i></p>

Medical Evaluation Guidelines	
1.	<p>Test required if individual presents at the Emergency Department:</p> <ul style="list-style-type: none"> a. CBC b. UA c. UDS d. Chemistry Panel e. Pregnancy test (if there is reason to believe a woman is pregnant, a test is required.) f. May request a CT of brain if subdural is suspected
2.	<p>Vital Signs:</p> <p>Blood Pressure: Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary. Hospital must provide documentation showing sustained improvement in BP when the current level falls within guidelines.</p>

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	<p>BP- since arrival, or within the last 24 hours:</p> <ol style="list-style-type: none"> What is the highest systolic reading? <170 171-180 >180 What is the lowest systolic reading? >90 >85 <85 What is the highest Diastolic reading? <110 111-115 >115 What is the lowest Diastolic reading? >60 55-59 <55 Ranges for Current reading Systolic <85 85-89 90-170 171-180 >180 Ranges for Current reading Diastolic <55 55-59 60-110 111-115 >115 <p>Stable and chronic HTN does not need to be WNL but will require a doctor's review</p>
	<p>Pulse/ Heart Rate: Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary. Provide documentation of sustained improvement in heart rate and how it was addressed when the current level falls within guidelines.</p> <ol style="list-style-type: none"> What is the highest reading? <110 111-120 >120 What is the lowest reading? >60 50-60 <50 Ranges for Current reading Heart Rate <50 50-60 61-110 111-120 >120
	<p>Respirations: Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary.</p> <p>Current reading Respirations <24 24-30 >30</p>
3	<p>Psychiatric Disorders of thought or mood:</p> <ol style="list-style-type: none"> Normal physical and neurological examination; rule out delirium Consider a CT or MRI of brain or provide documentation why not clinically indicated
4	<p>Alcohol Abuse, Dependency or Intoxication: Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary.</p> <ol style="list-style-type: none"> CIWA-AR (clinical Institute Withdrawal Assessment of Alcohol Scale Revised): <8 8-15 16 or greater. Must include date/time of assessment for Yellow please provide vitals and MAR. BAL: A specific BAL is not required. Calculate future BAL based on knowledge that BAL will drop by 25 per hour. Include Current, time of calculation and time of last drink If the person is Jaundice, a liver function test is required
5	<p>If opiate withdrawal is a concern, provide a COWS assessment</p>
6.	<p>Acetaminophen overdose. Follow ACE Toxicity guidelines. Repeat levels until below risk for possible hepatotoxicity. Referral acceptable after ACE falls below .10 and a Physician to Physician consultation.</p> <p>Supply ACE level and the 4-hour level on PARF</p> <p>Patients on Mucomyst must complete entire course of treatment prior to transfer.</p>

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7	Other overdoses: Follow recommendations of GEORGIA POISON CONTROL regarding observation period. Call 1-800-222-1222 or www.georgiapoisoncenter.org and have Physician to Physician conversation as needed.
8.	Aids: Subject to ability to provide appropriate treatment (i.e. availability of medications, etc)
	<ul style="list-style-type: none"> a. Labs as indicated in #1 above b. Additional test as indicated, such as CT of Brain is pathology suspected c. End state AIDS patients should not be referred for psychiatric care in CSUs
9.	Anemia: <ul style="list-style-type: none"> a. Symptomatic anemia consisting of low O2, shortness of breath, hypoxia, fatigue with effort b. Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary. HGB Values: <7 <8 >8
10.	Diabetes Mellitus: Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary Accucheck values: <58 <60 60-200 >200 >250 Blood sugar stabilization consist of a green value for a 2-hour period before approval and within one hour of transfer. Possible lab request for high values may include CBC, BMP including electrolytes, creatine, BUN and Glucose.
11.	Febrile Patients: Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary <ul style="list-style-type: none"> a. Ranges for Current Reading Body Temp <95 95-101.4 101.5-102.5 >102.5 b. For referrals in the yellow zone, provide suspected cause and how it is being addressed.
12.	Hypokalemia/Hyperkalemia (Potassium levels): Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary Potassium level: <3.0 <3.5 3.5-5.2 >5.2 >6
13.	Hyponatremia/Hypernatremia (Sodium levels): Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary. Sodium level: <130 <134 135-145 >145 >156
14.	MRSA: Physician to Physician is expected for active cases
15.	White Blood Count (WBC): Green referrals are within normal limits, Yellow requires a Doctors review (include what is causing the value and how it is being addressed) Red values are exclusionary <ul style="list-style-type: none"> 1. WBC Values: <1.8K <3K 3K-10K 10.1K-17K >17K

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16	Pregnancy: <i>Evidence of High-Risk Pregnancy</i> (Including, but not limited to, diabetes, abnormal GFR, BMI > 35, multiple gestation, polycystic ovaries, hypertension, HIV/AIDS, history of Autoimmune diseases, abnormal TFTs, acute abdominal pain/ vaginal spotting, preeclampsia/ eclampsia, history of genetic disorder) requires Physician to Physician discussion and referral will move to a yellow status on the hospital portal/physicians review board
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Other Items	
1.	Patient refusal to cooperate with lab testing: decisions regarding acceptance must be made based on the information available and with a Physician to Physician conversation.
2.	Physician to Physician communication is requested to ensure continuity of care and is required in cases of differences of opinion. Physician to Physician communication is required when there is any unstable medical condition. This may be done via telephonic conversation or through the hospital portal/physician review board on the BHL Web Review Board
3.	In cases where the referring physician believes the receiving physician is requesting inappropriate labs or evaluations or denying acceptance inappropriately, the referring physician may request to discuss the case with the I/DD Crisis Stabilization Services Manager (or designee) at any time.