Supporting evidence for physical assessment of mental health patients

To improve mental health patient flow and care in the ED a rapid clinical assessment tool has been developed by the ECI. Historically the term ‘medical clearance’ is not an accurate representation of the screening process and may lead to unrealistic expectations of what is achieved by this. The physical assessment for acute medical illness which may be concurrent with or related to the mental health presentation is very important.

This physical assessment is based on vital signs and a rapid appraisal of history to determine if the patient is low risk for acute organic illness. This does not clear the patient from future acute medical illness or change the status of stable chronic conditions.

It is important that there is clear guidance on the purpose of the medical assessment and its limitations.

The evidence as reviewed by the ECI suggests the risk for acute medical problems in psychiatric patients who are admitted to Psychiatric Units is small. The benefits of various investigations in cohorts of patients deemed low risk is very limited.

Using a form and checklist ensures that the vital signs are done. This can be followed by a broad and brief examination and systems review if the patient is not identified as low risk. Further investigations may evolve as indicated from this, such as pathology blood testing, urinalysis and CT scan if indicated from the initial screening exam.

The list of references below have been used to inform the development of the assessment form:

1. Mental Health for Emergency Departments reference guide
4. Massachusetts College of Emergency Physicians / Massachusetts Psychiatric Society Consensus Guidelines on The Medical Clearance
5. Presentation including an algorithm for Physical Screening of the Mental Health patient by Dr Sue Ieraci, Bankstown ED

With thanks and recognition for work done, presentations used and forms developed by Dr Sue Ieraci, Bankstown ED and Dr Paul Middleton.

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