

PERT / Psychiatric Patient Assessment Form Emergency Department

To be completed for every ED patient before TOC to PERT / Psychiatry

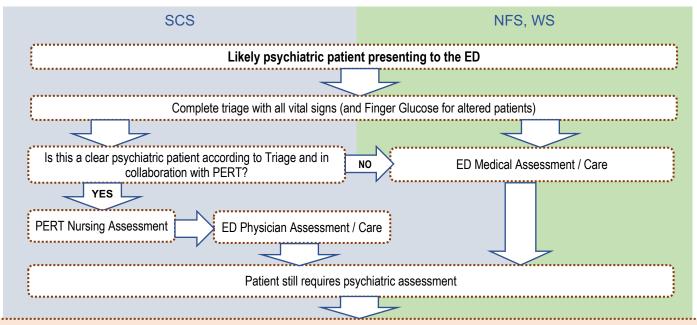
	Item	Check
1.	Vital Signs (temp, pulse, RR, B/P, O–Sat plus Finger Glucose in altered patient):	•
	Vital signs are normal / at baseline	
	 Vital signs are abnormal but appropriate for patient condition (appropriate testing that is clinically indicated has been completed). Nursing staff to continue to monitor Vital Signs. If they worsen or do not improve, inform MRP. 	
2.	High Risk features have been reviewed and addressed as clinically indicated:	
	Acute / New onset	
	Visual Hallucinations	П
	Inability to complete a reasonable history	
	History suggestive of life–threatening ingestion / overdose	
	First incidence of psychiatrically altered patient, especially over 55 years of age	
	Medications reviewed especially for new medications	
	Altered sensorium, especially fluctuation of delirium, unexplained	
	Seizure, including tongue biting	
	Recent trauma	
	Concern for infection (including IVDU)	
	Abnormal focused examinations	
	Immunodeficiency	
3.	Investigations ordered have been reviewed:	
	• Yes	
	 Some are pending (non-critical) and I will follow up on them 	
4.	Interim orders for regular medications, NRT, chemical restraints etc. completed	
	• Yes	
5.	This patient is:	
	SCS: Stable for transfer to PERT	
	 NFS, WS: Stable for PERT / Psychiatrist assessment 	
Cor	mments from ED Physician:	
NO' •	TES: Initial Emergency Medicine assessment is not intended to rule out every concomitant medical condithe patient situation changes, please inform MRP. The psychiatrist is encouraged to consult any appropriate service (Emergency Medicine included) if indicated at any time in the journey of the patient.	
	Emergency Physician Name / Signature Date / Time (dd/mm/yyyy hh:mm)	





Emergency Department PERT/Psychiatric Patient Assessment Form

Psychiatric patient journey flowchart in both ED and PERT by ED site:



HARD STOP: Complete ED PERT/Psychiatric Assessment Form. Do not continue unless completed.

- The above form including any notes or recommendations about the patient's medical findings
- Interim orders including patient's time sensitive regular medications, chemical restraint, basic emergency medications (e.g. Tylenol, Withdrawal management etc.), Nicotine Replacement, MH From status
- Direct communication with the PERT nurse or the psychiatrist (in accordance with the Department of Psychiatry's process) if that has not taken place already)



- In PERT Unit, RN my refer to psychiatrist on call instead as needed (since they may be on, or involved in, the unit)
- At WS, NFS assure ERP handover since psychiatrist not on the unit

PERT/Psychiatric assessment (virtually or in person)

Psychiatrist now assumes full MRP:

- Psychiatrist to make all discharge, admission, transfer or disposition decisions including completing all orders
- RN to refer to psychiatrist regarding any patient issues and status changes
- Psychiatrist to have no barriers to consulting any other services if required by patient condition. This includes all specialties available at the site, including Emergency Medicine.
- If the patient situation requires change in MRP, that has to be agreed upon by the psychiatrist and consulting service.

Patient final disposition for further care (inpatient or Outpatient)