

MEMORANDUM OF UNDERSTANDING

THIS MEMORANDUM OF UNDERSTANDING is made and entered into effective as of _____, 2026 (“Effective Date”) by and between POLK COUNTY, a political subdivision of the State of Florida (“Polk County”), HARDEE COUNTY, a political subdivision of the State of Florida (“Hardee County”), and HIGHLANDS COUNTY, a political subdivision of the State of Florida (“Highlands County”) (Polk County, Hardee County, and Highlands County may be collectively referred to herein as the “Counties”).

WHEREAS, pursuant to Florida Statute Section 394.462, a transportation plan was developed and implemented by each county on July 1, 2017, to organize a centralized system for acute care services;

WHEREAS, counties may establish a shared transportation plan with other, nearby counties pursuant to a memorandum of understanding between their governing boards; and

WHEREAS, the Counties now desire to enter into this Memorandum of Understanding in order to establish a shared transportation plan that meets the requirements of Florida Statute Section 394.462.

Now, therefore, it is mutually agreed between the Counties as follows:

1. The foregoing recitals are true and correct and are incorporated herein by reference.
2. The Counties each agree to adopt, implement and abide by the shared transportation plan, attached hereto and incorporated herein by reference as Exhibit “A,” as each County’s transportation plan required pursuant to Florida Statute.

IN WITNESS WHEREOF, the Counties have each made and executed this Memorandum of Understanding on the dates set forth below.

[SIGNATURE PAGE TO FOLLOW]

THE BOARD OF COUNTY COMMISSIONERS
OF POLK COUNTY, FLORIDA

Martha Santiago, Ed. D.
Chair

ATTEST:

Stacy M. Butterfield
County Clerk

APPROVED AS TO FORM:

COUNTY ATTORNEY

Date: _____

Exhibit “A”
Shared Transportation Plan
[attached hereto]

DEPARTMENT OF CHILDREN AND FAMILIES
SUNCOAST REGION
Circuit 10
SUBSTANCE ABUSE AND MENTAL HEALTH

CIRCUIT 10 BEHAVIORAL HEALTH
(Polk, Highlands and Hardee)

TRANSPORTATION PLAN

2026-2029

**CIRCUIT 10 BEHAVIORAL HEALTH
(Polk, Highlands and Hardee)**

TRANSPORTATION PLAN

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CIRCUIT 10 BEHAVIORAL HEALTH TRANSPORTATION PLAN

Introduction

In accordance with the Florida Mental Health Act, the Hal S. Marchman Alcohol and Other Drug Services Act of 1993, and Senate Bill 12, a plan has been developed to organize a centralized system for acute care services. This plan has been developed by community stakeholders listed on page two, the Circuit 10 - Baker Act/Marchman Act Advisory Committee. This transportation plan requires approval by the Polk County Board of County Commissioners, Highlands County Board of County Commissioners, and Hardee County Board of County Commissioners. Upon approval this document will serve as the transportation plan for Florida's 10th Circuit per legislative intent.

The intent of this plan is:

1. An arrangement centralizing and improving the provision of services within each county, which may include exceptions to the requirement for transportation to the nearest receiving facility.
2. An arrangement by which a facility may provide, in addition to required psychiatric and addiction services, an environment and services which are uniquely tailored to the needs of an identified group of persons with special needs, such as persons with hearing impairments or visual impairments, or elderly persons with physical frailties; or
3. A specialized transportation system that provides an efficient and humane method of transporting patients to receiving facilities, among receiving facilities, and to treatment facilities.
4. The plan implements the requirements of HB 945 effective July 1st, 2020 and amended section 394.493, Florida Statutes to ensure a coordinated system of behavioral health care for children, adolescents, and young adults

Purpose

The Circuit 10 Transportation Plan has been successfully implemented. In the continued best interest of persons in need of public mental healthcare in Circuit 10 it is now agreed that a renewal of the plan will continue the successful established centralized Baker Act/Marchman Act system, known as the Circuit 10 Behavioral Transportation Plan. The Plan will ensure that individuals on an involuntary Baker Act/Marchman Act will obtain immediate access to acute care services and will reduce the need for inter-hospital transfers for psychiatric and addiction services. Coordination of services among providers in the Circuit 10 area will continue to meet individual needs.

The Plan calls for all law enforcement agencies in the Circuit 10 area to transport:

1. Adults on an involuntary Baker Act to the nearest receiving facility, as follows;
 - a. Lakeland Regional Health,
 - b. Winter Haven Hospital BayCare,
 - c. Peace River Center Crisis Stabilization Unit (CSU) Bartow, Non-Medical,
 - d. Peace River Center Crisis Stabilization Unit (CSU) Lakeland, Non-Medical,
 - e. Park Place Behavioral Health Care Crisis Center
2. Adults on an involuntary Marchman Act to Tri-County Human Services, Detox Center, Bartow.
3. Youth under the age of 18 years on an involuntary Baker Act to the nearest receiving facility, as follows;
 - a. Peace River Center Crisis Stabilization Unit (CSU) Bartow, Non-Medical,
 - b. Peace River Center Crisis Stabilization Unit (CSU) Lakeland, Non-Medical,
 - c. Lakeland Regional Health, age 8 years and up.
4. Youth under the age of 18 years on an involuntary Marchman Act to ACTS-Thonotosassa

Baker Act / Marchman Act Advisory Committee

The purpose of the Baker Act/Marchman Act Advisory Committee is to discuss the operations of the Circuit 10 Transportation Plan. The committee meets regularly to discuss grievances, public satisfaction,

and assurance of patient rights as related to this plan. The Baker Act/Marchman Act Advisory Committee is composed of, but not limited to, representatives of the following agencies: DCF's Substance Abuse and Mental Health office, Peace River Center, Tri-County Human Services, Heartland For Children, Lakeland Regional Health, Winter Haven Hospital, BayCare, AdventHealth Lake Wales, Florida Hospital, Highlands Regional Medical Center, Poinciana Medical Center, Bartow Regional Medical Center, Polk County Sheriff's Office, Highland County Sheriff's Office, Hardee County Sheriff's Office, City of Lakeland Police Department, Winter Haven Police Department, Bartow Police Department, Bowling Green Police Department, Sebring Police Department, Lake Placid Police Department, Wauchula Police Department, Florida Highway Patrol, Polk County Public Safety Group, National Alliance on Mental Illness (NAMI), Department of Corrections, Emergency Management System, Homeless Coalition of Polk County, Polk County School Board, Hardee County School Board, Highlands School Board, and Public Defenders Office. All listed stakeholders will have access to the transportation plan.

System Capacity

- Peace River Center's Crisis Stabilization Unit, located at 1255 Golfview Ave., Bartow, Florida is a public Baker Act receiving facility licensed by the Agency for Health Care Administration (AHCA) to operate 30 Crisis Stabilization Unit beds for adults and minors. At the same location, Peace River Center also operates a 30 bed Short Term Adult Residential Facility, licensed by AHCA to provide psychiatric treatment services.
- Peace River Center's Crisis Stabilization Unit, located at 715 N. Lake Ave., Lakeland, Florida is a public Baker Act receiving facility licensed by the Agency for Health Care Administration (AHCA) to operate 20 Crisis Stabilization Unit beds for adults and minors.
- Tri-County Human Services' Detox Unit, located at 2725 Hwy 60 East, Bartow, Florida is a public Marchman Act receiving facility licensed by the State of Florida to operate 20 beds.
- Lakeland Regional Health Hospital located at 1324 Lakeland Hills Blvd, Lakeland, FL is a private Baker Act receiving facility licensed by AHCA to operate 84 beds consisting of 74 adult mental health beds and 8 adolescent (ages 8-17) mental health beds and 12 adult substance abuse beds.
- Winter Haven Hospital BayCare located at 200 Ave F NE, Winter Haven, FL is a private Baker Act receiving facility licensed by AHCA to operate 30 adult mental health beds.
- Poinciana Medical Center, Bartow Regional Medical Center, Highlands Regional Medical Center, Florida Hospital – Wauchula, Florida Hospital - Sebring are not receiving facilities, but are responsible to evaluate, treat and transfer persons in need of mental health and addiction treatment as part of their emergency department. This is in accordance with federal (EMTALA) emergency care rules and the medical treatment aspect of the plan applies to Lakeland Regional Health Hospital, Winter Haven Hospital BayCare, Florida Hospital – Lake Placid and AdventHealth Lake Wales.
- The receiving facilities will notify the Baker Act/Marchman Act Advisory Committee of any changes in system capacity.

Medical Treatment

Individuals needing medical treatment should be handled according to law enforcement agency policy and transported to the closest medical hospital, as follows; Lakeland Regional Health,

- Winter Haven Hospital BayCare,
- AdventHealth Lake Wales,
- Poinciana Medical Center,
- Bartow Regional Medical Center Baycare,
- HCA Florida Highlands Hospital,
- AdventHealth Lake Placid
- AdventHealth Wauchula
- AdventHealth Sebring
- AdventHealth Heart of Florida

Medical Clearance

Each facility has varying degree of ability to address co-morbid medical conditions. Receiving facilities in Circuit 10 have provided their medical exclusion and eligibility criteria to be included in the transportation plan for reference. See Attachments. Once the patient is medically cleared the medical facility will find the Baker Act Receiving facility that best suits that individual's needs. Transportation from one facility to another will be coordinated and paid for by the transferring facility. A non-emergent medical transportation company or contracted law enforcement officer may provide this service.

Choice

When practical, Law Enforcement will take into consideration individual choice when making a determination of which Baker Act receiving facility to transport the individual. All adults on an involuntary Marchman Act are to be transported to Tri-County Human Services Detox Unit in Bartow Florida. Law enforcement may decline to transport if the County has a contract with emergency transport company and law enforcement continued presence is not needed. Transporting entity may seek reimbursement for transporting expenses. Person(s) receiving transportation is responsible for expenses.

988

Heart of Florida United Way is the 988 primary provider for Polk, Highlands and Hardee Counties. 988 has been designated as the new three-digit dialing code that will route callers to the National Suicide Prevention Lifeline (now known as the 988 Suicide & Crisis Lifeline) and is now active across the United States.

When people call, text, or chat 988, they will be connected to trained counselors that are part of the existing Lifeline network. These trained counselors will listen, understand how their problems are affecting them, provide support, and connect them to resources if necessary.

The previous Lifeline phone number (1-800-273-8255) will always remain available to people in emotional distress or suicidal crisis. The Lifeline's network of over 200 crisis centers has been in operation since 2005, and has been proven to be effective. It's the counselors at these local crisis centers who answer the contacts the Lifeline receives every day. Numerous studies have shown that callers feel less suicidal, less depressed, less overwhelmed and more hopeful after speaking with a Lifeline counselor.

Protective Custody Without Consent

Law enforcement shall use the standard form CFMH 3800, developed by the department pursuant to s. 397.321 to execute a written report detailing the circumstances under which the person was taken into custody. The written report shall be included in the patient's record.

System Oversight

In an effort to resolve complaints, grievances, and disputes which may arise during implementation of the plan, key personnel from each of the public or private receiving facilities are encouraged to communicate regularly and frequently between Baker Act / Marchman Act Advisory Committee meetings. The Baker Act / Marchman Act Advisory Committee will implement necessary actions in response to its ongoing review and any public or Central Florida Behavioral Health Network (CFBHN) review.

County representatives of Polk, Highlands and Hardee Counties along with CFBHN are responsible for providing oversight to the Circuit 10 Behavioral Health Transportation Plan. A collaborative conflict resolution process will be used to resolve issues concerning the Circuit 10 Behavioral Health Transportation Plan, approve interagency agreements, as well as coordinate other services needed for individuals beyond acute care services.

Interorganizational Collaboration

Implementing an excellent Transportation Plan on behalf of persons in need of behavioral health services requires a significant amount of cooperation, commitment and collaboration from all parties involved. Besides having the strong support of law enforcement and behavioral health providers, Polk, Highlands and Hardee County hospitals have engaged in a public planning process which has strengthened the relationships between all parties responsible for implementing the Transportation Plan in Circuit 10

DEFINITIONS

<u>Baker Act:</u>	The Florida Mental Health Act, Florida Statute Chapter 394, Part 1
<u>Marchman Act:</u>	The Hal S. Marchman Alcohol and Other Drug Services Act, Florida Statute Chapter 397
<u>Receiving Facility:</u>	Any public or private facility designated by DCF to receive and hold involuntary patients under emergency conditions or for psychiatric evaluation and to provide short-term treatment.
<u>Private Receiving Facility:</u>	Any hospital or facility operated by a for-profit or not-for-profit corporation or association that provides mental health services and is not a public facility.
<u>Public Receiving Facility:</u>	Any facility that has contracted with DCF to provide mental health services to all persons, regardless of their ability to pay, and is receiving state funds for such purpose.

Attachments

**Admission / Transfer for BayCare Behavioral Health Unit
Exclusion and Eligibility Recommendations**

Revised
October 2019

**Decisions outside of these criteria requires 1:1 discussion between
ED Physician or Medical Hospitalist and a Psychiatrist or Medical Consultant**

<u>MEDICAL CONDITIONS</u>	Exclusion / Eligibility Recommendations						
LABS / CHEMISTRY (parameters)	<p>Lab values must be current (72 hours dependent on the medical condition) BayCare Behavioral Health Receiving Facilities cannot accept patients with abnormal labs outside of these values without prior approval:</p> <table border="0"> <tr> <td>HEMATOLOGY:</td> <td>Hemoglobin: < 7 g/dL (unless stable or chronic condition)</td> <td>Sodium: < 128 mmol/L or \geq 159 mmol/L</td> </tr> <tr> <td></td> <td>WBC: \geq 20,000/mL (exceptions made for patients with stable CML) or \leq 3,000/mL (unless stable or chronic condition)</td> <td>Potassium: \leq 3.0 mmol/L or \geq 6.0 mmol/L</td> </tr> </table> <p>Stable Chronic Dialysis patients will be accepted, individuals with acute uremia are not eligible for admission. Patients who require \geq 2 units of PRBC's in a 24 hr period are not eligible for transfer</p> <p><u>CRITICAL VALUES ADULT REFERENCE – UPPER LIMITS:</u> Chloride 113 mmol/L, Creatinine 2.0mg/dL (if chronic kidney disease may be stable, check for .5 changes in past 24 hours) Glucose 74 mg/dL, Glucose 300 mg/dL, Hematocrit 54%, Hemoglobin 19.9 mg/dL, Magnesium 3.3 mg/dL, Platelets 450 th/uL, Valproic Acid 150 mcg/mL. lithium 2.0,</p>	HEMATOLOGY:	Hemoglobin: < 7 g/dL (unless stable or chronic condition)	Sodium: < 128 mmol/L or \geq 159 mmol/L		WBC: \geq 20,000/mL (exceptions made for patients with stable CML) or \leq 3,000/mL (unless stable or chronic condition)	Potassium: \leq 3.0 mmol/L or \geq 6.0 mmol/L
HEMATOLOGY:	Hemoglobin: < 7 g/dL (unless stable or chronic condition)	Sodium: < 128 mmol/L or \geq 159 mmol/L					
	WBC: \geq 20,000/mL (exceptions made for patients with stable CML) or \leq 3,000/mL (unless stable or chronic condition)	Potassium: \leq 3.0 mmol/L or \geq 6.0 mmol/L					

CARDIAC

BLOOD PRESSURE:

FOR ALL FACILITIES: NO PATIENTS WHO REQUIRE TELEMETRY MONITORING.

If patient has attained diagnostic tests for cardiac, they must reflect **medical** stability.

If original admission to hospital was for acute CHF, CHF patients must meet BayCare Guideline for CHF Discharge. Ie lower weight, sodium above 135, 50% improvement in BNP.

No individuals with significant alterations in their normal baseline BP unless clinically asymptomatic and on medication (if needed)

ADULTS \geq 180 mmHg / 110 mmHg or \leq 90 mmHg / 60 mmHg

- **If the Behavioral Health patient in the ER is asymptomatic and BP is not over 180/110– can go directly to BH.**
- **If the Behavioral Health patient in the ER has known hypertension and has been prescribed hypertension meds but has not been taking them and BP is not over 180/110– ER can restart the patient on meds, then patient can go to BH.**
- **If the Behavioral Health patient in the ER has high BP > 180/110 and is asymptomatic, and the ER cannot lower it, the patient must be admitted medically. If the ER lowers the BP, the ED physician should provide recommendations for Hypertension Treatment.**
- **If the patient BP is over 180/110 and has symptoms of dizziness, SOB, chest pain or headache, the patient must be admitted medically for stabilization.**

Child ages and 99 percentile parameters. Outside these parameters will require

	<p>telephonic consultation and approval by on call pediatric hospitalist or cardiologist:</p> <p>16-18: >140/90 or <90/60</p> <p>12-15: >125/80 or <90/60</p> <p>6-11: >125/80 or <85/55</p> <p>2-5: >115/75 or <80/45</p>
DIABETES	All Behavioral Health transfers must have a measurable blood sugar ≤300 mg/d. Diabetic emergency conditions such as diabetic ketoacidosis (DKA) and hyperosmolar hyperglycemic syndrome (HHS) should be excluded prior to transfer. Standard Insulin Sliding Scale Regimens can be used prior to formal consultation with Internal Medicine on Psychiatric Unit. Implanted Pumps are allowed as long as they have a safety mechanism to prevent overuse.
OVERDOSES	Overdoses will be treated by the ED physician and will have a medical clearance order following stabilization. Individuals who are medically unstable will not be accepted. Overdoses (Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc.) require specific labs as related to the drug. (i.e., Acetaminophen OD will require APAP levels, liver function tests and will require repeat draws to ensure decreasing levels. Individuals requiring mucomyst treatment must <u>complete treatment</u> at the medical facility. ADULT REFERENCE – UPPER LIMITS: Acetaminophen 150 mcg/mL, Carbamazepine 15 mcg/mL, Digoxin 2.4 mg/mL, Lithium 2.0 mmol/L, Phenobarbital 60 mcg/mL, Phenytoin 25 mcg/mL, Salicylate 31 mg/dL, Theophylline 20.1 mcg/mL, Vancomycin 40 mcg/mL
ALCOHOL / DRUGS ETOH:	Cannot be in severe withdrawal CIWA Score > 20. Cannot be primary need for treatment. Blood alcohol level must be < 300 mg/dL or should be anticipated to be < 300 based on ETOH clearance of 25 mg/dL/hour performed from time of lab draw, disorientation, altered mental status or unconsciousness cannot be admitted to Behavioral Health.
NEUROLOGICAL HEAD TRAUMA:	Individuals with recent head trauma (<2 weeks) and with neurocognitive features of traumatic brain injury (new onset of memory, balance, executive function impairment) will need to have a documented recent neurological exam as part of the physical exam and appropriate testing to exclude bleeding or other acute intracranial anatomic abnormalities prior to acceptance.
SEIZURES:	Patients that have a known seizure disorder who have had a seizure (witnessed or unwitnessed) within the last 24 hours will require medical admission and treatment. Patients will need to be free of seizure activity for 24 hours to be accepted to a Behavioral Health unit.
SKIN/LINES/PORTS	No patients receiving IV fluids/meds. Permanent access or surgically placed ports are eligible for transfer.
WOUNDS:	Cannot accept wounds that require wet dressings or dry dressings that require intensive treatment due to their size and/or location. No Drainage tubes. Once daily dry dressings are acceptable if wound care nurse will follow the patient 2 to 3 times a week.
OSTOMY:	Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care are eligible for psychiatric units within medical hospitals.
BEDSORES:	No Patients with Stage 2, 3 or 4 bedsores or contact precautions.

<p><u>MEDICAL CONDITIONS</u></p>	<p>Exclusion / Eligibility Recommendations</p>
<p>INFECTIONS</p>	<p>ALL FACILITIES: Cannot accept Patients with infections (URI's phlebitis, UTI's renal complications, cellulites, etc.), with elevated temperatures ≥ 101 degrees F and have not been treated by referring facility prior to transfer will not be accepted.</p> <p>Acceptance of patients with an active infectious process that requires any type of isolation will be assessed to determine the risk of cross-contamination of other individuals in an ambulatory unit environment per infection control policy and procedure.</p> <p>Clear documentation of treatment and declining temperatures consistently < 101 degrees F must be recorded.</p> <p>Elevated LFT's AST/ALT requires Hep A IGM antibody test prior to medical clearance. Hep A positive will not be accepted into behavioral health.</p> <p>Review with infection control on a case by case basis when results are borderline.</p> <p>Patients may have return trips back to the ER/hospital after this initial episode. Even if the liver enzymes have not returned to normal, they will <u>NOT</u> require any further isolation/precautions. Hepatitis A can only be acquired once and provides lifelong protection against a re-infection. See BayCare policy and procedure.</p> <p>Lice/Scabies requires 24-hour isolation post treatment per BayCare policy/procedure.</p> <p>MRSA positive/MDROs accepted per BayCare policy/procedure.</p>
<p>RESPIRATORY</p>	<p>Individuals who have respiratory needs that require suction, or continuous oxygen, or have a recent tracheotomy are not accepted. No patients with Pulse Ox < 90% on room air will be accepted.</p> <p>Patients requiring continuous or intermittent oxygen during sleep will be accepted to psychiatric units within medical hospitals with medical bed capability.</p> <p>Patients requiring BiPAP will not be accepted to inpatient behavioral health units. Patients requiring CPAP are accepted.</p>
<p>Orthopedics/Oncology BROKEN BONES:</p> <p>CANCER:</p>	<p>Broken bones that require the service of a physical therapist or total bed rest (non-ambulatory) will be reviewed on a case-by-case basis by BH clinical leadership. Generally unable to accept cases unless casting is complete. <i>Casting for fractures must be provided by the transferring facility prior to transfer.</i> Walking boots are permitted.</p> <p>Cannot accept patients actively receiving daily/continuous I.V. chemotherapy or radiation treatment. P.O chemotherapy accepted</p>
<p>NUTRITION</p>	<p>Patients with NG or PEG tubes or who require enteral feeding tubes for metabolic stability maybe accepted at facilities.</p> <p>Patients unable to self-feed or take basic nutrition by mouth or who cannot void prior to transfer are excluded.</p> <p>Patients with PEG tubes must be able to provide their own tube feedings.</p>

**OB/GYN
PREGNANCY:**

Cannot accept patients who are pregnant with complications requiring bed rest (pre-eclampsia). Pregnant patients in acute alcohol or opiate withdrawal need to be treated in an acute medical setting.

1. Patients in the first trimester should only have ultrasound if medically indicated by ED

	<p>physician and in rare circumstances to confirm gestational age if no prior obstetrical care or inability to verify gestational age from patient history. Verification of fetal heart sounds is recommended.</p> <p>2. Patients prior to 22 weeks will need an obstetrical consultation based on the discretion of the attending or if there are known medical problems being followed prenatally. Combine 1 and 2 because still first trimester. Ob consult or not</p> <p>3. Patients 22-34 weeks of pregnancy must be placed in a psychiatric facility with immediate access to obstetrical services and should have an OB/GYN consultant.</p> <p>4. Patients with complicating factors after 22 weeks of pregnancy or with conditions unable to participate in needed psychiatric care should be admitted to an obstetrical unit with immediate availability of psychiatric services and consultation.</p>
AMBULATION	<p>Patients with have gait impairment who cannot ambulate independently and without assistive devices (wheelchairs, crutches, canes, walkers), require bedside rails, adjustable beds, HOB > 30 degrees, (ie: symptomatic CHF, COPD or aspiration risk), bowel/bladder assistive care, personal care-bathing/dressing <u>are eligible for psychiatric units</u> with medical bed capability.</p>
INCONTINENCE CATHETERS: (without active infection)	<p>Patients with in-dwelling catheters (leg bag/suprapubic) who can perform self-care and have no active infectious process requiring isolation can be accepted. Patients requiring straight catheters who can perform self-cath/care independently can be accepted.</p>



**Behavioral Health Medical Stability for Admission/Transfer
Exclusion and Eligibility Recommendations**

**Decisions outside of these criteria requires 1:1 discussion between
ED Physician/Medical Hospitalist and a Psychiatrist/Medical Consultant**

Acceptance Criteria	
<p>All Units will accept both Baker Act patients and voluntary patients. For any Baker Act patients, please note that criteria requires that there is reason to believe the person has a mental illness as defined in Section 394.455(18), Florida Statutes. The definition of mental illness excludes retardation or developmental disabilities, intoxication, or conditions manifested only by antisocial behavior, substance abuse impairment, dementia or, traumatic brain injury.</p>	
<u>Unit Specific Guidelines</u>	Exclusion Recommendations
Adult Behavioral Health	Bariatric patients who are non-ambulatory or require lift or transfer equipment, Continuous Oxygen, need for a medical bed, active C. <i>difficile</i> colitis
Specialty Care Behavioral Health	This unit has a combination of both medical beds and platform beds.
Child & Adolescent Behavioral Health	Less than 8 years old, Pediatric Wheelchair, Crutches, need of ADA restroom, need for a medical bed, Continuous Oxygen, active C. <i>difficile</i> colitis
All Behavioral Health Units	Central Lines, Canes, Continuous IV Fluid dependence, Telemetry/Cardiac Monitoring, BiPap if for respiratory failure, Blood Transfusions, Chest Tubes, recent tracheostomy requiring nursing care, Rectal Tube, insulin or cardiac IV drips, Scabies (unless treatment administered x24h), Lice (Unless treatment has been applied), Bed Bugs (until bathed and clothing removed/bagged) and, Active Hepatitis A, Active Infectious Diseases that are symptomatic and requiring isolation (such as TB, Varicella, COVID, flu) &/or respiratory, airborne or droplet precautions.

<u>MEDICAL CONDITIONS</u>	Exclusion / Eligibility Recommendations			
LABS / CHEMISTRY (parameters)	<p>When patients present with an Emergent Medical Condition (EMC) it is important that the condition is appropriately assessed and treated. A UDS and basic labs are often a fundamental part of a medical screening exam, which is required by law for Baker Act patients. However, a patient can be medically clear w/o UDS and labs based on discretion of the attending medical provider. If patient is deemed medically clear by an outside medical center we do not need to repeat UDS or bloodwork in LRH ED. The psychiatrist and the emergency room provider will work together to assess if the patient can safely be stabilized and cared for at the Harrell Family Center for Behavioral Wellness prior to labs or a UDS being completed. This same process applies to both adult and minor patients.</p> <p>Lab values if required for medical clearance must be current (within 72h old). CMP, CBC, UDS.</p> <p><i>If patient refuses labs, this requires MD to MD telephonic consultation to review prior to admission.</i> Outside of these labs values below physician approval required. If only a few points from normal likely provider will approve acceptance:</p>			
	HEMATOLOGY:	Hemoglobin:	Acute < 10 or Chronic ≤ 8 <i>*acute drop in HgB will need further medical inquiry and a MD to MD conversation prior to admission.</i> Acute < 30 or Chronic < 25	Sodium: < 128 mmol/L or ≥ 159 mmol/L Potassium: ≤ 3.0 mmol/L or ≥ 6.0 mmol/L Calcium: ≤ 7.0 mmol/L or ≥ 11.0 mmol/L SGOT/SGPT: ≥ 350 Amylase: >300
		Hematocrit:	WBC:	CPK:
			$\geq 20,000$ /mL (exceptions made for patients with stable CML) or $\leq 3,000$ /mL (unless stable or	If > 1,000 IV hydration should be given prior to medical clearance.

		Platelets:	chronic condition) <50,000 (Unless verified as chronic)		
<p>Stable Chronic Dialysis patients are accepted, individuals with acute uremia are declined.</p> <p><u>CRITICAL VALUES ADULT REFERENCE</u></p> <p>Acute changes in lab values that are more or less than 2x normal levels, typically will be critical values, will need careful consideration and most likely MD to MD conversation about stability.</p> <p>History of Thyroid disorder requires a TSH level within the last 30 days to rule out medical reasons for mood and emotional dysregulations. Medical admission may be warranted if behavior related to thyroid disease.</p> <p>Typically overdoses with drug levels above these upper limits are unstable, see overdose section below for specific levels.</p> <p>Metabolic/electrolyte abnormalities require a baseline EKG</p> <p>Upper limit Creatinine 2.5mg/dL (if CKD may be stable and will consider on case by case basis)</p> <p>Transfusion dependent blood dyscrasias are not stable nor accepted, except Sickle Cell patients that require monthly transfusions that are considered stable.</p> <p>If Blood glucose is <50 or Hyperglycemic requiring IV treatment is not accepted</p>					
CARDIAC	<p>NO PATIENTS WHO REQUIRE TELEMETRY MONITORING.</p> <p>If patient has attained diagnostic cardiac testing they must reflect medical stability prior to acceptance. No individuals with rising enzymes who are still requiring monitoring are stable.</p> <p>If original admission to hospital was for CHF, medical assessment required to demonstrate condition is optimized.</p> <p>All new cardiac diagnoses (Afib, CHF, ACS) should have maximum medical stabilization prior to acceptance, preferably in a medical unit.</p> <p>Symptomatic hypertension/hypotension requiring IV therapeutics are not permitted.</p>				

<p>BLOOD PRESSURE:</p>	<p>Uncontrolled, unstable, or new brady or tachy arhythmias are not permitted.</p> <p>ADULTS Blood Pressure that is unexplained, sustained or unresponsive to treatment \geq of 190 mmHg / 110 mmHg or less than 90 mmHg / 60 mmHg should be considered for medical stabilization prior to admission. If the patient BP is over 190/110 and has symptoms of dizziness, SOB, chest pain or headache, the patient must be admitted medically for stabilization.</p> <p>Child ages and 99 percentile parameters. Outside these parameters will require telephonic consultation and approval by on call pediatric hospitalist or cardiologist:</p> <p>16-17: >140/90 or <90/60</p> <p>12-15: >125/80 or <90/60</p> <p>10-11: >125/80 or <85/55</p>
<p>ENDOCRINE</p> <p>DIABETES:</p>	<p>If Blood glucose is <50 or Hyperglycemic requiring IV treatment is not accepted</p> <p>New diagnosis of Diabetes will not be accepted until blood sugars stabilized. For pediatric patients with new onset diabetes sugar stabilization takes longer so hyperglycemia may be permitted after discussion MD to MD, but anything <50 remains exclusionary.</p> <p>Implanted Pumps should be removed and basal/bolus insulin begun prior to arrival on BH Unit. Sliding scale insulin is not sufficient at time of pump removal.</p>
<p>OVERDOSES</p>	<p>Overdoses like these: Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc., require specific labs as related to the drug and will monitored till patient stable.</p> <p>Acetaminophen OD will require APAP levels, liver function tests and will require repeat draws to ensure decreasing levels. Individuals requiring mucomyst treatment must <u>complete treatment</u> in medical unit before transfer.</p> <p>Any medication overdoses known to cause EKG abnormalities (such as but not limited to: Cardiac medications, Tricyclic class antidepressants, all Psychotropics) should have a baseline EKG.</p> <p>It is NOT a requirement to call Poison Control on every overdose.</p>

	Poison Control is involved at the discretion of the ED provider who is clearing the patient.
ALCOHOL / DRUGS ETOH:	<p>If substance related psychosis is so severe IV sedation may be required ICU admission needs to be considered.</p> <p>Cannot be in severe withdrawal CIWA Score > 20.</p> <p>Disorientation, altered mental status, unconsciousness or actively hallucinating regardless of BAL level cannot be admitted to Behavioral Health and should be considered for medical admit due to Delirium Tremens. If no evidence of DT's BAL guidelines are below:</p> <ul style="list-style-type: none"> • If BAL is >375 at ANY time, regardless how fast it comes down, patient is unstable to detox in a BH unit, medical admission is recommended. • A provider to provider telephonic consultation is required if go outside of this recommendation. <p>For Minors less than 18yo, intoxication levels vary greatly by BMI.</p> <ul style="list-style-type: none"> • If Blood Alcohol is <200 stable for admission to Child/ADL BH Unit. • If Blood Alcohol is > than 200 at ANY time during their evaluation they will need to stay in the ED till coherent/medically stable and BAL <200 or be admitted medically. A provider to provider telephonic consultation is required to discuss case to individualize plan to the patient.
NEUROLOGICAL HEAD TRAUMA: SEIZURES:	<p>Primary Diagnosis of Traumatic Brain Injury is not permitted. Primary Diagnosis of Neurological Movement Disorder such as Huntington's Disease is not permitted. Primary Diagnosis of Dementia is not permitted.</p> <p>Individuals with recent head trauma (<2 weeks) and with neurocognitive features of traumatic brain injury (new onset of memory, balance, executive function impairment) will need to have a documented recent neurological exam as part of the physical exam and appropriate testing to exclude bleeding or other acute intracranial anatomic abnormalities prior to acceptance.</p> <p>Patients that have a known seizure disorder who have had a seizure (witnessed or unwitnessed) within the last 24 hours are not appropriate for admission to the Behavioral Health unit unless and until patient has been free of seizure activity for 24 hours.</p>

	Concerns for pseudo seizures can be discussed on a case by case basis.
SKIN/LINES/PORTS WOUNDS: OSTOMY: DIALYSIS:	<p>No patients dependent on continuous IV fluids or meds. No Central Lines are allowed, only peripheral IV's and midlines. Permanent access or surgically placed ports are eligible for transfer.</p> <p>Complex wound care will need to have a MD to MD conversation and be reviewed with nursing leadership. Wound vacs are not permitted. Sutures and Dermabond preferred over staples as staples pose increased risk of re-injury to patient.</p> <p>Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care are eligible for psychiatric units with MD approval.</p> <p>Acute Renal Failure requiring Hemodialysis are not permitted. Peritoneal dialysis is not routinely permitted. End Stage Renal Disease (ESRD) is accepted.</p>
INFECTIONS	<p>Cannot accept Patients with infections (URI's, phlebitis, UTI's renal complications, cellulites, etc.), who also has elevated temperatures ≥ 101 degrees F.</p> <p>COVID Consideration: Patients will only be tested if they are symptomatic. If the patient is positive, the patient must be fever free without fever reducing medications for 24 hours. The patient must also have resolving symptoms.</p> <p>Acceptance of patients with an active infectious process that requires any type of isolation will be assessed to determine the risk of cross-contamination of other individuals in an ambulatory unit environment per infection control policy and procedure.</p>

	<p><i>Clear documentation of treatment and declining temperatures consistently < 101 degrees F must be recorded.</i></p> <p><i>Elevated liver enzymes AST/ALT (SGOT/SGPT) requires a negative Hep A IGM antibody test prior to medical clearance. If IgM Hep A positive, must be over 1 week after onset of jaundice to be accepted into behavioral health and cooperative with hand hygiene using soap and water after toileting. Review with infection control on a case-by-case basis when results are borderline.</i></p> <p><i>Lice – accepted only after treatment has been applied Scabies – accepted only after treatment administered x24h</i></p> <p><i>Bed Bugs – accepted only after all clothing removed, belongings bagged, and patient bathed MRSA positive/VRE – accepted, no isolation required.</i></p> <p><i>C-diff – not accepted, unable to safely isolate.</i></p> <p><i>Decline: C-Diff, Active COVID, Uncontrolled secretions, diarrhea of unknown etiology, norovirus, diseases such as varicella or influenza that require Airborne or Droplet/Contact Precautions</i></p>
<p>RESPIRATORY</p>	<p>Individuals who have respiratory needs that require suction Patients with recent tracheotomy or who require suctioning are not accepted.</p> <p>If requires continuous Oxygen will need MD to MD approval.</p> <p>Nocturnal BiPAP/CPAP will be accepted to inpatient behavioral health units, will require 1:1 COA sitter. BiPAP/CPAP for respiratory failure are not permitted.</p>
<p>ORTHO Fractures/Durable Medical Equip Needs:</p>	<p>Broken bones that require the service of a physical therapist or total bed rest (non-ambulatory) will be reviewed on a case-by-case basis by BH clinical leadership and MD.</p> <p>Hard casts and Walking boots are permitted but requires increased observation.</p> <p>No Canes but Walkers and wheelchairs are allowed as indicated with safety measures in place.</p>
<p>ONCOLOGY</p>	<p>Cannot accept patients actively receiving daily/continuous I.V. chemotherapy or radiation treatment. P.O chemotherapy accepted as long a certified oncology nurse is not required to administer medication.</p>

NUTRITION	<p>Temporary enteral feeding tubes are not accepted. Patients with PEG tubes are accepted Patients unable to take basic nutrition by mouth or who cannot void prior to transfer are excluded. Patients with PEG tubes not on Specialty Unit must be stable for bolus feedings.</p>
OB/GYN PREGNANCY:	<p>Ultrasound required on all pregnant patients to confirm gestational age prior to acceptance. If patient is medically clear with no OB complaints they can be accepted.</p> <p>If due to gestational age or OB complaint, LRH ED MD will call OB GYN MD Hospitalist for OB consult upon arrival to ED. OB will determine medical stability and write order for level of monitoring and frequency if stable to admit to BH unit.</p> <p>If not stable from OB point of view will be taken to OB ED and if necessary admitted to OB MD service with psych consult placed.</p> <p>OB Team Lead will make daily visits based on ordered frequency for specialized monitoring while on the BH unit.</p>
AMBULATION	<p>Patients with gait impairment who cannot ambulate independently and without assistive devices (wheelchairs, crutches, canes, walkers), require bedside rails, adjustable beds, HOB > 30 degrees, (ie: symptomatic CHF, COPD or aspiration risk), bowel/bladder assistive care, personal care-bathing/dressing <u>are eligible for Specialty Unit</u>, as long as other criteria are met.</p> <p>Patients need to be able to perform ADLs independently within reason on all other units. Wheelchairs accepted to units other than Specialty Unit after MD to MD conversation.</p>
INCONTINENCE CATHETERS:	<p>Patients with in-dwelling catheters (leg bag/suprapubic) who can perform self-care and have no active infectious process can be accepted to Specialty Unit only due to safe placement of foley bag. Patients requiring straight catheters who can perform self-cath/care independently can be accepted.</p> <p>Patients requiring straight I/O caths or daily foley care by nursing staff are eligible for Specialty Unit only.</p> <p>All in-dwelling catheters require a COA 1:1 increased observation.</p>



MEDICAL STABILIZATION GUIDELINES

**Criteria for Accepting Baker Act Transfers from Medical Providers (Hospitals)
to Free Standing Baker Act Receiving Facilities (Crisis Stabilization Units)**

POLK, HIGHLANDS AND HARDEE COUNTIES

Effective: May 02, 2011, Updated March 1, 2019, November 9, 2020, January 28, 2021, July 1, 2025

These guidelines have been developed collaboratively to provide guidance regarding the appropriate referral and transfer of patients who have been examined and/or treated for medical issues prior to their transfer to a non-medical facility.

If a potential Baker Act patient arrives at a medical provider facility for an emergent medical condition, the condition will be treated/addressed as medically appropriate. All patients referred by a medical provider to a non-medical provider (crisis stabilization unit) for admission will be screened by the medical provider for medical illnesses/complications and medical stability prior to approving the patient for transfer. In all cases, sharing of information and agreement to accept the transfer from the medical provider to the non-medical provider will be obtained prior to the actual patient transfer taking place.

There is no requirement in Florida statute that medical clearance must be obtained prior to a person being transported by law enforcement to a non-medical provider Baker Act Receiving facility. If law enforcement believes there may be a medical issue or complication occurring, then medical clearance should be sought prior to bringing a person to a non-medical provider.

For the medical safety of all persons involved, patients that are at or are being seen by a medical provider must be medically stable for transfer and not need immediate emergent or urgent care or follow-up medical care prior to a transfer, drop-off or admission to a non-medical provider location.

To help facilitate the transfer process there should be a registered nurse phone consultation call between the facilities prior to transfer acceptance - this should be a registered nurse to registered nurse call. During this call the patient's clinical and medical status and stability is to be discussed and agreed upon. The patient's medical record, including diagnostic and laboratory test results, should be provided by fax or secure email, so it may be discussed during the registered nurse consult call in advance of the transfer.

A patient must be stabilized at the time of transfer and have supporting documentation of medical stability. *"Stabilized" in accordance with s.395.002(29) F.S. means that no material deterioration of the condition is likely, within reasonable medical probability, to result from the transfer of the patient from a hospital. Per the definition above, hospitals use the term "stabilized" to mean that the emergency medical condition has been resolved (meaning that it is no longer an emergency, not that the medical condition no longer exists) and also that a person can be transferred, in accordance with s. 395.002 (29) and EMTALA.*

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DEFINITIONS/REFERENCES

EMERGENCY MEDICAL CONDITION	A medical condition manifesting itself by acute symptoms of sufficient severity, which may include severe pain, such that absence of immediate medical attention could reasonably be expected to result in serious jeopardy to patient health, serious impairment to bodily function or serious dysfunction of any bodily organ or part. (FS 395).
MEDICAL STABILITY AND PSYCHIATRIC TRANSFERS	Receiving facilities shall closely scrutinize the medical screening to determine whether the patient was actually assessed with a purpose <u>of ruling out other conditions</u> or whether the examination was a <u>perfunctory "cleared for psych" that failed to address underlying issues</u> . The medical screening examination must be adequate not only to define the psychiatric problem, but also to reveal any physical illness or trauma. The treatable psychiatric symptoms/problem(s) must exceed any medical problems for the patient to be placed in an inpatient psychiatric unit. (CMS publication 100-02, Medicare Benefit Policy Manual, Chapter 2, Sections 20, 20.1...) (HCFA, State Operations Manual Pub. 7 6/1998).

Laboratory and diagnostic testing is expected to only be performed on medically compromised patients and is not expected to be performed for routine screening purposes. If Labs are performed, the lab values must be current (within past 24-48 hours) to be used to determine suitability for patient stability and transfer. **Any lab levels that fall outside the established guidelines stated in this document may require a Physician-to-Physician review. Denial of acceptance of a patient outside of these guidelines requires a physician-to-physician consultation.**

LABORATORY AND MEDICAL CONDITIONS THAT MAY DELAY OR PREVENT ADMISSION TO A NON-MEDICAL PROVIDER:

MEDICAL ISSUE	EXPLANATION - DEFINITION
1. AMBULATION	Patients who cannot ambulate independently and without assistive devices (crutches, canes, walkers), require bedside rails, adjustable beds, or Geri-chairs. May not be appropriate and require a case-by-case review for approval.
2. CARDIAC	PLATELETS: < 50,000 BNP: > 400 ** NO Patients who require cardiac monitoring or oxygen therapy may be admitted.
3. DIABETES	Uncontrolled or untreated diabetes with blood levels < 70 or > 350meq.
4. EKG & CARDIAC CONDITIONS	Active chest pain, prior stents, prior coronary artery bypass graft (CABG) and any abnormal results require physician

MEDICAL ISSUE	EXPLANATION - DEFINITION
	prior approval
5. ELECTROLYTES	SODIUM: < 130 OR >150 POTASSIUM: < 3.2 OR >5.8 CALCIUM: < 6.5 OR >10.5

MEDICAL ISSUE	EXPLANATION – DEFINITION
6. ETOH/DRUGS	Cannot be the primary need for treatment. Co-occurring is OK. BAL must be < 300 or patient must be able to ambulate with a steady gate and have clear coherent speech. Will NOT accept individuals requiring methadone for opiate addiction.
7. HEAD TRAUMA	Individuals with recent head trauma (2 weeks) & first onset of mental status change with no prior history. Individuals without documented neurological exam and/or appropriate head scan that will rule out medical instability, neurological and organic origins of psychiatric symptomatology.
8. HEMATOLOGY	HEMOGLOBIN : < 10.0 Hemocult + (unless prior history of anemia) HEMATOCRIT: < 30.0 WBC: > 16,000 (unless acceptable medical explanation i.e. pregnancy, steroid use)
9. I & O	Patients unable to feed self or take basic nutrition by mouth OR who cannot void prior to transfer. Must be able to chew and swallow food. No indwelling catheters. Self-care catheters only with prior approval by the physician.
10. INFECTIONS	Cannot accept patients with an active infectious process that requires any type of isolation and whose treatment and/or management is unable to prevent cross contamination of other individuals in an ambulatory unit environment. Individuals unable to maintain control of bodily eliminations as related to diseases or infections transmitted via blood or body fluids. Infections (URI's, phlebitis, UTI's, Cellulitis etc.) with elevated temperatures > 38 and have not been treated by referring facility prior to transfer. Cannot accept patients where VRE is colonized in the stool. Cannot accept patients with C-Difficile. <u>Require physician approval for all referrals receiving treatment.</u>

MEDICAL ISSUE	EXPLANATION – DEFINITION
11. IV FLUIDS	No patients receiving IV fluids/meds. All IV ports must be removed prior to transfer. Permanent access or surgically placed ports must not be in use or require Heparin flushing unless approved by a physician.
12. LIVER	AMYLASE: > 350 AST: > 250 LDH: >350
13. MED/SURGICAL	<p>Individuals who require urgent medical/surgical follow-up, who do not have a documented treatment plan and follow-up appointments in place.</p> <p>Patients with complex medical-surgical issues or needing procedures that could potentially prevent participation in the active treatment program will be reviewed on an individual basis.</p> <p>Broken bones that require the service of a physical therapist or total bed rest (non-ambulatory). Unable to accept cases unless hard or soft casting is complete.</p> <p>Cannot accept patients that are actively receiving chemotherapy or radiation treatment.</p> <p>Cannot accept patients who are pregnant with complications requiring bed rest or within 4-6 weeks of due date.</p>
14. OVERDOSES	<p>Patients known to have ingested an overdose of any substance are not to be transferred/admitted to the CSU without the approval from the provider on-duty/on-call. ALL of <u>the following considerations must be met prior to transfer/admission:</u></p> <ol style="list-style-type: none"> 1. Patient is alert and able to communicate adequately for the RN to assess physical and mental status. 2. Vital signs and gross neurological signs are documented as within normal limits. 3. Individuals requiring Mucomyst treatment IV or PO must <u>complete treatment</u> at the medical provider facility and have labs within acceptable ranges before transfer. 4. Cardiac status is considered stable per cardiologist evaluation and a copy of most recent EKG is included in documentation received at CSU. 5. Referring physician documents patient is medically stable. 6. PRC psychiatrist agrees to accept patient for admission to CSU. <p>Persons who are NOT medically stable will not be accepted and should not be transferred.</p> <p>Overdoses (Acetaminophen, Dilantin, Lithium, Phenobarbital, Depakote, etc.) require specific labs related to the overdosed drug. Acetaminophen overdoses will require APAP levels and LFT's & will require repeat draws to ensure</p>

	decreasing levels.
15. PULSE OXIMETRY	> 90 % - Sustained reading within parameters required for 2 consecutive readings
MEDICAL ISSUE	EXPLANATION – DEFINITION
16. RENAL (No pts on dialysis)	BUN: > 50 CREATININE: > 2.5
17. RESPIRATORY	Individuals requiring nebulizer treatments or have respiratory issues that require suction; individuals with a recent tracheotomy and/or those who require continuous oxygen. No patients who are actively using a CPAP machine unless approved by the physician.
18. SEIZURES	Patients with known epileptic seizure history who have not been taking anti-convulsive medication with positive recent seizure history (within 72 hours). No documentation of administering appropriate anti-convulsive medication or monitoring for a therapeutic level is evident. Non-medication compliant epileptic seizure patients will need loading dose. Status "Epilepticus" individuals will not be considered for admission until seizure free for up to 72 hours.
19. SKIN	Cannot accept wounds that require wet dressings or dry dressings that require intensive daily treatment due to their size and/or location. Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care will be reviewed for possible admission and require physician approval. No patients with Stage 2, 3, or 4 bedsores.
20. VITAL SIGNS	TEMPERATURE > 38 (100.4 F) BLOOD PRESSURE Adult > 170/110 OR < 90/60 Child > 130/90 OR < 90/60 PULSE Adult > 120 Child > 130
21. Special Formulary	Cannot accept inpatient admissions requiring Methadone, Suboxone or Morphine treatment

22. Diagnostics	Lithium level >2.0
23. Pregnancy	Pregnancies considered "high risk" require clearance by an OB/GYN provider. Consultation at the referring facility must occur prior to the transfer.
24. Isolation Precautions	Cannot accept patients requiring contact isolation, airborne or droplet precautions (e.g. MRSA, VRE, RSV, C. Difficile, etc.)

PEACE RIVER CENTER, MEDICAL DIRECTOR

Advent Health Behavioral Health Medical Stability for Admission/Transfer
Exclusion and Eligibility Recommendations

Decisions outside of these criteria require 1:1 discussion between ED Physician/Medical Hospitalist and a Psychiatrist/Medical Consultant

Admission Criteria Checklist for SAMH Admissions		
Patient has legal status (Baker Act or Voluntary)	Medical Clearance is complete and includes:	
Legal paperwork is complete w/dates and signatures	-CBC with Diff / WBC between 3500-15000	
Patient is 60+ years of age or older	-Potassium between 3.0-5.5	
Danger to Self (Suicidal Ideations, Plan, or Actions)	-Sodium between 128-152	
Danger to Others (Homicidal Ideations, Assaultive, Destroyed Property)	-BUN <30	
Psychosis w/Command Hallucinations	-Creatinine <2.0	
Psychomotor Agitation (Mania) that impacts ability to complete ADLs	-Urinalysis w/ <2+ Bacteria or Blood	
Decline in Self-Care abilities that prevents adequate nutrition/hygiene	-BP w/ DBP between 50-110	
Cognitive Impairment w/Psychiatric Comorbidity that needs stabilized (Depression, Behavioral Disturbance, Psychosis)	-Pulse between 50-110	
	-Oral Temperature <101°F	
Failure of Outpatient Psychiatric Treatment d/t increase in severity of symptoms, non-compliance,	-Alcohol Level <200	
	-Narcan reversal completed 4+ hours <i>prior to medical clearance</i>	

or inadequate clinical response to treatment		
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Unit-Specific Guidelines	Exclusion Recommendations			
SAMH	< 60 years old			
All BH Units	Central/PICC/Midlines , Canes, Continuous IV Fluid Dependence or IV Push Medications , Telemetry/Cardiac Monitoring, BiPAP/CPAP if for Respiratory Failure, Blood Transfusions, Chest Tubes, Recent Tracheostomy requiring Nursing Care, Rectal Tube, Insulin or Cardiac IV Drips, Scabies (unless treatment administered x24 hours,) Lice (unless treatment has been applied,) Bed Bugs (until bathed and clothing removed,) Active Hepatitis A, Infectious Disease (such as TB, Varicella) requiring Respiratory, Airborne, or Droplet Precautions, Patients whose alternative placement choice is incarceration, Patients with primary diagnosis of Developmental Delay			
Medical Conditions	Exclusion/Eligibility Recommendations			
LABS / CHEMISTRY (Parameters)	Lab values must be current (within last 72 hours.) CMP, CBC, UDS, UA, and Urine Pregnancy on females required at minimum on all BH Patients.			
	HEMATOLOGY:	Hemoglobin:	Acute < 10 Chronic ≤ 8	Sodium: < 128 mmol/L or ≥ 152 mmol/L Potassium: < 3.0 mmol/L or ≥ 5.5 mmol/L Calcium: ≤ 7.0 mmol/L or ≥ 11.0 mmol/L
		Hematocrit:	Acute < 30 Chronic < 25	SGOT/SGPT: ≥ 350 Amylase: > 300
		WBC:	≥ 15,000/mL or ≤ 3,500/mL	BUN: >30 Creatinine: >2.0
		Platelets:	< 50,000	CPK: If > 1,000, IV hydration should be given prior to medical clearance.
CRITICAL VALUES ADULT REFERENCE Acute changes in lab values that are more or less than 2x normal levels, typically will be critical values, will need careful consideration and most likely MD to MD conversation about stability. History of Thyroid disorder requires a TSH level within the last 30 days to rule out medical reasons for mood and emotional dysregulations. Medical admission may be warranted if behavior related to thyroid disease. Typically overdoses with drug levels above these upper limits are unstable, see Overdose Section below for specific levels. Metabolic/electrolyte abnormalities require a baseline EKG. UA: >2+ Bacteria or Blood is not accepted				

<p>ALCOHOL / DRUGS</p> <p>ETOH:</p>	<p>Primary Drug or Alcohol diagnosis without documented psychiatric comorbidity is not permitted. If substance-related psychosis is so severe IV sedation may be required, and ICU admission should be considered.</p> <p>Cannot be in acute withdrawal (Delirium Tremens, CIWA Score > 20)</p> <p>Disorientation, altered mental status, unconsciousness, or actively hallucinating, regardless of BAL, cannot be admitted to BH Unit and should be considered for medical admission due to Delirium Tremens (DTs.) If no evidence of DTs, BAC level guidelines are as follows:</p> <ul style="list-style-type: none"> • If BAL < 200: stable for admission to BH Unit
<p>NEUROLOGICAL</p> <p>HEAD TRAUMA:</p> <p>SEIZURES:</p>	<p>Patients with recent head or spinal cord trauma are not permitted.</p> <p>Primary Diagnosis of Traumatic Brain Injury (TBI) is not permitted. Primary Diagnosis of Neurological Movement Disorder, such as Huntington's, is not permitted.</p> <p>Individuals with recent head trauma (< 2 weeks) and with neurocognitive features of TBI (new onset of memory, balance, executive function impairment) will need to have a documented recent neurological exam as part of the physical exam and appropriate testing to exclude bleeding or other acute intracranial anatomic abnormalities prior to acceptance.</p> <p>New onset of uncontrolled seizures are not permitted.</p> <p>Patients with a known seizure disorder who have had a seizure (witnessed or unwitnessed) within the last 24 hours are not appropriate for admission to the BH Unit unless/until patient has been free of seizure activity for 24 hours.</p> <p>Concerns for pseudo-seizures can be discussed on a case-by-case basis.</p>
<p>SKIN / LINES / PORTS</p> <p>WOUNDS:</p> <p>OSTOMY:</p> <p>DIALYSIS:</p>	<p>No patients dependent on continuous IV fluids or IV push meds. No Central Lines, PICC Lines, or Midlines are permitted. Permanent access or surgically placed ports are eligible for transfer.</p> <p>Complex wound care, including wound vacs, are not permitted. Sutures and Dermabond preferred over staples, as staples pose increased risk of re-injury to patient.</p> <p>Cannot accept individuals who require ostomy or stoma care. Individuals who are capable of self-care are eligible for BH Unit with MD approval.</p> <p>Peritoneal Dialysis is not permitted. Intake to contact On-Call Practitioner to review/accept every dialysis admission.</p> <ul style="list-style-type: none"> • Dialysis-dependent Acute Renal Failure are not permitted. • End Stage Renal Disease (ESRD) is accepted.
<p>INFECTIONS</p>	<p>Infections requiring more than Contact Isolation are not permitted.</p>

	<p>Acceptance of patients with an active infectious process that requires any time of isolation will be assessed to determine the risk of cross-contamination of other individuals in an ambulatory unit environment per Infection Control Policy and Procedure.</p> <p>Cannot accept patients with infections (URIs, phlebitis, UTIs, renal complications, cellulitis, etc.) who also has elevated temperatures $\geq 101^{\circ}\text{F}$.</p> <p><i>Clear documentation of treatment and declining temperatures consistently $< 101^{\circ}\text{F}$ must be recorded.</i></p> <p>Elevated liver enzymes AST/ALT (SGOT/SGPT) requires a negative Hep A IgM antibody test prior to medical clearance. If IgM Hep A positive, must be over one week after onset of jaundice to be accepted into BH Unit and cooperative with hand hygiene, using soap and water after toileting. Review with Infection Control on a case-by-case basis when results are borderline.</p> <p>Lice – accepted only after treatment is applied Scabies – accepted only after treatment administered x24 hours Bed Bugs – accepted only after all clothing removed and bathed MRSA +/-MDROs/VRE – accepted and isolated if room available C-diff – accepted only to rooms with appropriate sink for handwashing</p> <p>Decline: Uncontrolled secretions, diarrhea of unknown etiology, norovirus, diseases such as Varicella or Influenza that require Airborne or Droplet Contact Precautions.</p>
RESPIRATORY	<p>O2 needs $>5\text{L}$ via NC are not permitted.</p> <p>Individuals who have respiratory needs that require suction – patients with recent tracheotomy or who require suctioning are not accepted.</p> <p>Nocturnal BiPAP/CPAP will be accepted to inpatient BH Unit, will require 1:1 COA. BiPAP/CPAP for Respiratory Failure are not permitted.</p>
<p>ORTHO</p> <p>FRACTURES:</p> <p>DURABLE MEDICAL EQUIPMENT NEEDS:</p>	<p>Complex Orthopedic issues are not permitted.</p> <p>Broken bones that require the service of a physical therapist or total bed rest (non-ambulatory) will be reviewed on a case-by-case basis by BH Clinical Leadership and MD.</p> <p>Hard casts/walking boots are permitted, will require 1:1 COA. No canes, but walkers and wheelchairs are allowed as indicated with safety measures in place.</p>
ONCOLOGY	<p>Cannot accept patients actively receiving daily/continuous IV chemotherapy or radiation treatment. PO chemotherapy accepted if certified oncology nurse is NOT required to administer medication.</p>

NUTRITION	<p>Tube feedings that cannot be independently managed by the patient are not accepted. Temporary enteral feeding tubes are not accepted. Patients unable to take basic nutrition by mouth or cannot void prior to transfer are excluded.</p>
OB/GYN - PREGNANCY	<p>If pregnant, MD-to-MD conversation must occur before acceptance.</p> <p>If appropriate, ED MD will call OB/GYN MD Hospitalist for consult if needed.</p> <p>OB will determine medical stability and write order for level of monitoring and frequency, if stable to admit to BH Unit. If not stable from OB standpoint, patient will be taken to OB ED and then, if appropriate, admitted to OB MD service with Psych consult placed.</p> <p>OB Team Lead will make daily visits based on ordered frequency for specialized monitoring while on the BH Unit.</p>
AMBULATION	<p>Bedbound patients unable to participate in programming are not permitted.</p> <p>Patients with gait impairment who cannot ambulate independently and without assistive devices, require bedside rails, adjustable beds, HOB >30°, bowel/bladder assistive care, personal care are eligible for admission to the SAMH.</p>
INCONTINENCE - CATHETERS	<p>Patients with urinary retention requiring foley catheter are not permitted.</p> <p>Patients requiring straight catheters who can perform self-care independently can be accepted to the BH Unit. Patients with indwelling catheters who can perform self-care and have no active infectious process can be accepted to the SAMH. Patients requiring straight I/O caths or daily foley care by nursing staff are eligible for the SAMH.</p> <p>All indwelling catheters require a 1:1 COA.</p>