



Non-Psychiatric Medical Needs

At time of transfer to psychiatric service, family medicine hospitalist will write non-psychiatric prescriptions (example: antibiotics, iron, etc.) via Med Rec and non-psychiatric follow-up plans (example: Depo in three months) under Patient Education and Follow-up.

- Family medicine hospitalist has admitted psychiatric patient to the hospital and addressed non-psychiatric medical needs (see box).
- Patient has been medically cleared.
- Psychiatric service assumes care.

Is admission voluntary or involuntary?

Voluntary

Involuntary

Care proceeds per hospital protocols until ready for discharge.

If at any time, patient requests to leave, does psychiatry staff determine that criteria for **MC-105** are met?

No

- If attending psychiatric physician feels patient is still in need of inpatient care, patient should be discharged AMA.
- Discharge process (see box) should be followed.

Yes

Onsite Psych Provider completes MC-105.

Psychiatry onsite provider and attending psychiatric physician complete the **MC-100** and send to courts within 18 hours of request to leave.

Onsite Psych Provider confirms **MC-100** has been completed and sent to court..

Psychiatry on site provider tells the patient their **rights** verbally and provides a written description of the YK commitment process.

Psychiatry staff testify at court per standard process.

Judge orders release.

Attending psychiatric physician is notified of judge order.

Judge orders continued stay.

- Patient must be transferred to a facility with a higher level of care.
- BHES notifies the accepting unit and sends/emails the required documentation (H&P, lab results, etc.).

BHES tracks timing of transfer to the accepting facility and updates psychiatry unit treatment team each morning in daily report.

Once a transfer date is determined, BHES completes the WEKA travel paperwork and arranges for travel.

- Psych RN & BHES complete the transfer process.
- Discharge orders are entered by psychiatric provider.

Definitions

- BHES: Behavioral Health Emergency Services
- MC-100: Petition for Order Authorizing Hospitalization for Evaluation. Must be confirmed by a judge.
- MC-105: Notice of Emergency Detention and Application for Evaluation, often referred to as "Title 47." May be completed by law enforcement or physician. Criteria: Is the patient any of the following?
 1. Threat to self
 2. Threat to others
 3. Gravely disabledSee [Involuntary Psychiatric Admissions](#) guideline for more details.

If the patient stabilizes at any time per the attending psychiatric physician's assessment (with input from the entire treatment team), psychiatry completes MC-412 and submits to the court. The patient may be discharged after the discharge process and discharge orders are completed.

Discharge Process

- Psych RN & BHES complete the discharge process.
- Psychiatric care coordinator arranges outpatient appointment for day following discharge as well as the day 3 BHES safety check assessment.
- BHES complete discharge safety plan with the patient prior to discharge.
- Discharge orders are entered by psychiatric provider.
- The YK Psychiatry inpatient post discharge intensive outpatient care plan is initiated.

Discharge process (see box) is followed. Psychiatric onsite provider specifies in orders, "as ordered by judge."