

## Western Regional Emergency Medical Advisory Committee

<b>Title: Transportation of a Psychiatric Patient</b>	<b>Effective Date: December 2000 Page: 1 of 1</b>
<b>Policy #2000-2</b>	<b>Reviewed: June 2009 without changes</b>

<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>	<p>Medical Control should be contacted if:</p> <ul style="list-style-type: none"> <li>A. There is question of potential for medical decompensation in a patient. This should especially be considered in the patient with an acute overdose.</li> <li>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 <b>DIRECTLY</b> 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.</li> <li>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.</li> </ul>
<b>Reference:</b>	Western Regional Emergency Medical Advisory Committee meeting minutes December 2000