



Memorandum

Emergency Department
PO Box 126
Bendigo Victoria 3550
Telephone: (03) 5454 8100
Facsimile: (03) 5454 8111

To: See Distribution List	Date: 13 September 2007
From: Dr Salomon Zalstein, Director of Emergency Medicine Dr Phil Tune, Executive Director Psychiatric Services	CC: Margot Scholes Wayne Daly
Subject: Medical Clearance of Patients with Presumed Psychiatric Illness	

All psychiatric conditions are clinical syndromes for which there is no diagnostic test, and every acute psychiatric presentation can be mimicked by any number of underlying general medical or substance-related conditions. Therefore a psychiatric diagnosis is always a diagnosis of exclusion, and so it is particularly important that non-psychiatric conditions have been considered and where practicable, excluded. This has led to the idea of medical clearance – an expectation that the Emergency Department in particular ensure that patients are medically cleared prior to psychiatric admission. The desire to exclude every potential medical condition, and the time and resources required to do so, can place excessive demands on ED staff and unreasonably delay the passage of psychiatric patients through ED. The expectations and limits of medical clearance need to be defined, and this is an attempt to do so.

This document is based upon the “Consensus Statement on Medical Clearance” of the Massachusetts College of Emergency Medicine¹

Definition of Medical Clearance

- The initial medical assessment of the behaviourally disturbed patient (with presumed psychiatric illness) is commonly termed “medical clearance”.
- It is important to recognize that the term “medical clearance” is inaccurate as it gives the impression that future non-psychiatric medical conditions are excluded by the assessment, which they clearly are not.

Scope of Medical Clearance

- Any patient with an apparent psychiatric presentation who is examined by emergency department medical staff should be assessed for underlying medical causes for that presentation.
- Medical clearance of patients with psychiatric presentations in the emergency department should indicate that:
 - there is no known or apparent contributory medical cause for the patient's presenting psychiatric complaints that requires acute intervention in a medical setting;
 - there is no medical emergency;

- the patient is medically stable enough for the transfer to the intended destination for specialized psychiatric or behavioural care;
- the emergency department medical staff member who has medically cleared the patient should, based on his or her examination of the patient, indicate in the patient's medical record the patient's foreseeable needs for medical supervision and treatment if any.
- Medical clearance does not indicate the absence of ongoing (chronic or longstanding) medical issues which may require further diagnostic assessment, monitoring and treatment, nor guarantee that there are no as yet undiagnosed medical conditions.

Low Medical Risk

- Psychiatric patients with the following criteria may be considered at low medical risk for the purpose of medical clearance:
 - Age between 15 and 55 years
 - No acute medical symptoms or signs
 - Not suffering their first episode of psychiatric illness
 - No evidence of substance intoxication/withdrawal
 - Normal physical examination, which includes the following as a minimum:
 - Normal vital signs
 - Normal (age appropriate) gait, strength and fluency of speech
 - Normal (age appropriate) assessment of memory and concentration

Emergency Department Assessment

- Emergency Department physical examination is determined by patient symptoms and history and is not intended to be a general, multisystem physical examination. The extent of the physical examination should be clearly documented in the patient's medical record.
- In patients who meet the above low risk medical criteria, diagnostic screening tests are not necessary for the purpose of medical clearance.
- A mental state examination should be completed, and documented, by Emergency Department medical staff.
- It should be noted that patients who do not meet the low risk medical criteria should not automatically be considered at high medical risk. In these cases, specific and selective diagnostic tests may be appropriate and should be guided by the patient's history, clinical presentation and the examination findings.

Psychiatric Assessment

- Once a patient has been medically cleared the psychiatry team may request that the emergency department initiate certain laboratory tests (e.g. drug levels/urine drug screen) in order to facilitate psychiatric assessment and management. Patients should not be held in the Emergency Department awaiting the results of these tests.
- Neither the determination that the patient can be psychiatrically assessed nor the determination that a patient can be transferred from the Emergency Department to the psychiatric ward or home should be based on a particular serum level of alcohol or

another drug. These determinations should be made based on the overall clinical state of the patient.

- Psychiatric patients who show signs or symptoms of toxic ingestion or present with a history suggestive of a drug overdose may require a toxic screen and/or specific drug levels in addition to an appropriate medical examination. The results of a urine drug screen taken as early as possible may later assist the psychiatry team in management of the patient.

Reference:

Walter G. Osser D. Consensus Statement on Medical Clearance. Available at:
http://www.macep.org/practice_information/medical_clearance.htm. Accessed 1 June 2007.



Dr Salomon Zalstein FACEM
Director of Emergency Medicine



Dr Philip Tune
Executive Director Psychiatry Services

Distribution

Emergency Department Senior Medical Staff
Emergency Department HMOs
Emergency Department ACNs
Emergency Department Nursing Staff
Psychiatry Triage
PCATT
ECATT
Consultant Psychiatrists
Psychiatry Medical Officers
Psychiatry Registrars
Alexander Bayne Nursing Staff