



*Emergency
Care Institute*
NEW SOUTH WALES

Physical Screening of the Mental Health Patient

A simple evidence-based approach

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ACI Agency
for Clinical
Innovation



PROBLEM: TOO MUCH MYTHOLOGY

The “missed” “medical” diagnosis – HOW COMMON?

“We can’t accept without medical clearance” (mythology vs law)

“We’ve had lots of cases of missed medical problems – someone died once.”

REALITY:

At Bankstown: only one single MET call to the MHU in the past year for a patient admitted within 24 hrs from ED – patient stayed on the MHU.

What is the purpose of “medical clearance”

- ✓ To determine whether the behavioural disturbance is caused by a “physical” (“medical”) illness or injury
- ✓ To ensure that disposition is appropriate (ie the presentation is primarily psychiatric and the patient is physiologically stable)

What it's NOT:

- ✗ NOT an “insurance exam”
- ✗ NOT a guarantee that the person has no intercurrent illness
- ✗ NOT a guarantee that there is no risk of subsequent illness

MH Physical = history + physiology

- To affect behaviour, a systemic illness has to affect brain oxygenation, perfusion or glucose
- And “routine” blood tests??

Korn et al J Emerg Med 2000:

Of 80 patients with strictly psychiatric complaints and without significant medical history, only two had abnormal blood tests which did not alter treatment

“Patients with a primary psychiatric complaint coupled with a documented past psychiatric history, negative physical findings, and stable vital signs who deny current medical problems may be referred to psychiatric services without the use of ancillary testing in the ED.”

Olshaker et al Acad Emerg Med 1997:

If their 345 psych admissions had had no blood tests, they would have missed only two SYMPTOMATIC patients with hypokalaemia
History alone had 94% sensitivity for identifying acute medical conditions

**BANKSTOWN HOSPITAL
Emergency Department**

**PHYSICAL HEALTH REVIEW FOR MENTAL
HEALTH PATIENTS**

Brief description of presenting problem:

Physiological Observations:

Heart rate BP Temp Resp. rate O2Sats

Any acute physical health problems (including ingestion or drug side-effects) ?

Is the patient excessively drowsy or confused?(distinguish confusion from psychosis)

Can you find any evidence of physical cause for the acute presentation?

Are there any issues that the psychiatry team should follow-up?

ED doctor's name printed

Signed

Date and time