

Standing Order/Protocol: DUH Incapacitated Inpatient Medical Hold Order

Document ID: 3487

Revision Number: 1

Status: Published

Origination Date: 07/02/2018

Effective Date: 07/02/2018

Applicability:

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| <input type="checkbox"/> Ambulatory Surgery Center Arrington | <input checked="" type="checkbox"/> Duke University Hospital (DUH) (both campuses) |
| <input type="checkbox"/> Davis Ambulatory Surgery Center (DASC) | <input type="checkbox"/> Durham Campus Only |
| <input type="checkbox"/> Duke Health Integrated Practice (DHIP) | <input type="checkbox"/> Duke Raleigh Campus Only |
| <input type="checkbox"/> Duke Health Technology Services (DHTS) | <input type="checkbox"/> Patient Revenue Management Organization (PRMO) |
| <input type="checkbox"/> Duke HomeCare & Hospice (DHCH) | <input type="checkbox"/> Population Health Management Office (PHMO) |
| <input type="checkbox"/> Duke Primary Care (DPC) | |
| <input type="checkbox"/> Duke Regional Hospital (DRH) | |

Definitions:

Incapacitated: Lacking the ability to make or communicate healthcare decisions on one's own behalf, including due to known or suspected mental illness, substance abuse, Intoxication or other medical or psychiatric condition (*e.g.*, dementia or other cognitive impairment).

Intoxicated: A condition in which an individual's mental or physical functioning is presently substantially impaired as a result of the use of alcohol or other substances.

Medical Hold Order (MHO): An emergency order, entered and implemented subject to and in accordance with this Policy, temporarily detaining in a DUHS facility an adult patient known or suspected to be both Incapacitated and at imminent risk of harming self or others.

Surrogate Decision Maker: An individual presently authorized to make healthcare decisions for an incapacitated patient. For a list of these individuals in descending order of priority, see: [DUHS Informed Consent](#).

Policy Statement:

A Medical Hold Order (MHO) may be entered and implemented, and shall be discontinued, pursuant to this Policy.

This Policy does not apply either (1) in the [DUH Physician Hold Order](#) or other outpatient department (2) in circumstances in which it has been determined (i) that a patient requires evaluation or commitment for mental health, developmental disability or substance abuse treatment pursuant to GS 122C-1, *et seq* (Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985) or (ii) notice is required to be given to relevant authorities of an abused, neglected or abandoned minor or disabled adult under GS 7B-100, *et seq* (Juvenile Abuse, Neglect or Dependency) or GS 108A-99, *et seq* (Protection of the Abused, Neglected or Exploited Disabled Adult Act).

Nothing in this Policy prevents, nor shall a MHO be used to prevent, a competent person from exercising their right to refuse medical care and/or leave any DUHS facility, even if doing may risk the patient's well-being or life.

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This Policy is intended merely as a resource for providers and not as a substitute for, or to supersede, the independent clinical judgment of any DUH Provider in individual cases.

Procedure:

- A. Identification - Reasonable efforts must be made to identify both the patient and their Surrogate Decision Maker(s) prior to order entry and during the pendency of a MHO.
- B. Consult – Psychiatry, Child Protection Team (CPT) Case Management and/or Clinical Social Work, as applicable, should be consulted prior to entry of an MHO. *See* Policy exceptions above.
- C. Order Entry –
 - a. A MHO may be placed in Maestro only under the following circumstances:
 - i. As a temporary response to an emergent situation when there is imminent risk of an Incapacitated inpatient harming self or others, pending completion of (1) within one hour of order entry, an appropriate physician assessment of the patient's physical and psychological status and their environment and (2) reasonable efforts to identify and engage with the patient's Surrogate Decision Maker(s);
 - ii. With the appropriately documented consent of a Surrogate Decision Maker authorized to consent to temporary detention of the Incapacitated patient identified in the MHO; or
 - iii. If the patient is Intoxicated
 - iv. NOTE: MHOs are to be entered only by attending physician/APP, or, if an attending physician/APP is not available, by an RN/ALPN in accordance with the [DUHS Verbal/Telephone Order Policy](#). The attending physician must be notified as soon as possible after MHO entry if he/she did not place the order.
 - b. MHO duration shall be for the applicable time period(s) set forth in the [DUHS Restraint \(Restraints\) Policy](#) or below; provided, orders for Intoxicated individuals shall in no event exceed the lesser of (i) the time it takes the individual to become sober or (ii) 24 hours from order entry. Standing or PRN orders are not permitted under any circumstances.
 - c. The patient and their Surrogate Decision Maker(s) (once identified) must be verbally informed of the following: that a MHO is in effect solely to ensure the immediate safety of the patient, staff and others; that the patient's movement will be limited; that the patient may be restricted to their room unless accompanied by staff; and, the criteria for discontinuation of the MHO.

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- d. Justification for the MHO, notice to the patient/Surrogate Decision Maker consistent with this Policy, and other matters required under the [DUHS Restraint \(Restraints\) Policy](#) must be documented [on the order or] in the patient's medical record.
- e. A MHO activates a notification banner in the patient's chart until it is discontinued. Discontinuation removes the alert banner on the patient's chart.

D. Implementation –

- a. Staff will adhere to the [DUHS Restraint \(Restraints\) Policy](#) in implementing an MHO.
 - b. Any provider may request a 1:1 patient care attendant to be present at any time. Patient care attendants will be prioritized based on DUHS patient care attendant policy. ([DUHS Patient Attendant](#))
 - c. The medical team may limit the number of visitors allowed.
 - d. The medical team may ask the patient to change into a specially designated patient gown for the purposes of patient identification and safety. The patient's clothes will then be sent home with the patient's Surrogate Decision Maker once identified.
 - e. Patient movement will be limited to the treatment unit. Hospital staff and/or security may use de-escalation techniques to direct the patient back to the unit if the patient wanders or attempts to elope.
 - f. Law enforcement (Duke Police or external law enforcement) generally should not be involved with the implementation of a MHO. If, however, an incapacitated patient placed under an MHO becomes violent or otherwise poses an imminent risk of serious harm to self or others and/or clinical staff are unable to secure the patient, then Hospital Security may be involved to assist staff in controlling the patient for safety or security reasons until control is regained. Staff should document in the medical record why, when, and in what way hospital security was involved to make it clear that their involvement was in a non-clinical capacity in order to protect the patient or others from imminent and serious harm. (In such cases it may also be that clinical restraints are appropriate.)
- E. Order Discontinuation - A MHO shall be discontinued in accordance with the [DUHS Restraint \(Restraints\) Policy](#) no later than the end of the permitted time periods described above.