

# Medical Temporary Detention Orders: DBHDS Policy and Procedures

*October 29, 2020*

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## **Executive Summary**

House Bill 1452 (Chapter 1233, 2020 Acts of Assembly) directed the Department of Behavioral Health and Developmental Services to convene a workgroup in order to develop standard policies and procedures regarding medical temporary detention orders, or medical TDOs, as described in § 37.2-1104. House Bill 1452 also amended § 37.2-1104 to clarify that a mental or physical condition for which a medical TDO may be issued, together with an inability to make or communicate an informed decision and a need for observation, testing, or treatment to prevent injury, disability or death, can include intoxication specifically. Intoxication is clinically defined as a transient medical condition following the administration of alcohol or other psychoactive substances, resulting in disturbances in level of consciousness, cognition, perception, affect, behavior, or other physiological functions and responses (International Classification of Diseases-10, 2020). At times, the severity of the effects of substance intoxication can result in serious health and safety risks to the individual and/or others. This amendment is significant as it aims to align with the medical standard of care for intoxicated individuals whose behavioral disturbances may mask underlying medical conditions that need further intervention. Lastly, while involuntary civil commitment may be necessary in the most serious circumstances, ethical principles must still guide decision making. Individuals should be offered the opportunity to accept voluntary admission (if appropriate) or alternative community-based services when admission is not needed, obviating the need for commitment, costly inpatient services, and avoidance of potential harm associated with the commitment process (SAMHSA, 2019). The impact of this amendment is beneficial for the individual as it enables opportunity for meaningful participation in evaluation and treatment of a behavioral health condition and potentially avoid unnecessary involuntary psychiatric commitment.

The HB 1452 Medical TDO Workgroup focused exclusively on the application of the medical TDO to adults who are intoxicated. Minors fall under §§§ 16.1-241, 16.1-262, and 54.1-2969, and since the medical TDO does not apply to minors, this procedural document should not be used for intoxicated minors. The policy and procedures document includes an overview other relevant sections of the Code and provides specific guidance in the application of the medical TDO to individuals who are intoxicated, including the relevant roles and responsibilities of the various parties who may be involved such as family members, physicians, hospitals, community services board staff, law enforcement, and magistrates. Topics that did not fall under the scope of this workgroup but may impact the utilization of this legislation were captured through the development of recommendations by the group. The workgroup met four times between June and August of 2020 and included representatives from the following organizations:

- Department of Medical Assistance Services
- The Medical Society of Virginia
- The Psychiatric Society of Virginia
- Virginia Association of Community Services Boards
- Virginia Association of Police Chiefs
- Virginia College of Emergency Physicians

- Virginia Hospital and Healthcare Association
- Virginia Sheriffs' Association
- Office of the Executive Secretary (advisory capacity only)

Over the past five years, Virginia has seen tremendous change in the behavioral health system including the development of a comprehensive continuum for substance use disorders through the Medicaid Addiction Recovery and Treatment Services (ARTS) program, resulting in increased services and access to treatment across the Commonwealth. This has occurred in conjunction with the transformative changes to the behavioral health system through System Transformation Excellence and Performance-Virginia (STEP-VA) and the proposed Medicaid Behavioral Health Enhancement. The changes to in § 37.2-1104 from HB 1452 supports continued progress toward the vision for Commonwealth's behavioral health system – that an individual will receive high quality, trauma-informed care, of the right type and at the right time to meet the person's needs.

## **Purpose of Policy and Procedures**

The purpose of this document is to provide standard policies and procedures regarding medical temporary detention orders (medical TDOs) for adults, specific to the application of such orders to individuals who are intoxicated. Minors cannot be the subject of a medical TDO issued under § 37.2-1104, and therefore this document does not apply to minors. Nothing in this document shall supersede what is stated in Virginia Code.

## **Definitions**

Intoxication is understood to mean “acute substance intoxication” and is clinically defined as a transient medical condition following the administration of alcohol or other psychoactive substances, resulting in disturbances in level of consciousness, cognition, perception, affect, behavior, or other physiological functions and responses (International Classification of Diseases-10, 2020).

“Incapable of making an informed decision” is defined in Virginia Code § 37.2-1100 to mean “unable to understand the nature, extent, or probable consequences of a proposed treatment or unable to make a rational evaluation of the risks and benefits of the proposed treatment as compared with the risks and benefits of alternatives to the treatment. Persons with dysphasia or other communication disorders who are mentally competent and able to communicate shall not be considered incapable of giving informed consent.”

“Family member”, as defined in § 37.2-100, means “an immediate family member of an individual receiving services or the principal caregiver of that individual. A principal caregiver is a person who acts in the place of an immediate family member, including other relatives and foster care providers, but does not have a proprietary interest in the care of the individual receiving services.”

## **Background**

### **Overview of § 37.2-1104. Temporary detention in hospital for testing, observation, or treatment.**

Virginia Code § 37.2-1104 governs how an adult can be detained for testing, observation, or treatment if certain criteria are met. A medical TDO may be issued by a court or, if the court is unavailable, by a magistrate with the advice of a licensed physician who has attempted to obtain informed consent of an adult person to treatment of a mental or physical condition, including intoxication. The court or magistrate must find probable cause to believe that:

The person is incapable of making or communicating an informed decision regarding treatment of a physical or mental condition due to a mental or physical condition; and

The medical standard of care calls for observation, testing, or treatment within the next 24 hours to prevent injury, disability, death, or other harm to the person resulting from such mental or physical condition.

Chapter 1233 of the 2020 Va. Acts of Assembly (HB 1452) amended Virginia Code § 37.2-1104 to clarify that a “mental or physical condition” includes intoxication. This amendment became effective on July 1, 2020.

### **Overview of § 37.2-808 Emergency custody; issuance and execution of order**

Virginia Code § 37.2-808 governs the issuance of emergency custody orders (ECOs). A magistrate must issue an ECO when there is probable cause to believe that an individual has a mental illness and that, as a result of mental illness, there is a substantial likelihood that the person will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm, or suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs. In addition, the magistrate must find that the individual is in need of hospitalization or treatment and is unwilling or incapable of volunteering for hospitalization or treatment. A person under an ECO must be taken into custody and transported to a location for an evaluation to determine whether the criteria for a temporary detention order are met. A person subject to an ECO must remain in custody until a TDO is issued per § 37.2-809, a medical TDO is issued per § 37.2-1104, the person is released, or the ECO expires after 8 hours from the time of execution of the ECO.

### **Overview of § 37.2-809 Involuntary temporary detention; issuance and execution of order**

Virginia Code § 37.2-809 governs the issuance of temporary detention orders (TDOs). A magistrate must issue a TDO, only after an evaluation conducted by a CSB preadmission screener, when there is probable cause to believe that an individual has a mental illness and that, as a result of mental illness, there is a substantial likelihood that the person will, in the near future, cause serious physical harm to himself or others as evidenced by recent behavior causing, attempting, or threatening harm, or suffer serious harm due to his lack of capacity to protect himself from harm or to provide for his basic human needs. In addition, the magistrate must find that the individual is in need of hospitalization or treatment and is unwilling or incapable of volunteering for hospitalization or treatment. The duration of the TDO shall not exceed 72 hours prior to a hearing. If the 72-hour period terminates on a day that the court is lawfully closed, the person may be detained until the close of business on the next day that the court is open.

### **Intersection of Behavioral Health and Substance Intoxication**

An individual with intoxication may present primarily with psychiatric symptoms, however, as the individual gains clinical sobriety, often within hours for most psychoactive substances, psychiatric symptoms often resolve or significantly lessen. The acute intensity of symptoms of intoxication can result in the need for behavioral health intervention, medical intervention, and/or law enforcement when there is a concern for the safety of the individual or others. The amendment enacted during the 2020 legislative session that clarifies that intoxication is a mental or physical condition for which a medical TDO may be obtained recognizes and aligns with the accepted standard of medical care that individuals who are intoxicated should not be evaluated for involuntary commitment for mental health treatment, and may require continued voluntary or involuntary medical evaluation or treatment.

## Procedures

1. Patients presenting with a primary medical need should be stabilized prior to referral for psychiatric treatment. If necessary to stabilize the person, a medical TDO should be considered pursuant to Virginia Code § 37.2-1104. Pursuant to Virginia Code § 37.2-810, when a patient is transported by law-enforcement or alternative transporter to a medical facility for medical evaluation or treatment, such medical evaluation or treatment shall be conducted immediately in accordance with state and federal law. (Criteria for Medical Assessment Guidelines, Nov 2018)
2. Patients who are determined to need an acute level of medical care will be admitted medically and emergency departments will request a medical TDO when it is appropriate. (Criteria for Medical Assessment Guidelines, Nov 2018)
3. A licensed physician who has attempted to obtain informed consent to treatment from an individual, but has found that the individual is incapable of making or communicating an informed decision due to a “mental or physical condition”, can petition the court, or, if the court is unavailable, a magistrate for a medical TDO. The physician may petition the court or magistrate for a medical TDO for an individual using DC-489, Medical Emergency Temporary Detention Petition.
4. A court or magistrate may issue a medical TDO, with the advice of a licensed physician who has attempted to obtain informed consent of an adult person to treatment, if the court or magistrate finds that probable cause exists to believe the person is incapable of making or communicating an informed decision regarding treatment of a physical or mental condition due to a mental or physical condition and the medical standard of care calls for observation, testing, or treatment within the next 24 hours to prevent injury, disability, death or other harm to the person resulting from such mental or physical condition. Minors cannot be the subject of a medical TDO issued under § 37.2-1104.
5. In order for an intoxicated individual to be subject to a medical TDO, the individual must be found to be incapable of making or communicating an informed decision, due to a mental or physical condition, which may include the individual's intoxicated state. The medical standard of care for this individual must call for observation, testing, or treatment within the next 24 hours to prevent injury, disability, death, or other harm to the person resulting from a mental or physical condition, which may include his or her intoxication. Questions related to the types of observation, testing, or treatment that are permitted should be directed to the hospital or facility's legal counsel.
6. If a medical TDO is issued for an individual who is also the subject of an ECO, the ECO ends when the medical TDO is issued. The duration of a medical TDO shall not exceed 24 hours unless extended by the court as part of a judicial authorization for treatment order under Virginia Code § 37.2-1101.

7. If at any point before the issuance of a medical TDO or during the period of the medical TDO, the physician learns of an objection by an individual's immediate family member to the testing, observation, or treatment, then the physician must notify the court or magistrate, who shall consider the objection in determining whether to issue, modify, or terminate the medical TDO.
8. Law enforcement custody of an individual under an ECO ends upon issuance of a medical TDO. Providers and local law enforcement should work together to develop policies that govern the safe transfer of custody of individuals under a medical TDO, including how to safely manage individuals who are extremely combative. A facility or provider may, at any point, request assistance from law enforcement.
9. Virginia Code §§ 37.2-808 and 37.2-1104 require that the CSB complete a psychiatric TDO evaluation for an individual who was the subject of an ECO at the time the medical TDO was obtained.
  - a. If the individual subject to a medical TDO was also the subject of an ECO, the facility where the person is detained under the medical TDO shall, prior to the expiration of the medical TDO, notify the closest CSB when the testing, observation, or treatment is complete, and the designee of the CSB shall, as soon as is practicable and prior to the expiration of the medical TDO, conduct an evaluation of the individual to determine if he meets the criteria for a temporary detention order pursuant to Virginia Code § 37.2-809.
  - b. On receiving notice that the medical TDO is complete, if the CSB initiated the TDO evaluation for the individual under an ECO prior to the issuance of the medical TDO, the CSB must consult with the treating physician to obtain new information on the person's condition. The prior evaluation may serve as a starting point, but the designee of the CSB should reassess the individual and consider any change in condition.
10. If, before completion of authorized testing, observation, or treatment, the licensed physician determines that the individual has become capable of making and communicating an informed decision, the physician must rely on the individual's decision on whether to consent to further testing, observation, or treatment. If an individual becomes capable of making an informed decision based on the clinical opinion of his or her treating physician, and the individual declines further observation or treatment, the physician must honor the individual's decision.
11. If an individual under a medical TDO was not previously under an ECO, he or she may be discharged without a TDO evaluation after the medical TDO expires, 24 hours from its issuance, or when the testing, observation, or treatment under the medical TDO is complete or the individual becomes capable of making and communicating an informed decision. The treating physician is then responsible for determining the clinical disposition of the individual. If the treating physician believes that the individual meets

the criteria for emergency custody or temporary detention, the CSB should be contacted to request an evaluation, or, if the individual is not willing to stay and undergo an evaluation by the CSB, the treating physician may contact the magistrate to petition for an emergency custody order.

12. If an individual under a medical TDO is determined to subsequently require psychiatric admission, voluntary or involuntary, the Criteria for Medical Assessment Guidelines (Attachment A), should be followed. Each hospital that provides inpatient psychiatric services shall establish protocols authorizing doctor-to-doctor communication when there is a refusal to admit a medically stable patient and develop protocols that require verbal communication between the on-call psychiatric physician and a clinical toxicologist or other person who is a Certified Specialist in Poison Information, if requested by the referring physician, when there is a question about the medical stability or appropriateness of an admission due to a toxicology screening. (Criteria for Medical Assessment Guidelines, Nov 2018)
13. Doctor-to-doctor communication may be requested to ensure continuity of care and is required to resolve disagreements in patient care. Doctor-to-doctor communication is required when there is a question about the medical stability of a patient. (Criteria for Medical Assessment Guidelines, Nov 2018)

## **Attachments**

Attachment A: Criteria for Medical Assessment Guidelines – Adults

Available at: <http://www.dbhds.virginia.gov/about-dbhds/facilities/medical-assessment-guidelines>

### **Criteria for Medical Assessment Prior to Admission to a Psychiatric Hospital, Inpatient Psychiatric or Crisis Stabilization Unit (ADULTS)**

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- **General Assumptions for Recommendations**
- **Standardized Exclusion Criteria for Adult Admission to State Hospitals and Crisis Stabilization Units**
- **Medical Assessment and Screening Guidelines for Adult Admissions**

#### **General Assumptions**

- The following guidelines are meant to supplement the Medical Screening & Medical Assessment Guidance Materials issued by the Department of Behavioral Health and Developmental Services (DBHDS) on April 1, 2014. This document does not supersede any Virginia or federal law.
- An individual who is actively violent may not be appropriate for admission to a Crisis Stabilization Unit.



- Doctor-to-doctor communication is requested to ensure continuity of care and is required to resolve disagreements in patient care.
- Doctor-to-doctor communication is required when there is a question about the medical stability of a patient.
- Whenever practical, individuals without acute exacerbation of co-morbid medical conditions can seek medical assessment through an emergency or non-emergency department setting. When these patients present on their own to the emergency department, appropriate examination and laboratory work will be offered. Wherever medical assessment occurs, these guidelines will apply. A more complex medical assessment may be clinically warranted for individuals with exacerbation of medical conditions or for whom there is concern that an underlying medical condition might be the cause of the behavioral, cognitive, or emotional presentation.
- Patients presenting with a primary medical need should be stabilized prior to referral for psychiatric treatment and considered for a medical temporary detention order (TDO) pursuant to Virginia Code §37.2-1104 (<https://law.lis.virginia.gov/vacode/title37.2/chapter11/section37.2-1104/>). Pursuant to Virginia Code §37.2-810 (<https://law.lis.virginia.gov/vacode/title37.2/chapter8/section37.2-810/>), when a patient is transported by law-enforcement or alternative transporter to a medical facility for medical evaluation or treatment, such medical evaluation or treatment shall be conducted immediately in accordance with state and federal law.
- Patients who are determined to need an acute level of medical care will be admitted medically and emergency departments will request a medical temporary detention order when this is appropriate.
- All psychiatric providers will evaluate medically stabilized patients for admission and pursuant to Virginia Code Subsection B 20 of §32.1-127 (<https://law.lis.virginia.gov/vacode/title32.1/chapter5/section32.1-127/>), each hospital shall establish protocols authorizing doctor-to-doctor communication when there is a refusal to admit a medically stable patient and develop protocols that require verbal communication between the on-call psychiatric physician and a clinical toxicologist or other person who is a Certified Specialist in Poison Information, if requested by the referring physician, when there is a question about the medical stability or appropriateness of an admission due to a toxicology screening.
- Those under the age of 18 are referred to facilities serving children & adolescents. The exception is emancipated minors which a court may declare in the following circumstances: (i) the minor has entered into a valid marriage, whether or not that marriage has been terminated by dissolution; or (ii) the minor is on active duty with any of the armed forces of the United States of America; or (iii) the minor willingly lives separate and apart from his or her parents or guardians, with the consent or acquiescence of the parents or guardians, and that the minor is or is capable of supporting himself or herself and competently managing his or her own financial affairs; or (iv) the minor desires to enter into a valid marriage and the requirements of Virginia Code §16.1-331 (<https://law.lis.virginia.gov/vacode/title16.1/chapter11/section16.1-331/>) are met.

## Doctor-to-Doctor Dispute Resolution Protocol

- Stage 1: When there is a disagreement between the referring physician and receiving physician about any requested laboratory work or evaluations, and/or admission, the physicians should attempt to resolve the matter amicably.
- Stage 2: If such resolution cannot be reached between the physicians, the referring physician may request that the dispute be escalated to the Medical Director (or designee) of the referring facility to initiate a discussion with the Medical Director (or designee) of the receiving facility for resolution.
- Stage 3: If the matter remains unresolved or the Medical Director is unavailable, the Medical Director (or designee) at the referring facility may request that the dispute be brought to the Chief Medical Officer (or equivalent) of the receiving facility for resolution. This discussion should be facilitated by either the referring facility's Medical Director (or designee) or the Chief Medical Officer (or equivalent).

**Note:** When DBHDS state facilities are involved in a dispute, the chain of command should be followed with escalation after the CMO to the State Hospital Facility Director, and if not successful, escalation to the DBHDS Chief Clinical Officer and/or DBHDS Commissioner is appropriate.

## Protocol Review and Monitoring Committee (PRMC)

A Protocol Review and Monitoring Committee (PRMC) will be established to monitor providers' adherence to the medical assessment guidelines and ensure unified implementation. As needed, the PRMC will also review cases that were escalated to determine what steps can be taken to improve resolution earlier in the process and cases in which a significant medical condition was not identified or stabilized.

- The PRMC membership will consist of one representative from each of the following organizations; Department of Behavioral Health & Developmental Services, Psychiatric Society of Virginia, Virginia Association of Community Services Boards, Virginia College of Emergency Physicians, and Virginia Hospital & Healthcare Association. Each organization shall designate an alternate to attend meetings as necessary. Meetings will be held as necessary, but no fewer than twice a year. Members will serve for two years and may be reappointed for additional terms. In cases where specific facilities are being discussed, representatives from the facilities will be invited to attend the meeting.
- These guidelines are intended to provide consistency in evaluation of persons with mental illnesses and suspected comorbid medical conditions by emergency department physicians and for referrals to all psychiatric hospitals, inpatient psychiatric units and CSUs in Virginia. The ultimate decision for admission is that of the receiving physician.

**EXCLUSION CRITERIA: Adult Admission to State Hospitals and Crisis Stabilization Units**

<b>Criteria for Exclusion</b>	
<b>1</b>	Burns (severe) requiring acute care; if the burn could be cared for at home, it is not an exclusion.
<b>2</b>	Acute Delirium.
<b>3</b>	Dementia as primary diagnosis; in the absence of clinically significant psychiatric symptoms. <i>State Hospital Units &amp; Crisis Stabilization Units (CSU) are not equipped to treat individuals with dementia as primary diagnosis. These individuals are also at risk of victimization.</i>
<b>4</b>	Acute Head Trauma/Traumatic Brain Injury in absence of a mental illness.
<b>5</b>	Unstable fractures, open or closed and joint dislocations, acute, until reduced.
<b>6</b>	Unstable seizure disorders.
<b>7</b>	Bowel Obstruction, requiring active treatment or medical observation.
<b>8</b>	Acute Respiratory Distress.
<b>9</b>	Acute drug intoxication, withdrawal or, high risk for complicated withdrawal, including history of delirium tremens.
<b>10</b>	Active GI bleed and/or active bleeding from other unknown sites.
<b>11</b>	Active TB; other infectious disease requiring isolation and/or treatment by IV antibiotics to be discussed by providers based on facility's ability to provide.
<b>12</b>	Draining wound, open, requiring daily complex wound care.
<b>13</b>	Intravenous fluids or IV antibiotics. <i>State Hospitals &amp; CSUs are not a safe environment for managing intravenous fluids or IV antibiotics.</i>
<b>14</b>	Vent and Trach patients excluded; other oxygen dependent patients based on facility's ability to provide care (e.g. BiPAP, CPAP at night, Oxygen Concentrator).
<b>15</b>	Tubes or drains, chest or abdominal, including ostomies (unless the individual provides their own ostomy care).
<b>16</b>	Hemodialysis patients excluded. Peritoneal dialysis patients based on facility's ability to safely manage patient.
<b>17</b>	Individuals requiring hospice or end of life care.
<b>18</b>	<i>For Crisis Stabilization Units only:</i> Durable medical equipment that is not able to be secured by CSU.

**MEDICAL EVALUATION GUIDELINES:** Adult Admission to All Psychiatric Hospitals and Units & Crisis Stabilization Units\*

*\*Requests for further testing, without an agreement of medical necessity will require doctor- to-doctor communication.*

<b>Guideline for Evaluation</b>	
<b>1</b>	<p><i>ALL adult patients presenting at the emergency department for medical assessment prior to admission to a psychiatric service or crisis stabilization unit will receive an appropriate medical screening exam including a problem focused history, neurological, and physical exams, as well as the following: Healthy patients &lt;60 years:</i></p> <ul style="list-style-type: none"><li><i>a. Alcohol level (serum or breath)</i></li><li><i>b. UDS</i></li><li><i>c. Urine pregnancy test for females of child bearing age</i></li></ul> <p><i>Patients &gt;=60 years:</i></p> <ul style="list-style-type: none"><li><i>a. Alcohol level (serum or breath)</i></li><li><i>b. UDS</i></li><li><i>c. CBC without differential</i></li><li><i>d. BMP</i></li><li><i>e. UA</i></li></ul> <p>Notes:</p> <ul style="list-style-type: none"><li>• Patients taking medications and symptomatic for toxicity should have levels drawn and checked in the emergency department. This includes: Dilantin, Lithium, Depakote, and Tegretol. Patients with a possible overdose of Acetaminophen or Salicylate should have those levels checked.</li><li>• Patients with other medical issues should have focused workup done such as a glucometer blood glucose level or BMP in the setting of known diabetes.</li><li>• Patients who are anuric (e.g. dialysis dependent and unable to produce urine) will not have a drug screen performed.</li><li>• Patients who have capacity to make informed decisions and do not consent to collection of a urine or blood specimen will not be forced, including under an emergency custody order (ECO). The provider or screener in the emergency department should relay this information to the facility considering admission.</li><li>• Patients with new onset of severe psychiatric symptoms (e.g. psychosis) should be considered for a more extensive workup including brain imaging.</li></ul>
<b>2</b>	<p><i>Vital Signs:</i></p> <ul style="list-style-type: none"><li><i>a. Doctor-to-doctor communication is necessary for: sustained heart rate &lt;50 or &gt;120 and sustained Systolic Blood Pressure &lt;90 or &gt;180.</i></li><li><i>b. Heart Rate &gt;120 requires EKG.</i></li><li><i>c. Stable chronic HTN does not need to be WNL.</i></li><li><i>d. Temp &gt;101 requires explanation.</i></li></ul>

3	<p><i>Psychiatric Disorders of thought, cognition and/or mood, especially in the context of a mental status change:</i></p> <ul style="list-style-type: none"> <li>a. <i>Rule out delirium;</i></li> <li>b. <i>Basic neurological examination;</i></li> </ul>
	<ul style="list-style-type: none"> <li>c. <i>Explain any abnormalities.</i></li> </ul>
4	<p><i>Alcohol Abuse, Dependency or Intoxication:</i></p> <ul style="list-style-type: none"> <li>a. <i>A CIWA Score of 8 or lower is required. If CIWA score is higher than 8, utilize the CIWA protocol.</i></li> <li>b. <i>BAL &lt; 0.25 and clinically sober, as assessed by the clinical team at the bedside.</i></li> </ul>
5	<p><i>Pregnancy:</i></p> <p><i>Provider discussion of current physical status of mother and fetus. Locales with OB consultation availability will accept. High risk pregnancies evaluated on a case by case basis.</i></p>
6	<p><i>Diabetes Mellitus:</i></p> <ul style="list-style-type: none"> <li>a. <i>Blood sugar less than 250, no additional work up unless other associated conditions or issues require other labs.</i></li> <li>b. <i>Initial blood sugar above 250 mg/dl and below 60 mg/dl, blood sugar stabilized consistently below 250 mg/dl and above 60 mg/dl for a 2-hour period before approval and within one hour of transfer. Any requests outside this standard should be handled via doctor-to-doctor communication.</i></li> <li>c. <i>Doctor-to-doctor communication is necessary for patients with insulin pumps or a similar medication delivery method.</i></li> </ul>
7	<p><i>MRSA in the absence of complex wound care, notification to accepting facility and doctor-to-doctor communication is necessary.</i></p>
8	<p><i>Mechanical assistance or wheelchair:</i></p> <p><i>Patients able to move or transfer independently with mechanical assistance or wheelchair will be accepted – follow ADA Guidelines.</i></p>

**MEDICAL EMERGENCY  
TEMPORARY DETENTION PETITION**

Case No. ....

Commonwealth of Virginia VA. CODE §§ 37.2-1104; 53.1-40.1(F); 53.1-133.04(G)

General District Court

Circuit Court

.....  
CITY OR COUNTY

.....  
NAME OF RESPONDENT  PRISONER

.....  
ADDRESS OF RESPONDENT

I, ....., a licensed physician, or in the case of a prisoner sentenced and

NAME committed to the Department of Corrections or confined in a local or regional correctional facility, a licensed physician, psychiatrist, or clinical psychologist, state that:

I attempted to obtain consent of the above-named respondent for treatment of the following physical or mental condition:

.....  
The respondent is located within the jurisdiction of the above-named court at

.....  
NAME AND ADDRESS OF FACILITY

To the best of my knowledge, the respondent is incapable of making an informed decision, or is incapable of communicating such a decision, on treatment of the above-described physical or mental condition because of:

the following physical or mental condition: .....

an undiagnosed physical or mental condition whose symptoms are:

.....  
I understand that a person with dysphasia or other communications disorders who is mentally competent and able to communicate shall not be considered incapable of giving informed consent by law and this respondent is not such a person to the best of my knowledge.

The medical standard of care calls for the following testing, observation or treatment:

.....  
 within the next 24 hours, pursuant to § 37.2-1104, to prevent injury, disability, death or other harm to the person resulting from such mental or physical condition.

within the next 12 hours, pursuant to § 53.1-40.1(F) or § 53.1-133.04(G), to prevent death, disability or a

serious irreversible condition to the prisoner.

(Check and complete if applicable)

The respondent does not desire testing, observation or treatment because of the following religious practices:

.....

Family member objections are:

.....

..... DATE AND TIME

..... SIGNATURE OF PETITIONER

Oral petition by the above-named physician, psychiatrist, or clinical psychologist, who agreed with this transcription when it was read back to him or her.

.....  
DATE AND TIME

.....  
SIGNATURE OF JUDICIAL OFFICER

FORM DC-489 MASTER 07/20

Sample from 10.29.20