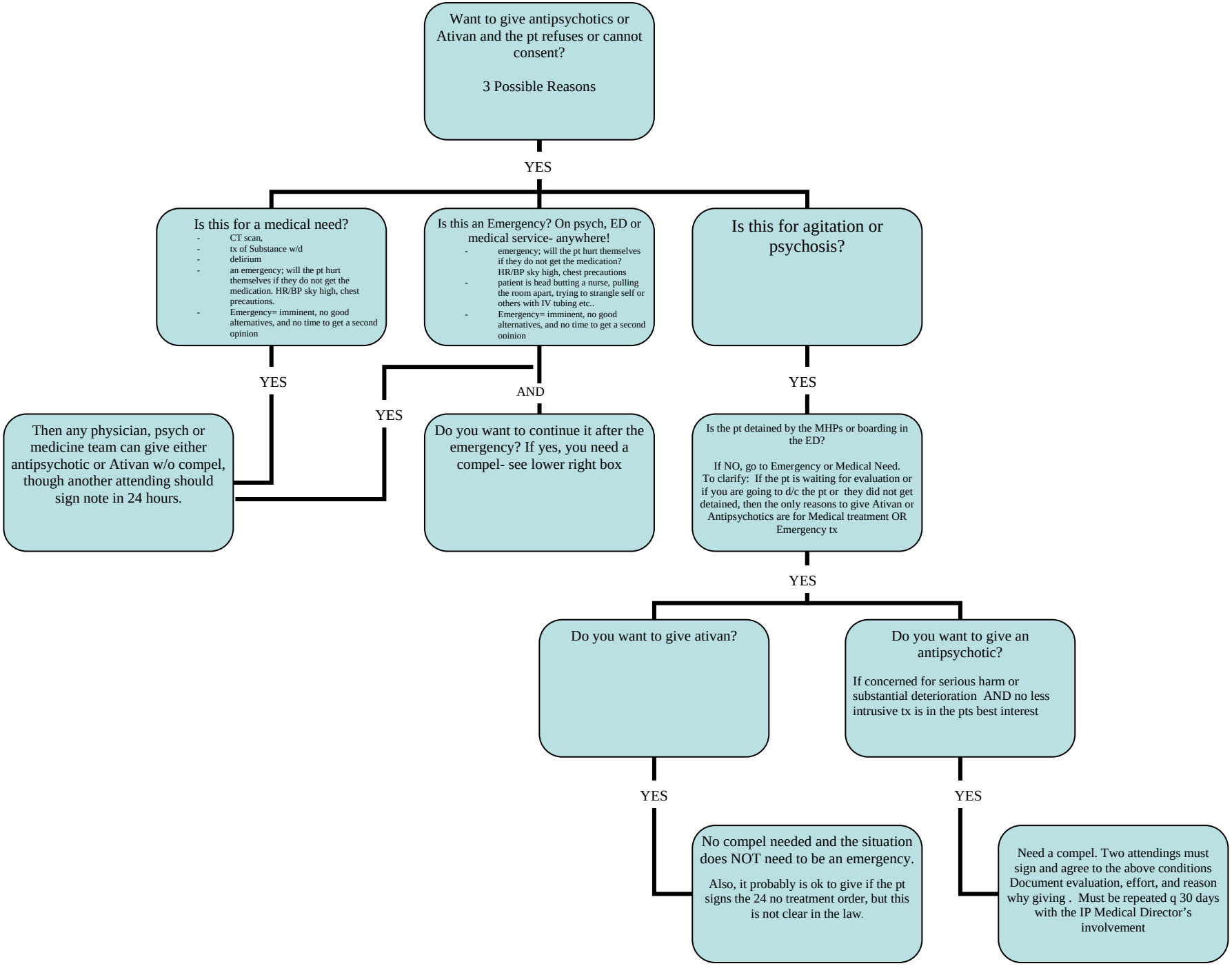
Want to give antipsychotics or Ativan and the pt refuses or cannot consent?
3 Possible Reasons
YES
Is this for a medical need?
- CT scan,
- tx of Substance w/d
- delirium
- an emergency; will the pt hurt themselves if they do not get the medication. HR/BP sky high, chest precautions.
- Emergency= imminent, no good alternatives, and no time to get a second opinion
Is this an Emergency? On psych, ED or medical service- anywhere!
- emergency; will the pt hurt themselves if they do not get the medication? HR/BP sky high, chest precautions
- patient is head butting a nurse, pulling the room apart, trying to strangle self or others with IV tubing etc..
- Emergency= imminent, no good alternatives, and no time to get a second opinion
Is this for agitation or psychosis?
YES
YES
AND
YES
Then any physician, psych or medicine team can give either antipsychotic or Ativan w/o compel, though another attending should sign note in 24 hours.
Do you want to continue it after the emergency? If yes, you need a compel- see lower right box
Is the pt detained by the MHPs or boarding in the ED?
If NO, go to Emergency or Medical Need.
To clarify: If the pt is waiting for evaluation or if you are going to d/c the pt or they did not get detained, then the only reasons to give Ativan or Antipsychotics are for Medical treatment OR Emergency tx
YES
Do you want to give ativan?
Do you want to give an antipsychotic?
If concerned for serious harm or substantial deterioration AND no less intrusive tx is in the pts best interest
YES
YES
No compel needed and the situation does NOT need to be an emergency.
Also, it probably is ok to give if the pt signs the 24 no treatment order, but this is not clear in the law.
Need a compel. Two attendings must sign and agree to the above conditions Document evaluation, effort, and reason why giving . Must be repeated q 30 days with the IP Medical Director's involvement

FAQ (at 2am)

1. *Hi, Psychiatry, just the person I wanted to speak with! We have a patient who is supposed to go to the nursing home tomorrow but she won't go and, can you make her or evaluate for competency or something?*

If the pt does not have decisional capacity regarding her placement, then the decision goes up the ladder. Without a guardian or DPOA, then the pt cannot be sent to the SNF against their wishes. SW can begin the process of obtaining a guardian, which is a LEGAL process.

If the pt has a guardian, then the guardian can make the decisions for the pt, which includes going to a nursing home. If they have a DPOA/MPOA, which is much more common, then it is a little fuzzy. Usually, nursing homes will accept someone who may not want to go but the DPOA decides the pt should go. SW should be involved in this as well. If the pt kicks and screams and REALLY doesn't want to go, then an alternate disposition plan should be arranged.

2. *Our patient is alert and oriented but wants to leave AMA- help!*

If the pt does not have decisional capacity regarding leaving, and they have a deficit in understanding, reasoning, insight and ability to make a choice, then your job becomes easier. The team can hold the pt on a **medical hold** if the pt does NOT have decisional capacity and if discharging the pt would result in serious harm to the pt. If not, and the pt seems to be thinking this through clearly, and does not need an MHP referral, then OK, they can go.

3. *Ok, so I can keep the patient, but how do I keep her in bed?*

So medical restraints were made for this purpose, to keep invasive lines in place, and to prevent harm to the pt who is confused, etc.. They are not behavioral restraints unless the only reason you are using them is because the totally lucid patient just tried to choke you because you wore a yellow sweater- behavioral/ psychiatric reasons.

4. *Hi, this is 7N and our (voluntary) patient has suddenly started throwing chairs at us and screaming about demons. We are restraining him now, but need your help.*

This requires documentation and often a debriefing with the nursing staff. A sometimes forgotten point is that if a psychiatric patient is a voluntary patient who now needs restraints, or is suddenly needing 5 Center at Harborview, they need a MHP referral because they are no longer a voluntary patient.

4. *Hi, we need a compel or something to make this patient take his/her medications.*

So if it is a psychiatric medication, then 2 attendings need to write the compel order, but us lowly residents cannot. If you are speaking about a medication for a medical cause (this includes seizures), then you cannot force the pt to take it unless under an emergent circumstance. You can put the Depakote sprinkles into their applesauce, but you have to sprinkle it in front of them.