Innovative Ideas For Managing Mental Health Patients in the ED

Jeannine Loucks, MSN, RN BC PMH
Manager Emergency Care Center St. Joseph Hospital Orange
President CA Chapter of American Psychiatric Nurses Association
Adjunct Professor University of California Irvine - School of Nursing

Objectives

• **Objective 1:** Identify at least 2 strategies in which the psychiatric mental health nurse can implement psychiatric standardized treatment protocol to collaborate with the emergency care nurse in order to bridge crisis stabilization with crisis management.

• **Objective 2:** Articulate the program evaluation metrics related to a psychiatric emergency stabilization and crisis management program based in the Emergency Department.

• **Objective 3:** Distinguish the unique and complimentary roles that psychiatric and emergency nurses have in providing emergency stabilization and crisis management.
Conflict of Interest

• Speakers have no conflict of interest to disclose.

St. Joseph Hospital Orange, CA

• 463 Licensed beds
  – Paramedic receiving
  – Chest pain
  – Stroke

• Employees - 3,100
  Physicians on staff - 971
  Volunteers – 80

• Magnet Nursing Facility

• ED visits
  – 8,600 per month
Background

- Decrease in psychiatric inpatient/outpatient services results in greater use & longer stays in emergency departments (ED) (Owens, Mutter, Stocks, 2010).

- Psychiatric complaints are a component of 1 of every 8 ED visits (National Center of Health Statistics, 2012; Owens et al., 2010).

- Elopement associated with increased risk of suicide &/or self-harm (Barr, 2005).

Safety Concerns

- ENAs - Emergency Department Violence Surveillance Study found more than half (54.8 percent) surveyed experience physical or verbal abuse at work in the last seven days (Emergency Nurses Association (ENA), 2012; ENA, 2010)

- Every week, between 8 and 13% of ER department nurses are victims of physical violence (2010)
Delayed Throughput

- Average LOS for psychiatric patients in the emergency setting is upwards of 15+ hours
- Overcrowding
- Decrease in bed turnover and lost revenue (Weiss, 2012)
- Restraints can add on an extra 4-6 hours longer
- Prolonged ED LOS associated with increased risk of symptom exacerbation and/or elopement (Weiss, 2012)

Administrative Costs

- Average cost to board a psychiatric patient in ED is estimated at $2264 (Nicks & Manthey, 2012)
- Increase in security, sitter or nursing time (Weiss, 2012)
- Recruitment and retention problems
- Decrease in productivity and efficiency
- CMS and TJC quality standards and reporting requirements
- Risk management
- Patient legal challenges associated with restraint
Impact on Behavioral Health Patients

- Isolation by ED staff may worsen psychiatric symptoms (Barr Gilbert, 2009)
- Staff attitudes – demeaning, judgmental, increasing stigma (Loucks et al., 2010)
- Patients experience restrictions, coercing, and unnecessary force (Nadler-Moodie, 2010)
- Some indicate inequitable care related to perception that BH patients are less ill & than medical patients (Winokur & Senteno, 2009; Wolf et al., 2015).

SJH Hospital Focus

- Limited County Resources - shifting responsibility to Emergency Departments
- Manager in ED with Psychiatric Nursing experience
  - UniHealth Grant
  - SB 82 Grant (California)
- St. Joseph Health System – Strategic Goal 2016 - 2017
Specialized Training for ER Nurses

- Four hour training (2015)
  - Mental Illness and Substance Abuse
  - Psychopharmacology
- Standardized Treatment Protocol rollout
  - 2-hour training along with self learning module
- Two hour training
  - Suicide risk assessment
- Ongoing pharmacology training by pharmacist

SCHIZOPHRENIA

EPIDEMIOLOGY
- *1% of the U.S. population*
- *Brain disorder*

SIGNS & SYMPTOMS
- Positive symptoms of hallucinations & delusions
  - Hallucinations are perceptual disturbances
  - "See things that are not there"
  - "Hear voices telling the person they are no good"
- Negative symptoms are associated with disruptions to normal emotions and behaviors
- Psychomotor agitation
- Participation in high risk behaviors
- Altered social, interpersonal, & occupational relationships

MEDICATIONS RX
- Haldol – 1 to 15 mg/day (once or divided doses)
- Zyprexa – 2.5 to 20 mg/day. IM 10 mg IM not to exceed 20 mg IM in 24 hours
- Seroquel – 150 – 750 mg/day for schizophrenia or 400 – 800 mg/day for bipolar mania
- Geodon – 40 – 200 mg/day in divided doses orally. IM 10-20 mg IM max dose IM 40 mgs.

NURSING INTERVENTIONS

TIME
- Slow down
- Assess the behavior
- Give the person time to "hear" you

ATMOSPHERE
- Reduce distractions
- Keep environment calm
- Maintain personal space
- Move slowly
- Offer distractions – snacks, warm blanket, TV

COMMUNICATION
- Speak calmly
- Focus on behaviors
- Help them focus on your voice
- Make expectations clear

TONE
- Be non-confrontational
- Be respectful and reassuring
- Be truthful
Complimentary Roles of Psychiatric Nurses and Emergency Nurses

**ED Nurses**
*Traditional*
- Medical Model
- Diagnosis
- Emergent medication & acute symptom management
- Maintain safety

**BHS Nurses**
*Traditional*
- Recovery model
- Provide therapeutic care
- Acute psychiatric symptom management
- Maintain safety

**SIO ECC**
*Complimentary*
- Medical & Recovery Models
- Rapid psychiatric stabilization
- Patient & staff engagement
- Maintain safety

Staffing in Emergency Department

- UniHealth & SB 82 Grant Funding
- Mental Health Team
  - Psychiatrists
  - Psychologists
  - Psychiatric Nurse Practitioners
  - LSCWs
  - Psychiatric RN
Metrics

- Reduce the number of restraint episodes
- Reduce the amount of time in restraints
- PRN medication within 15 minutes
- Community Linkage – Peer Mentor Program
- Discharge Safety Plan

STANDARIZED TREATMENT PROTOCOL

Rapid Stabilization and Standardized Mental Health Care
## Anxiety Agitation Severity Scale

Assessment findings indicate patient is a candidate for early medication administration as part of stabilization treatment. Nurse completes the 17-item Agitation Severity Scale Decision Scoring Grid and selects the appropriate medication based on the scores.

### Agitation Severity Scale

<table>
<thead>
<tr>
<th>Agitation Severity</th>
<th>Scoring</th>
<th>Criteria: Anxiety</th>
<th>Agitation</th>
<th>Results/Criteria</th>
<th>Action</th>
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</thead>
<tbody>
<tr>
<td>Splitting</td>
<td>4</td>
<td>x</td>
<td>0-1</td>
<td>Anxiety</td>
<td>reassest per routine</td>
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<tr>
<td>Red in the Face</td>
<td>4</td>
<td>x</td>
<td>2-3</td>
<td>Anxiety</td>
<td>medicate mild anxiety</td>
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<tr>
<td>Darling Eyes</td>
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<td>x</td>
<td>4+</td>
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<td>medicate mod. anxiety</td>
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<td>Yelling, louder than baseline</td>
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<td>x</td>
<td></td>
<td>Anxiety</td>
<td></td>
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<tr>
<td>Demanding</td>
<td>2</td>
<td>x</td>
<td>0-1</td>
<td>Agitation</td>
<td>reassest per routine</td>
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<tr>
<td>Speaking more quickly than baseline</td>
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<td>x</td>
<td>2-3</td>
<td>Agitation</td>
<td>medicate mild agitation</td>
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<tr>
<td>Angry tone of voice</td>
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<td>x</td>
<td>4+</td>
<td>Agitation</td>
<td>medicate mod. agitation</td>
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<td>Persistent disruptive verbalizations</td>
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<tr>
<td>Physical violence towards self or others</td>
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<tr>
<td>Violating Self or Others</td>
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<tr>
<td>&quot;In your face&quot;</td>
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<td>x</td>
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<tr>
<td>Decreased self-control, impulsiveness</td>
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<td></td>
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<tr>
<td>Puffed up, chest out, threatening posture</td>
<td>3</td>
<td>x</td>
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<td>Tapping, clenching, involuntary movement of hands</td>
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<td>Restless</td>
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<td>Unable to be calmed</td>
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<td>x</td>
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</table>

### Wild Anxiety

**Based on Anxiety/Agitation scale Anxiety Criterion Score of 2-3**

- Give HydROXYzine HCL (Atarax®) 25 mg PO q 1 hr. Repeat 1 dose if patient still anxious 60 mins after initial dose.

- **For patients > 65 years old, give order below**

- Give Olanzapine (ZyPREXA®) (contact physician for alternative drug) 25 mg PO q 1 hr. Repeat 1 dose if patient still anxious 60 mins after initial dose.

### Moderate/Severe Anxiety

**Based on Anxiety/Agitation scale Anxiety Criterion Score of 4 or greater**

- Give HydROXYzine HCL (Atarax®) 25 mg PO q 1 hr. Repeat 1 dose if patient still anxious 30 mins after initial dose.

- **For patients > 65 years old, give order below**

- Give Olanzapine (ZyPREXA®) (contact physician for alternative drug) 25 mg PO q 1 hr. Repeat 1 dose if patient still anxious 60 mins after initial dose.

### Treatment.

**Based on Anxiety/Agitation scale Anxiety Criterion Score of 4 or greater**

- Give Olanzapine (ZyPREXA®) (contact physician for alternative drug) 25 mg PO q 1 hr. Repeat 1 dose if patient still anxious 30 mins after initial dose.

- **For patients < 60 years old, give order below**

- Give Olanzapine (ZyPREXA®) 5 mg IM Q 2 hrs. P: Administer agitation or psychosis. Not to exceed 5 mg IM Q 2 hrs. P: Administer agitation or psychosis. Not to exceed 10 mg IM Q 2 hrs. P: Administer agitation or psychosis. Not to exceed 20 mg IM Q 2 hrs. P: Administer agitation or psychosis. Not to exceed 30 mg IM Q 2 hrs.
## Restraint Metrix

### 2015

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### 2016

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<tr>
<td>Time 1st Med</td>
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<td>12</td>
<td>4</td>
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### Emergency Clinical Decision Unit (ECDU) Patient Discharge Safety Plan

**Step 1:** Early warning signs (thoughts, images, mood, behaviors, situation) that a crisis may be developing:

1. 
2. 

**Step 2:** Coping strategies that have been successful in the past that I can do myself to reduce my stress (relaxation techniques, taking a walk, reading a book):

1. 
2. 

**Step 3:** People and/or social settings I can visit to provide a healthy distraction:

1. Name  
2. Name  
3. Place  

**Step 4:** Friend or support people I can call and ask for help:

1. Name  
2. Name  

**Step 5:** Professionals/Agencies I can contact during a crisis:

1. Community Case Manager Name  
2. Mental Health Association Drop-in Center: 1-714-668-1530  
3. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)  

**Step 6:** Follow Up Appointment(s):

St. Joseph Hospital of Orange

ECDU Patient Discharge Safety Plan

I have been involved in my plan and understand it:

Patient Signature

Staff Signature
Future

- Planning for dedicated Psychiatric Emergency Room
- Crisis Stabilization Unit
Contact Information

Jeannine Loucks, MSN RN-BC PMH
Department Manager ECC
Jeannine.loucks@stjoe.org

Cell – 714-335-3831
Work – 714-771-8113


National Center for Health Statistics, Emergency Department Visit Data (2012).


