

## Western Regional Emergency Medical Advisory Committee

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| <b>Title: Transportation of a Psychiatric Patient</b> | <b>Effective Date: December 2000</b><br><b>Page: 1 of 1</b> |
| <b>Policy #2000-2</b>                                 | <b>Revised: May 2004</b>                                    |

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| <b>Policy:</b>    | The patient presenting with a psychiatric condition should be transported to a facility capable of an emergency psychiatric evaluation. However, if that patient has potential for any medical instability, transportation to the nearest hospital shall occur.  |
| <b>Procedure:</b> | Medical Control should be contacted if:<br>A. There is question of potential for medical decompensation in a patient. This should especially be considered in the patient with an acute overdose.<br>B. An individual acting as a 9-41 designee / agent has ordered that the patient be emergently evaluated at an acute psychiatric center. Patients do not need to be sent DIRECTLY to these centers; they simply must receive an evaluation at some point during their care encounter before release. MC should be contacted if the 9-41 designee / agent is attempting to try to force the patient to bypass a closer facility for needed medical stabilization to transport to a more distant acute psychiatric evaluation center.<br>C. There is a question of the patient's capacity to refuse transportation / evaluation, in a situation where the provider feels the patient requires medical evaluation and / or stabilization. |
| <b>Reference:</b> | Western Regional Emergency Medical Advisory Committee meeting minutes December 2000  |