IntegrationSteps.org

Draft revised May 2023

Patients with Urgent or Emergent Psychiatric Symptoms in Primary Care

Definitions: A psychiatric emergency is any behavioral or mental state in which the patient poses imminent risk of harm to self or others. Urgent symptoms are symptoms that the clinician feels could escalate to an emergency state.

Examples of emergencies:

- Suicidal ideation with plan or other signs concerning for imminent harm
- Homicidal ideation
- Agitated behavior in which patient is unable to respond to de-escalation
- Other behaviors or evidence of grossly impaired judgment in which patient cannot safely care for self

Take home message:

When you have a patient with a possible psychiatric emergency or other urgent symptoms **during clinic hours**, please contact the Integrated Behavioral Health team via pager 3040/4050 for consultation regarding evaluation and management. **After hours,** please call the **Boston Emergency Services Team (BEST) at 1-800-981-HELP (4357)** for advice and management help. They can direct you to the best resource regardless of your patient's location and insurance. Psychiatric emergencies require immediate action for the safety of our patients and in some cases, providers. *See detailed protocol on the next pages.*

Roles and responsibilities for cases that arise in PCP visit*:

IBH role:
--Risk assessment
--Recommendation regarding patient plan
--Support communication & de-escalation
--Support plan execution

GIM Provider role*: (add if no provider on site)
--Responsible for the case—must be available for duration of case--Collaborates with IBH team in making final decision regarding plan, including whether a Section 12(a) is needed
--Signing section 12(a) if needed
--If emergency occurs outside of a GIM provider visit, IBH clinician may involve patient's PCP, NP anchor, and/or preceptor for assistance

Other primary care team member (RN, MA, Ops):
--Communication and de-escalation of patient and family
--Support execution of plan (e.g.: arranging for transport, sitting with patient, providing other logistical support)

*For rare cases that arise during clinical support visits (PharmD, RN): The 3040/4050 IBH clinician will take the lead, and contact PCP, NP anchor, **IBH MD, PhD, NP, LICSW on site if support is needed for a Section 12.**

Psychiatric Emergency Protocol:

Below are the essential responsibilities that must be carried out during a psychiatric emergency. In order to ensure that each responsibility is carried out, please utilize the below checklist as a guide. Each role should be clearly identified at the beginning of the process by the involved staff. Role A is the designated 'Clinical lead', Role B is 'Operational Lead', and Role C is 'Additional support'.

	Action	Person responsible
A	**Clinical assessment and coordination**	PCP, RN, IBH
	During daytime clinic hours: Page the IBH Clinician at x3040 (5th fl.) or x4050 (6th fl.), indicating the urgency. *Do not leave the patient alone in the room, unless you are at risk of imminent harm.*	
	During evening clinic or Saturdays: Call Boston Emergency Services Team (BEST) 1-800-981-HELP (4357)	
	Complete Section 12a if patient needs to be transported to the BMC Psychiatry Emergency Service for further evaluation of possible inpatient psychiatric admission	
	Call BMC Psychiatry Emergency Service (PES) at 617-414-4934 to let them know that the patient is coming and explain rationale for sending them to be evaluated	
	Complete documentation of clinical encounter, risk assessment and plan before EOD	
B	**Operational coordination**	IBH/GIM Ops, MA, RN
	Call Public Safety at ext. 4-4444 and inform them that EMS needs to be called to transport patient to PES	
	Manage the milieu, debrief relevant/impacted staff and reassign clinic space, if needed, to ensure patient is able to remain in same room until transported by EMS.	
	Fax Section 12a form to EMS Central Office at 617-343-7329.	
C	**Additional support**	IBH/GIM Ops, MA, RN
	Page GIM Operations Manager: 5th floor Jakia Hall, 6th floor Brenda Smith (2959)	
	Page IBH leadership for consultation/support: Cat Foscaldo, IBH Ops Manager (3708), Sarah Kirshenbaum, IBH Clinical Supervisor (4568), Cara Fuchs, IBH Director (1504)	
	Remain with patient in room, as appropriate/safe, or until Public Safety arrives and arranged for. Ensure patient is in a safe environment and not left alone throughout care.	
	Once Public Safety is present, and if appropriate, tell patient they are going to be placed on a Section 12(a) for a psychiatric assessment to be completed in the Emergency Room.	
	Meet Public Safety before seeing patient. Provide clinical guidance (i.e. Remain in hallway, be present during conversation with patient, etc.).	

Within 48 hours**:** Debrief about what when well, what could have been done differently. Update relevant providers