

USA HEALTH: DEPARTMENT of EMERGENCY MEDICINE
Academic and Administrative Policies and Procedures

Version date: 04-17-2024

SUBJECT: Monitoring of Vital Signs in Behavioral Health Patients

I. PURPOSE OR OBJECTIVE:

- a. To describe the minimum monitoring of vital signs required for behavioral health patients in the University Hospital (UH) Emergency Department (ED).

II. RELATED/BACKGROUND INFORMATION:

- a. The flex area in the UH ED is a designated area for patients presenting with psychiatric issues (suicidal or homicidal), violent behaviors, or substance use disorders that require 1:1 Observation or Close Observation.
- b. Reassessments in the UH ED are continuously ongoing and are the responsibility of the assigned nurse (Policy Stat ID 13060108).
- c. The responsible physician will be notified of any change in patient condition or change in vital signs (Policy Stat ID 13060108).

III. POLICY DETAILS:

- a. At a minimum, all patients in the UH ED, who are not medically cleared by an attending physician, require reassessment of vital signs every 4 hours (Policy Stat ID 13060108).
- b. All patients, regardless of admission status or medical clearance, require a complete assessment be performed every 12 hours (Policy Stat ID 13060108).

IV. PROCEDURES:

- a. Patients who require CIWA monitoring require minimum reassessment of vital signs every 4 hours.
 - i. Patients can be taken off CIWA monitoring when CIWA-Ar is <8 for 72 hours (Policy Stat ID 14234560).
- b. Patients who are diagnosed with catatonia by an EM or psychiatry physician require minimum reassessment of vital signs every 4 hours while undergoing treatment with benzodiazepines.
- c. Patients who require violent or self-destructive restraints require reassessment of vital signs (once the patient is safely restrained) at least every 4 hours while in restraints.
 - i. This is in addition to being compliant with all requirements as described USA Health Policy: Restraint of Patient-University Hospital (Policy Stat ID 15169024).
- d. Patients who require seclusion require reassessment of vital signs as soon as practical, and not to exceed 4 hours in seclusion without vital sign reassessment.
 - i. This is in addition to being compliant with all requirements as described USA Health Policy: Restraint of Patient-University Hospital (Policy Stat ID 15169024).
- e. Patients who have received any IM or IV medications for agitation should be placed on continuous cardiac and pulse oximeter monitoring as soon as safely possible.

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- i. Patients are maintained on continuous cardiac and pulse oximeter monitoring with vital sign reassessment every 30 minutes until they have returned to a Richmond Agitation Sedation Scale (RASS) of 0.
 - f. Patients who are medically cleared by the attending physician and have medical co-morbidities requiring daily medications for non-behavioral health conditions, require minimum vital sign reassessment every 8 hours.
 - i. This order is to be placed by the EM physician.
 - ii. These conditions include, but are not limited to, hypertension, diabetes, hyperlipidemia, asthma or COPD.
 - g. Patients who are medically cleared by the attending physician and have no medical co-morbidities or do not require any daily medications for non-behavioral health conditions, require minimum vital sign assessment every 12 hours.
 - i. This order is to be placed by the EM physician.
 - h. The attending physician may increase the frequency of minimum vital sign reassessment on patients at any time.

V. OTHER INFORMATION: None.

VI. REFERENCES AND ATTACHMENTS:

- a. USA Health Policy Stat ID 13060108: ED Assessment and Reassessment.
- b. USA Health Policy Stat ID 14234560: Alcohol Withdrawal Protocol-Clinical Institute Withdrawal Assessment (CIWA-Ar).
- c. USA Health Policy Stat ID 15169024: Restraint of Patient-University Hospital

Notes:

Currently approved by: Grace Lagasse MD, Ed Panacek MD, Linda Tran PharmD, Philip Merritt RN

This policy was also reviewed by: n/a