PSY CONSULT

WHEN & FOR WHO/WHOM

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INDIA

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Financial Disclosures- none

AGENDA

Dissect PSY Consult in the ED

Is it worth pondering?

- Patients waiting for inpatient psychiatric beds remain in the ED 3.2 times longer than nonpsychiatric patients.[1]
- The "boarding" process for psychiatric patients in EDs nationwide averages 7 to 11 hours, and often takes more than 24 hours when patients require transfer to an outside facility [2,3]

1. Nicks BA, Manthey DM. The impact of psychiatric patient boarding in emergency departments. Emerg Med Int. 2012; 2012:360308. doi: 10.1155/2012/360308. Epub July 22, 2012.
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- 90% of physicians noted an increased association of psychiatric patient boarding, with violent behavior in distressed psychiatric patients, distraction of ED staff, and ED bed shortages. [3,4]

- Psychiatric boarding consumes scarce ED resources, worsens ED crowding, and results in increased wait times and delayed treatment in undifferentiated medical patients with potentially life-threatening conditions.[4]

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Case scenario

- 80 yrs male
- Known Schizophrenic
- Now with Altered Sensorium
- Vague Historian/ Caregiver
- Hemodynamically stable

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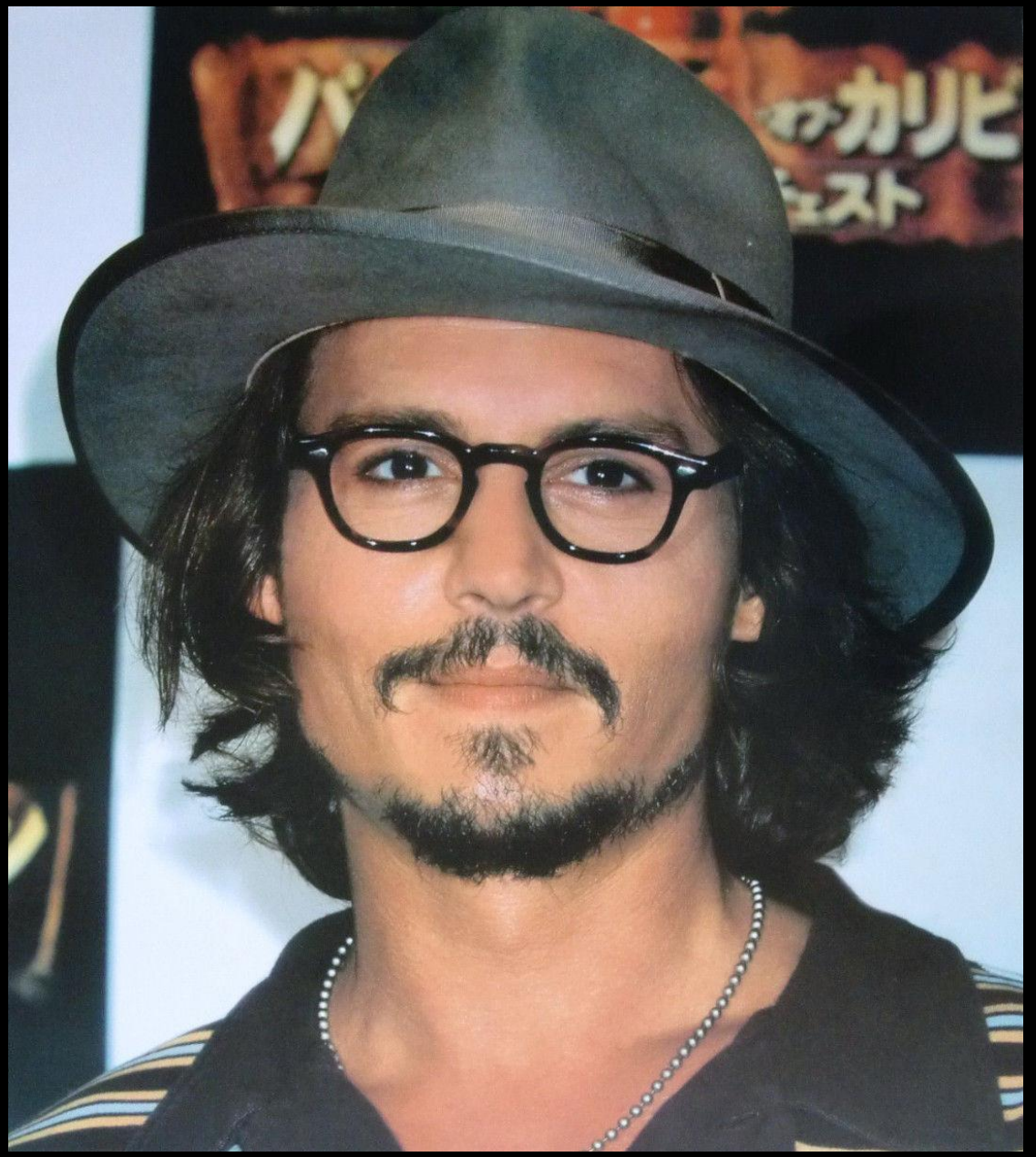

Thought disorder

Thought disorder

Mood disorder

Thought disorder

Mood disorder

Suicidal

Thought disorder

Anxiety disorder

Mood disorder

Suicidal

Somatoform

Thought disorder

Anxiety disorder

Mood disorder

Suicidal

Malingering

Somatoform

Thought disorder

Anxiety disorder

Mood disorder

Suicidal

Medical > PSY


SNAP

Medical > PSY

- There is general consensus that psychiatric patients with
  - abnormal vital signs,
  - advanced age (>= 65 years of age),
  - severe agitation,
  - evidence of toxic ingestion, or decreased level of awareness are more likely to have a medical cause for their illness and therefore warrant further testing.[5]

5. Nordstrom K, Zun LS, Wilson MP, et al. Medical evaluation and triage of the agitated patient: Consensus statement of the American Association for Emergency Psychiatry Project BETA Medical Evaluation Workgroup. *West J Emerg Med*. 2012;13(1):3-10.

Labs

A proper History and physical exam vs routine labs

Labs

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- Diagnostic testing should be patient specific and based on the particular medical processes that the clinician feels may be causing or exacerbating the thought disorder, rather than panels of routine tests. [5]

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PSY > Medical

Patients who are

- actively suicidal,
- dangerous to others,
- possess severe mental debilitation precluding self-care, or
- are having their first confirmed psychotic episode should be admitted.
- Patients with concurrent anxiety or depression should receive psychiatric consultation or referral, especially when they present with an acute decompensation of these symptoms.

OBJECTIVITY

- DSM 5 criteria.[6]
- Columbia–Suicide Severity Rating Scale (C-SSRS). The tool was used to distinguish suicidal ideation from suicidal behavior.[7]
- Substance Abuse and Mental Health Services Administration (SAMHSA): Suicide Assessment Five-Step Evaluation and Triage (SAFE-T).[8]

6. American Psychiatric Association and American Psychiatric Association, DSM-5 Task Force: Diagnostic and statistical manual of mental disorders, ed 5, Washington DC, 2013, American Psychiatric Association, p xliv, 947.
7. Posner, K., et al. "Columbia-suicide severity rating scale (C-SSRS)." *New York, NY: Columbia University Medical Center*(2008).
8. http://store .samhsa.gov/product/Suicide-Assessment-Five-Step-Evaluation-and-Triage-SAFE -T-/SMA09-4432

WHEN & WHOM

- Substance abuse
- Combative patient
- DSH/ Suicidal ideation
- Disaster/ Trauma psy

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Stress and the impaired HCP[9]

9. Lavoie S, Talbot LR, Mathieu L: Post-traumatic stress disorder symptoms among emergency nurses: their perspective and a 'tailor-made' solution. J Adv Nurs 67(7): 1514–1522, 2011. 9

WHY

- Beyond the medical issue and into the realm of PSY
- Optimal disposition plan
- Impacting EM systems

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- Optimal disposition plan
- Impacting EM systems

The future

THE FUTURE

- TELE Medicine or TELE-PSY evaluation [10]
- PSY Observation Units or POUs [11]
- Evidence based risk stratification tools/ Algorithms

10. Seidel RW, Kilgus MD: Agreement between telepsychiatry assessment and face-to- face assessment for emergency department psychiatry patients. J Telemed Telecare 20(2):59–62, 2014.
11. Parwani, Vivek, et al. "Opening of Psychiatric Observation Unit Eases Boarding Crisis." *Academic Emergency Medicine* 25.4 (2018): 456-460.

Back to the Case scenario

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sonic
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“The world suffers a lot. Not because the violence of bad people. But because of the silence of the good people.”

— Napoleon

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