



Admission Criteria for 8C Inpatient Psychiatry

Site Applicability:

St. Paul's Hospital

Scope:

8C is an inpatient mental health unit dedicated to the management of acute psychiatric symptoms, medication titration and optimization, and connection to outpatient resources for discharge. The unit strives to provide evidence-based, culturally safe and trauma-informed care for all admitted patients while respecting and promoting their rights under the BC Mental Health Act.

These admission criteria should be used by the Bed Coordinators, Clinical Coordinators, Clinical Nurse Leaders (CNLs) or charge nurses after hours, the Psychiatry CL Team and Psychiatrists when deciding if a patient is appropriate for transfer to 8C. The intent of these criteria is to bring clarity to the types of patients who would benefit most from the 8C environment as well as reduce incidents of aggression, assault, and unsafe behavior on the unit.

Procedures:

Inclusion Criteria:

Inclusion Criteria	YES	NO
18 Years or Older		
Requiring inpatient psychiatric stabilization of mood, anxiety, psychotic or concurrent disorder		
Be behaviorally settled for a unit that does not have a seclusion room, i.e.: Cooperative, able to follow direction, and able to self regulate/de-escalate with minimal assistance		
Be suitable for a shared room		

Exclusion Criteria:

- Patients with a high risk of violence towards others, including any violence, aggression, or seclusion events on the *current* admission.
- Patients that are anticipated to require the use of the secure room on the *current* admission.
- Patients with any history of sexual assault that are likely to reoffend.
- Patients experiencing mania who are specifically sexually disinhibited.



- Patients who are not currently experiencing an acute psychiatric illness.
- Patients with specific medical needs that require interventions outside of the RPN scope (e.g: requiring telemetry, blood transfusions, etc.)

Note: In the event that the Bed Coordinator, Charge Nurse, or CNLs cannot identify a patient that meets these criteria, a discussion between these parties will be facilitated to identify the *most suitable* patient. If a transfer is required between one of the inpatient units (e.g. 2N/9A to 8C), the 8C Psychiatrist taking over care as the Most Responsible Physician should also be included in this discussion. This decision will be made on a case-by-case basis based on the current patients admitted throughout the Mental Health Program.

Related Documents:

[B-00-16-10008](#) – Transfer (Urgent): 8C to 9A

References:

Hussein, Dr. A. (2020). Inappropriate admission and hospitalization in maternity and children teaching hospital in Al-Diwaniya City, Iraq. *International Journal of Psychosocial Rehabilitation*, 24(5), 5124–5131. <https://doi.org/10.37200/ijpr/v24i5/pr2020219>

Jones, B. E., Jones, J. P., Vines, C. G., & Dean, N. C. (2014). Validating hospital admission criteria for decision support in pneumonia. *BMC Pulmonary Medicine*, 14(1). <https://doi.org/10.1186/1471-2466-14-149>

National Guideline Centre. (2018, March). Chapter 21 standardised criteria for hospital admission - NICE. <https://www.nice.org.uk/guidance/ng94/evidence/21.standardised-criteria-for-hospital-admission-pdf-172397464634>



APPROVALS			
<i>Program Director, Mental Health</i>			<i>Nov 16 2023</i>
<i>Patient Care Manager</i>			<i>Nov 21 2023</i>
DEVELOPERS/OWNER			
<i>Nurse Educator, Mental Health Program</i>			<i>Nov 16 2023</i>
<i>Psychiatrist</i>			<i>Nov 16 2023</i>
REVISION HISTORY			
Revision#	Description of Changes	Prepared by	Effective Date
<i>00</i>	<i>Initial Release</i>		<i>Nov 21 2023</i>