



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

**SUBJECT: EVALUATION OF INPATIENTS FOR
PSYCHIATRIC HOSPITALIZATION**

Policy No.: B806.1
Supersedes: May 17, 2016
Reviewed: Jan. 8, 2020
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PURPOSE:

To facilitate transfer of patients that cannot be safely managed at RLANRC who meet the criteria for admission for an involuntary hold/5150.

POLICY:

The policy of Rancho Los Amigos National Rehabilitation Center is to promote a therapeutic environment that is as safe as reasonably possible for those patients who present a potential for suicide or intentional self-injury. When the patient cannot be safety maintained at RLANRC, a 5150 application will be initiated and the patient will be transferred to USC-LAC.

A "5150" references WIC 5150. When any person, as a result of a mental disorder, is a danger to others, or to himself or herself, or gravely disabled, an LPS Authorized Person may upon probable cause, take, or cause to be taken, the person into custody and place him or her in a facility designated by the County approved by the State Department of Mental Health as a facility for evaluation.

PROCEDURE:

1. Upon patient assessment or during the course of treatment, any team member who becomes aware of a patient's suicidal gesture/behavior will be immediately reported to the staff nurse caring for the patient, the nurse manager/designee and the patient's attending physician. This should be reported by the first person to witness these behaviors and/or gestures.

KEY POINT: The nurse needs to address any immediate medical needs resulting from the suicidal gesture/behavior, i.e. wounds, cuts, etc.

2. A STAT psychiatric/psychology/clinical social work evaluation will be requested by the attending physician.
3. The attending physician will notify the patient's family, guardian and/or significant other of the situation, only with the patient's consent, unless the circumstances are life threatening.

4. Based on the findings of the patient evaluation, the County Sheriffs may be notified by the nurse in charge, and the attending physician, psychologist or clinical social worker may order Category III Suicide Precautions (B806). These precautions are:
 - a. Search the patient and the room for hazardous personal and environmental items immediately, then daily and/or as needed.
 - b. Constant monitoring is to be done one to one with the curtains open, until Category III precautions have been discontinued.
5. Depending upon the LPS certified nurse, psychiatrist/psychologist/clinical social worker's assessment of the patient's suicidal risk, the patient may be transferred to **LAC+USC Medical Center** to be placed on a 5150 Hold. Designated staff at Rancho Los Amigos have been certified to write applications for 5150, allowing for transfer to LAC+USC. These patients will be brought to the Psychiatric Emergency Department LAC+USC Medical Center where they will be evaluated for the need for initiation of a 5150 hold and/or psychiatric hold. If the psychiatrist/Staff at LAC+USC determine that the patient does not meet the criteria for a 5150 hold or require inpatient admission (or upon no longer requiring a hold) for psychiatric care, they will be returned back to Rancho Los Amigos. The primary treating physician should be notified and involved in the planning process.

KEY POINT: If the patient attempts to sign out AMA prior to transfer to LAC+USC the LA County Sheriffs will be contacted for further assistance, which may include initiation of a 5150 (72 hour hold).

6. The physician will immediately request a team conference. The purpose of the conference is to establish a collaborative, on-going, and systematic assessment and treatment process:
 - discuss the circumstances of the attempt
 - plan for patient protection
 - plan for staff education and communication
 - plan for family involvement in patient care if possibleIf decision is to transfer for 5150 at USC-LAC the patient will be placed on Leave of Absence status (LOA). LOA is active for up to three midnights if patient is returned prior to completion of the 72 hour hold.
7. Documentation
 - a. When documenting, describe the patient's mental status, affect, behavior, and statement(s), in the patient's exact words. This behavior is to be reported immediately to the physician by the staff nurse/manager. Documentation is to include actions taken to provide a safe environment and reduce immediate danger and the level of intervention which has been implemented.

- b. The patient's suicidal statement(s) and behavior will be documented in the nurse's notes and the progress note section. (Constant observation checks are to be documented on the flow sheet as well.)
- c. The first person hearing the threat will document the patient's initial suicidal statement in the patient's exact words and will document any subsequent relevant statements/behavior in the medical record.

KEY POINT: If the threat was heard by a non-clinical person, this should be reported to the nurse manager/designee who will then quote that person in the medical record.

FG: 5/17/16, 1/8/20

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