

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	<input type="checkbox"/>
	● 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.	<input type="checkbox"/>
2.	High Risk features have been reviewed and addressed as clinically indicated:	
	● Acute / New onset	<input type="checkbox"/>
	● Visual Hallucinations	<input type="checkbox"/>
	● Inability to complete a reasonable history	<input type="checkbox"/>
	● History suggestive of life-threatening ingestion / overdose	<input type="checkbox"/>
	● First incidence of psychiatrically altered patient, especially over 55 years of age	<input type="checkbox"/>
	● Medications reviewed especially for new medications	<input type="checkbox"/>
	● Altered sensorium, especially fluctuation of delirium, unexplained	<input type="checkbox"/>
	● Seizure, including tongue biting	<input type="checkbox"/>
	● Recent trauma	<input type="checkbox"/>
	● Concern for infection (including IVDU)	<input type="checkbox"/>
	● Abnormal focused examinations	<input type="checkbox"/>
	● Immunodeficiency	<input type="checkbox"/>
3.	Investigations ordered have been reviewed:	
	● Yes	<input type="checkbox"/>
	● Some are pending (non-critical) and I will follow up on them	<input type="checkbox"/>
4.	Interim orders for regular medications, NRT, chemical restraints etc. completed	
	● Yes	<input type="checkbox"/>
5.	This patient is:	
	● SCS: Stable for transfer to PERT	<input type="checkbox"/>
	● NFS, WS: Stable for PERT / Psychiatrist assessment	<input type="checkbox"/>

Comments from ED Physician:

NOTES:

- Initial Emergency Medicine assessment is not intended to rule out every concomitant medical condition. If the patient situation changes, please inform MRP.
- The psychiatrist is encouraged to consult any appropriate service (Emergency Medicine included) if clinically indicated at any time in the journey of the patient.

Emergency Physician Name / Signature

Date / Time
(dd/mm/yyyy hh:mm)



ASSMT103

Chart Copy – Do Not Destroy

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

