

# Medical Screening and Assessment

## Module # 7

### Virginia DBHDS Certification Training for Pre-admission Screening Evaluators and Independent Examiners

#### Medical Screening and Assessment

##### Importance of Medical Screening and Assessment

- Individuals with mental illness have greater rates of medical illness than the general population
- Primary medical or surgical problems often initially present as psychiatric symptoms
- The primary goal is safety
  - Prevent an individual from being sent to a facility that cannot manage the medical illness
  - Prevent an underlying medical disorder from going undiagnosed and untreated
- → Consider individuals holistically

##### Key Terminology

- **Medical Screening**
  - Collection of information about the non-psychiatric medical condition to determine need for medical assessment
  - May be performed by non-medical clinical staff
- **Medical Assessment**
  - In-depth assessment about non-psychiatric medical conditions
  - Only performed by, or under guidance of, licensed physician
- Both medical screening and medical assessment are *ongoing processes* until the person is stabilized, discharged, or transferred
- **Medical Clearance**
  - Reflects short-term medical stability in the context of transferring a patient
  - Does NOT mean an absence of medical risk
  - A thorough description of a person's actual medical condition is always more informative than saying the individual has medical clearance
    - → *Describe individual's condition instead of saying "medically cleared"*

##### Relevant Domains of Information

- The person's history
- Mental status exam
- Physical exam (which can include a neurological exam, depending on need)
- Laboratory and radiological studies

##### Sources of Information

- The person
- Family, friends, and relevant others
- CSB staff and other care providers
- Law enforcement
- Advance Directive, WRAP

### Conducting a Medical Screening

- With the individual's consent, obtain the following information:
  - Past medical illnesses and conditions
    - Past conditions, hospitalizations
    - Past medications
    - Substance use history
  - Present medical illnesses and conditions
    - Current conditions
    - Current medications
    - Recent substance use
  - Basic vital signs
    - Pulse
    - Temperature
    - Blood pressure
    - Respiration
  - Observations of physical condition
    - Signs of **delirium** (described further below)
    - Other observations of physical condition, e.g.,
      - Arousal (drowsy, agitated)
      - Posture
      - Physical appearance
- If the individual is incapable of providing or communicating consent , a medical TDO may be obtained (Va. Code § 37.2-1104) prior to a medical screening
  - *described further in the next section*

### **Delirium**

- Delirium is an acute change in an individual's presentation that can be indicative of an underlying medical condition
- Delirium can progress to coma, seizures, or death, particularly if the underlying condition goes untreated
- Common symptoms include:
  - Confusion or disorientation
  - Wandering attention
  - Emotional or personality changes
  - Speech problems
- Delirium can be mistaken for:
  - Dementia
  - Depression
  - Mania
  - Psychosis
- Common Causes
  - Oxygen deprivation
  - Substance use or withdrawal
  - Medication overdose
  - Infections (e.g., urinary tract infections)
  - Illnesses (e.g., pneumonia)
  - Fluid/electrolyte imbalances

## DSM-5 Criteria for Delirium

- A disturbance in **attention, awareness, and cognition**
  - Attention: reduced ability to direct, focus, sustain, or shift attention
  - Awareness: reduced orientation to the environment
  - Cognition: e.g., memory deficit, disorientation, difficulty with language, loss of visuospatial ability, perception problems
- Develops over a short period of time (typically hours or a few days)
- Represents a change from baseline
- Tends to fluctuate in severity over the course of the day

## Conditions Associated with Delirium

### Central Nervous System Disorders

- Head trauma
- Seizures
- Postictal state
- Vascular disease (e.g., hypertensive encephalopathy)
- Degenerative disease

### Metabolic Disorders

- Renal failure (e.g., uremia)
- Hepatic failure
- Anemia
- Hypoxia
- Hypoglycemia
- Thiamine deficiency
- Fluid or electrolyte imbalance
- Endocrinopathy
- Acid-base imbalance

### Cardiopulmonary Disorders

- Myocardial infarction
- Congestive heart failure
- Cardiac arrhythmia
- Shock
- Respiratory failure
- Systemic illness

### Substance Intoxication or Withdrawal

- Infection
- Neoplasm
- Severe trauma
- Sensory deprivation
- Temperature dysregulation
- Postoperative state

### Drugs of abuse

- Alcohol
- Amphetamines
- Cannabis
- Cocaine
- Hallucinogens
- Inhalants
- Opioids
- Phencyclidine
- Sedatives
- Hypnotics

### Medications

- Anesthetics
- Analgesics
- Antiasthmatic agents
- Anticonvulsants
- Antihistamines
- Antihypertensive and cardiovascular medications
- Antimicrobials
- Antiparkinsonian medications
- Corticosteroids
- Gastrointestinal medications
- Muscle relaxants
- Immunosuppressive agents
- Lithium and psychotropic medications with anticholinergic properties

### Toxins

- Anticholinesterase
- Organophosphate insecticides
- Carbon monoxide
- Carbon dioxide
- Volatile substances, such as fuel or organic solvents

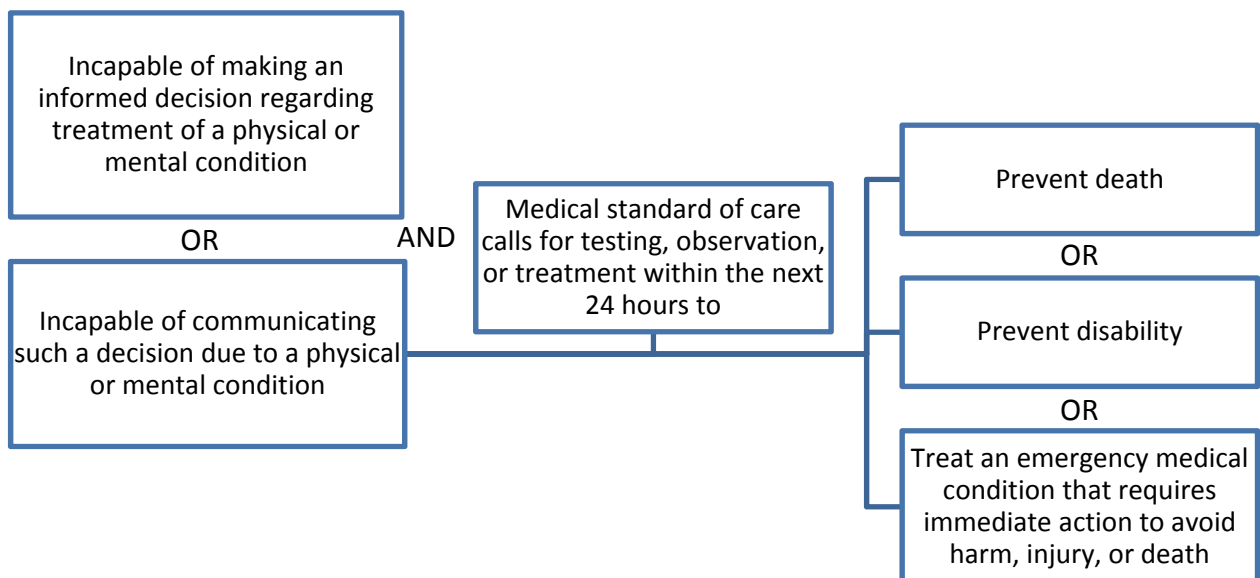
## Medical TDOs – Va. Code § 37.2-1104

### Role of CSB Preadmission Screener

- A CSB preadmission screener does NOT play a formal role in medical TDOs
- However, upon performing a preadmission screening, the CSB screener may come to believe that a medical TDO may be more appropriate than a psychiatric detention
  - If so, the CSB preadmission screener should discuss the case with hospital staff

### Medical TDO Criteria

- Court (or magistrate, if court is unavailable) may issue a medical TDO for testing, observation, and treatment
- If, upon advice of a licensed physician, finds probable cause to believe that the individual is



### Medical TDO during an Emergency Custody Order

- A Medical TDO can be issued for an individual who is the subject of an ECO
- Upon completion of testing, observation, and treatment, providers must ensure the individual is evaluated for a psychiatric TDO prior to expiration of the medical TDO:
  - The hospital must notify the local CSB so that the individual can be evaluated for a psychiatric TDO
  - The CSB initially involved is required to evaluate the individual before the expiration of the medical TDO to determine if a TDO under § 37.2-809 should be obtained

### Resolving Disagreements

- Parties involved in the medical screening/assessment process (e.g., general hospital staff, emergency department staff, psychiatric hospital staff) may not always agree
  - Consultation should be sought with empowered physician decision-maker (e.g., Medical Director) who can resolve disagreements
- Discussions regarding the medical condition of a client should take place between the physicians conducting the medical assessment and physicians at the receiving facility

### A Quick Overview of EMTALA

- The Emergency Medical Treatment and Active Labor Act (EMTALA) is often part of conversations about emergency medical treatment
- EMTALA regulates when and how patients who are in an ER or ED may be
  - Refused treatment
  - Transferred from one hospital to another

#### EMTALA SUMMARY

Any patient who comes to an emergency department requesting examination or treatment for a medical condition must be provided with an appropriate medical screening to determine if they are suffering from an emergency medical condition. If so, the hospital is required to either provide treatment until the patient is stable or transfer the patient to another hospital in a manner consistent with the statute.