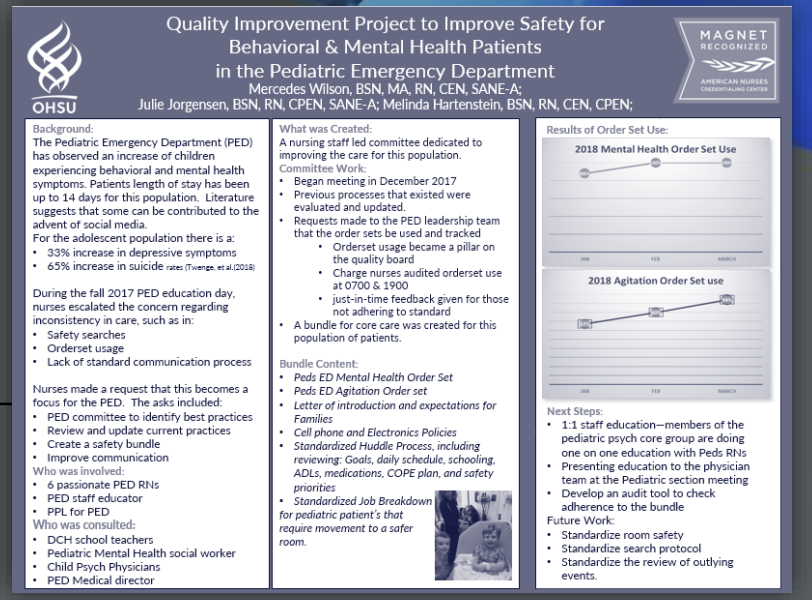
Mental & Behavioral Health Collaborative Safety Bundle

Updated December 2, 2018 PRESENTED BY: Pediatric ED Psych Work Group



Quality Improvement Project to Improve Safety for Behavioral & Mental Health Patients in the Pediatric Emergency Department

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Background:
The Pediatric Emergency Department (PED) has observed an increase of children experiencing behavioral and mental health symptoms. Patients length of stay has been up to 14 days for this population. Literature suggests that some can be contributed to the advent of social media.
For the adolescent population there is a:
- 33% increase in depressive symptoms
- 65% increase in suicide rates (Twenge, et al.(2018)

During the fall 2017 PED education day, nurses escalated the concern regarding inconsistency in care, such as in:
- Safety searches
- Orderset usage
- Lack of standard communication process

Nurses made a request that this becomes a focus for the PED. The asks included:
- PED committee to identify best practices
- Review and update current practices
- Create a safety bundle
- Improve communication

Who was involved:
- 6 passionate PED RNs
- PED staff educator
- PPL for PED

Who was consulted:
- DCH school teachers
- Pediatric Mental Health social worker
- Child Psych Physicians
- PED Medical director

What was Created:
A nursing staff led committee dedicated to improving the care for this population.

Committee Work:
- Began meeting in December 2017
- Previous processes that existed were evaluated and updated.
- Requests made to the PED leadership team that the order sets be used and tracked
  - Orderset usage became a pillar on the quality board
  - Charge nurses audited orderset use at 0700 & 1900
  - just-in-time feedback given for those not adhering to standard
- A bundle for core care was created for this population of patients.

Bundle Content:
- *Peds ED Mental Health Order Set*
- *Peds ED Agitation Order set*
- *Letter of introduction and expectations for Families*
- *Cell phone and Electronics Policies*
- *Standardized Huddle Process, including reviewing: Goals, daily schedule, schooling, ADLs, medications, COPE plan, and safety priorities*
- *Standardized Job Breakdown for pediatric patient's that require movement to a safer room.*

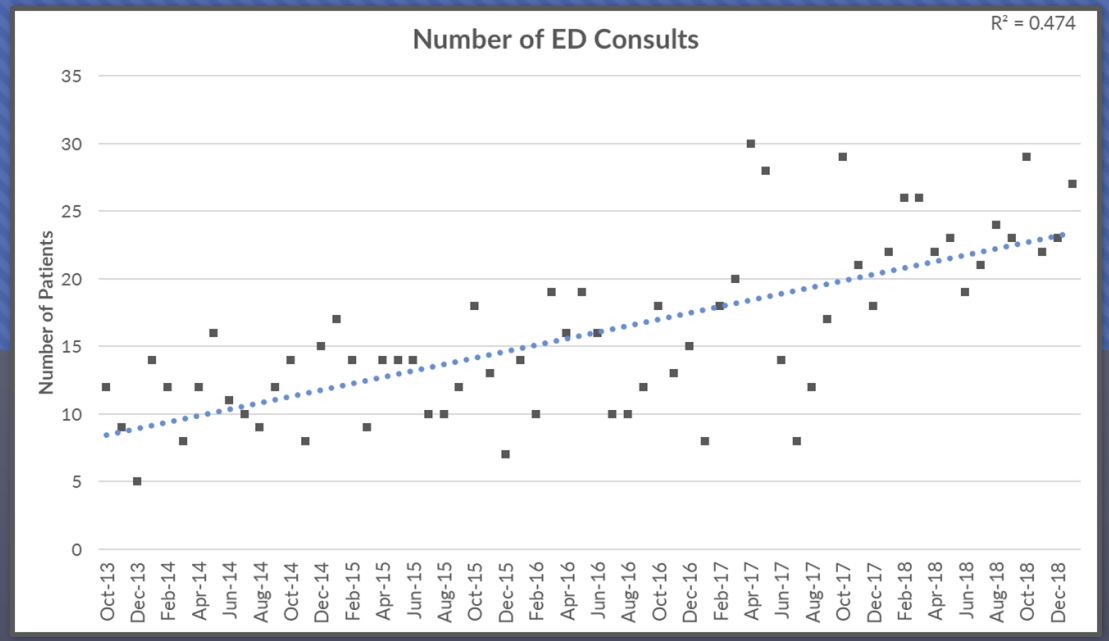
Results of Order Set Use:

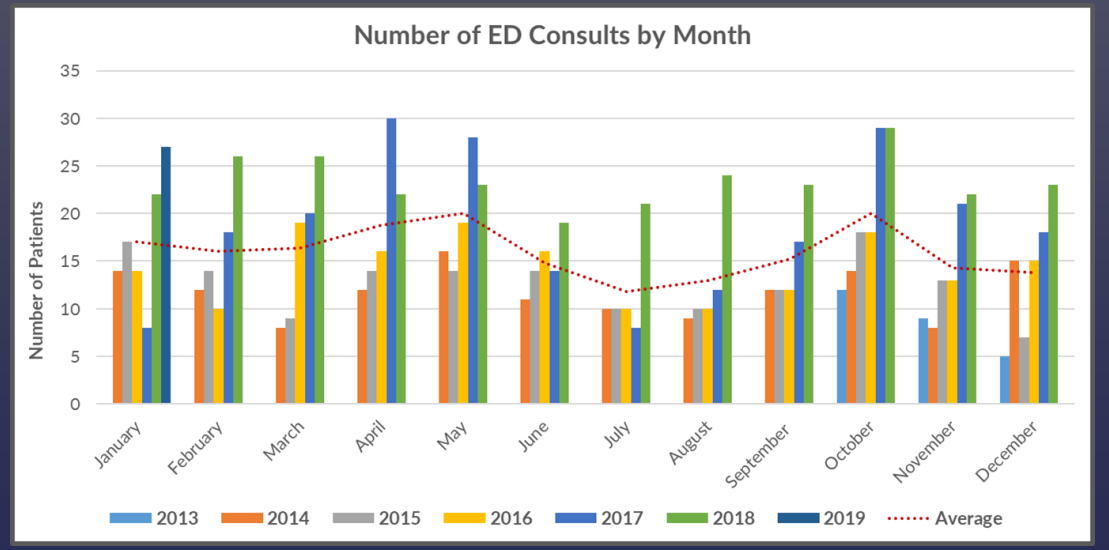
Next Steps:
- 1:1 staff education—members of the pediatric psych core group are doing one on one education with Peds RNs
- Presenting education to the physician team at the Pediatric section meeting
- Develop an audit tool to check adherence to the bundle

Future Work:
- Standardize room safety
- Standardize search protocol
- Standardize the review of outlying events.

BACKGROUND

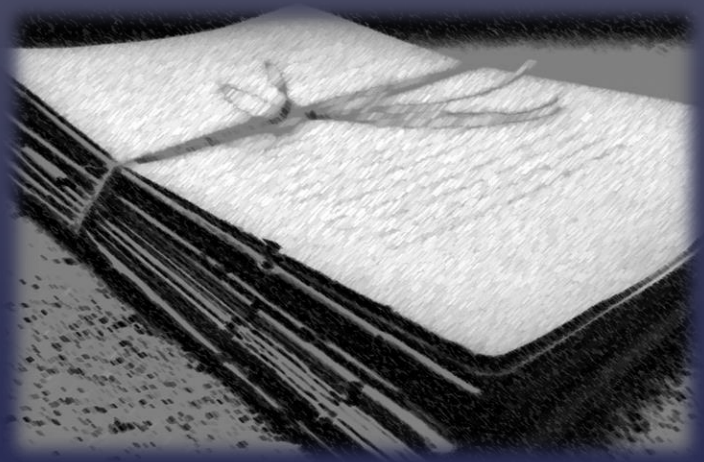
- The number of Mental/Behavioral Health Patients is growing nationally. Our department alone has seen an increase in the last several years.
- In the past, variation in care during their stay has led to significant patient safety events and poor patient experience.
- In the past, Doernbecher has only allowed admission of these patients when there is a medical need. Patients with only a psych/behavioral diagnosis have been expected to stay in the Peds ED while awaiting in-patient admission. Now with the occasional ability to admit psych boarders we need consistency in care that will foster smooth transitions.





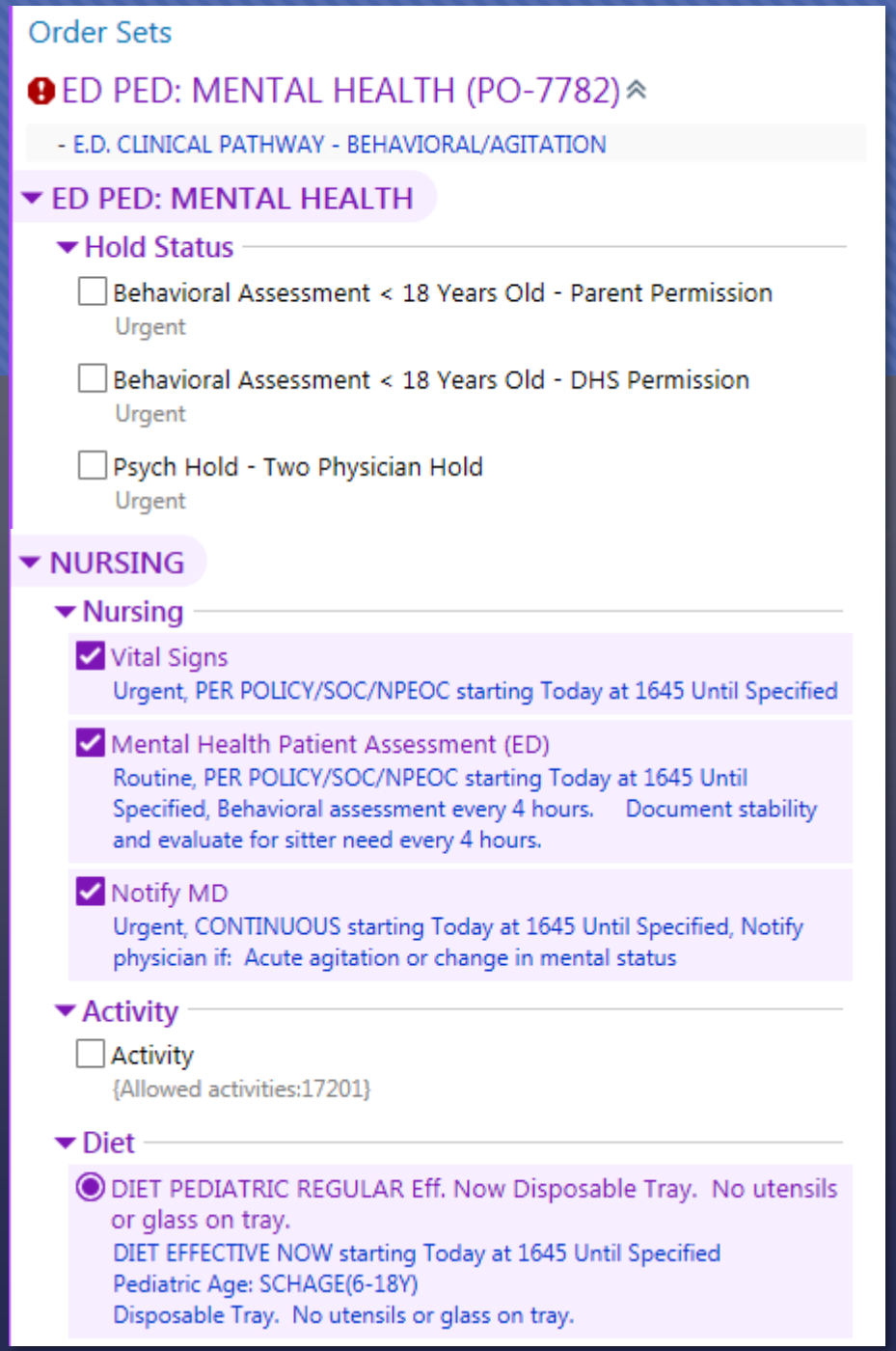
SOLUTIONS

- A small group of pediatric nurses have been meeting to create a Pediatric ED Safe Care Bundle for Mental & Behavioral Patients:
  - Updated: Order set “ED Ped: Mental Health“ and “ED Ped: Agitation Medications”
  - Mental Health Bundle:
    - Initial Checklist
    - Safety Searches
    - Room Sweeps & Daily searches Standard of care Kata Card
    - Daily Morning Huddles—standard work and huddle dot phrase
    - Electronics & Cell phone use Policy
    - Pediatric RN Delegated and Supervised Assignment for PSA
    - PSA Algorithm based upon ASQ
    - Updated Family Handout titled, “Agreement for Partnering for Patient Safety”
    - COPE Plan—young kids & teens
    - Daily Schedule Form



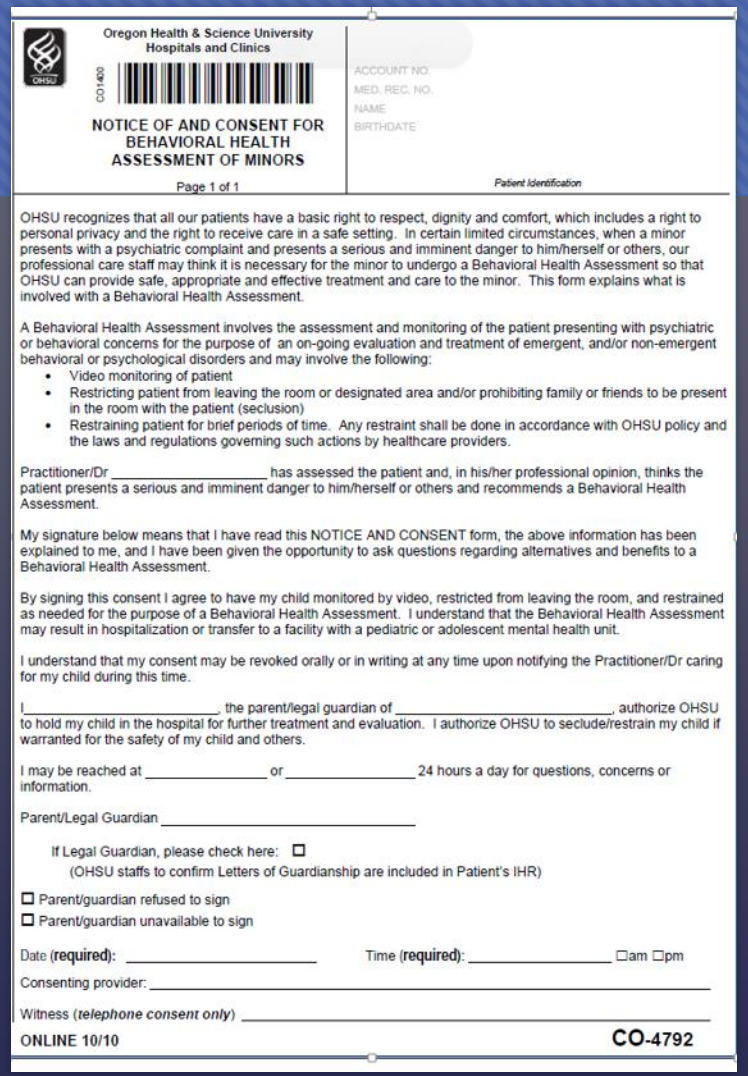
SOLUTIONS –
ED PED: Mental Health Order set

- LIP can order labs and pediatric hold for patient's less than or equal to 17 years old
- Orders Safety Meal tray
- Orders Nursing Mental Health Assessment every 4 hours



SOLUTIONS –CONSENT FORM

- It is the responsibility of the physician covering on unit of entry to order a hold and obtain the Parent/Guardian consent.
- The nurse needs to scan this consent into the EMR.



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CO1400

ACCOUNT NO.
MED. REC. NO.
NAME
BIRTHDATE

NOTICE OF AND CONSENT FOR BEHAVIORAL HEALTH ASSESSMENT OF MINORS

Page 1 of 1

Patient Identification

OHSU recognizes that all our patients have a basic right to respect, dignity and comfort, which includes a right to personal privacy and the right to receive care in a safe setting. In certain limited circumstances, when a minor presents with a psychiatric complaint and presents a serious and imminent danger to him/herself or others, our professional care staff may think it is necessary for the minor to undergo a Behavioral Health Assessment so that OHSU can provide safe, appropriate and effective treatment and care to the minor. This form explains what is involved with a Behavioral Health Assessment.

A Behavioral Health Assessment involves the assessment and monitoring of the patient presenting with psychiatric or behavioral concerns for the purpose of an on-going evaluation and treatment of emergent, and/or non-emergent behavioral or psychological disorders and may involve the following:

- Video monitoring of patient
- Restricting patient from leaving the room or designated area and/or prohibiting family or friends to be present in the room with the patient (seclusion)
- Restraining patient for brief periods of time. Any restraint shall be done in accordance with OHSU policy and the laws and regulations governing such actions by healthcare providers.

Practitioner/Dr _____ has assessed the patient and, in his/her professional opinion, thinks the patient presents a serious and imminent danger to him/herself or others and recommends a Behavioral Health Assessment.

My signature below means that I have read this NOTICE AND CONSENT form, the above information has been explained to me, and I have been given the opportunity to ask questions regarding alternatives and benefits to a Behavioral Health Assessment.

By signing this consent I agree to have my child monitored by video, restricted from leaving the room, and restrained as needed for the purpose of a Behavioral Health Assessment. I understand that the Behavioral Health Assessment may result in hospitalization or transfer to a facility with a pediatric or adolescent mental health unit.

I understand that my consent may be revoked orally or in writing at any time upon notifying the Practitioner/Dr caring for my child during this time.

I_____, the parent/legal guardian of _____, authorize OHSU to hold my child in the hospital for further treatment and evaluation. I authorize OHSU to seclude/restrain my child if warranted for the safety of my child and others.

I may be reached at _____ or _____ 24 hours a day for questions, concerns or information.

Parent/Legal Guardian _____

If Legal Guardian, please check here: ☐
(OHSU staffs to confirm Letters of Guardianship are included in Patient's IHR)

☐ Parent/guardian refused to sign
☐ Parent/guardian unavailable to sign

Date (**required**): _____ Time (**required**): _____ ☐am ☐pm

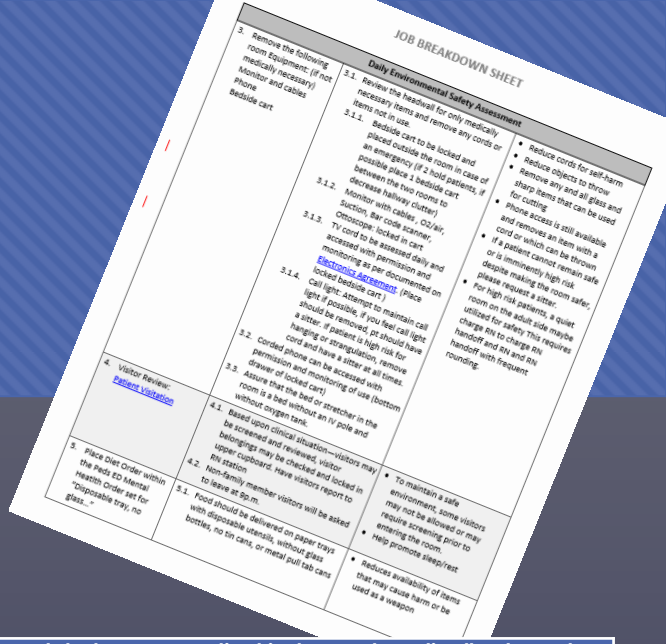
Consenting provider: _____

Witness (***telephone consent only***) _____

ONLINE 10/10 **CO-4792**

Notice of and Consent for Behavioral Health Assessment of Minors

SOLUTIONS—
Environmental Room Safety


JOB BREAKDOWN SHEET

Daily Environmental Safety Assessment

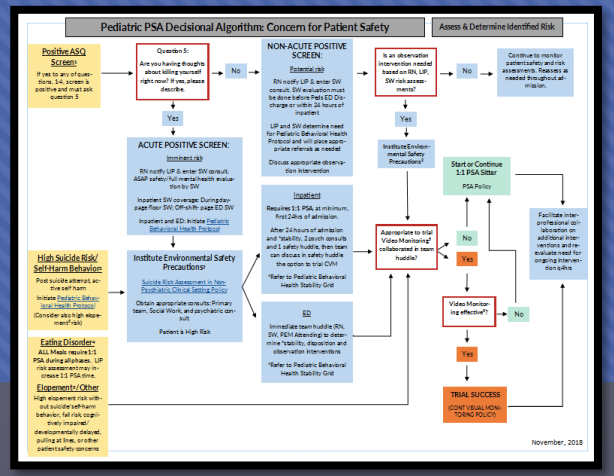
- Perform initial room sweep, followed by daily room sweeps by checking cupboards, drawers, bedside table drawer, etc.
  - Lock spare linens in upper cupboards
  - Secure all unsafe items (shoelaces, belts, cigarettes, etc.) in a separate sealed bag from other belongings and lock securely.
  - Un-permissible items (weapons, drugs, alcohol, drug paraphernalia) to public safety
  - Visitors items should be secured or taken home.
  - Complete once a shift or when visitors arrive.
- Document in the belongings section of the HER
- Patient medications go home or into the patient specific medication bin in the Omnicell

Goal Met	Not Met	All elements in this box must be completed, once a patient is deemed medically cleared.
Initial & DAILY Environmental Risk Assessment		
		Lock Linen cupboard.
		Place patient in paper scrubs or other hospital attire without strings
		Inventory and sort patient belongings and document in Epic (See workflow on back of card)
		Securely lock patient and parent belongings in lower cupboard (Keys at nurses' station)
		Remove Monitor and cables and set flat and securely on top of bedside cart.
		Remove: remote, O2, Suction, thermometers and bar code scanner and lock in upper drawer of cart.
		Place phone, otoscope and scale in bottom drawer of cart:
		Lock and remove bedside cart and place just outside of patient room.
		Obtain inpatient bed or assure stretcher without oxygen tank or removable PIV pole.

SOLUTIONS –Order Sets CONTINUOUS OBSERVATION

- Nursing scope of practice includes safety, therefore advocate for your patient to have a PSA 1:1 monitoring. Please remember to communicate and collaborate with the interdisciplinary team for re-assessments of risk stratification and documentation of ongoing risk.
- Please re-assess sitter needs every 4 hours. Request PSA needs in Spark Tools as PSA not as a C.N.A. request, as PSAs are prioritized over C.N.A.s
- Patients are not to leave the unit unless study/tests ordered by physician. The exception to this is if they are deemed safe to attend school with a PSA, in which case they need to be walked by PSA and a department of public safety officer.
- If the patient is to go to the OR, the PSA needs should be communicated in SBAR and PSA should escort the patient to Peri-op and be available for sitting needs in post-op.

SOLUTIONS –
PSA vs. CVM Algorithm based upon ASQ



Inclusion Criteria

Consider discussion in team huddle:

- -Presence or absence of supportive family/guardian
- -Elopement risk
- -Patient cooperation and agreement with Behavioral Health Protocol
- -Determine patient stability- if unstable, patient is automatically high risk and CVM is not appropriate (refer to Pediatric Behavioral Health Stability Assessment Grid)
- Yes to ASQ question 5 is HIGH Risk and should have a 1:1 PSA in arm's reach
- Non-acute positive is 1:1 PSA until deemed by MD, Child Psych, or SW to be low risk.

Exclusion Criteria for CVM

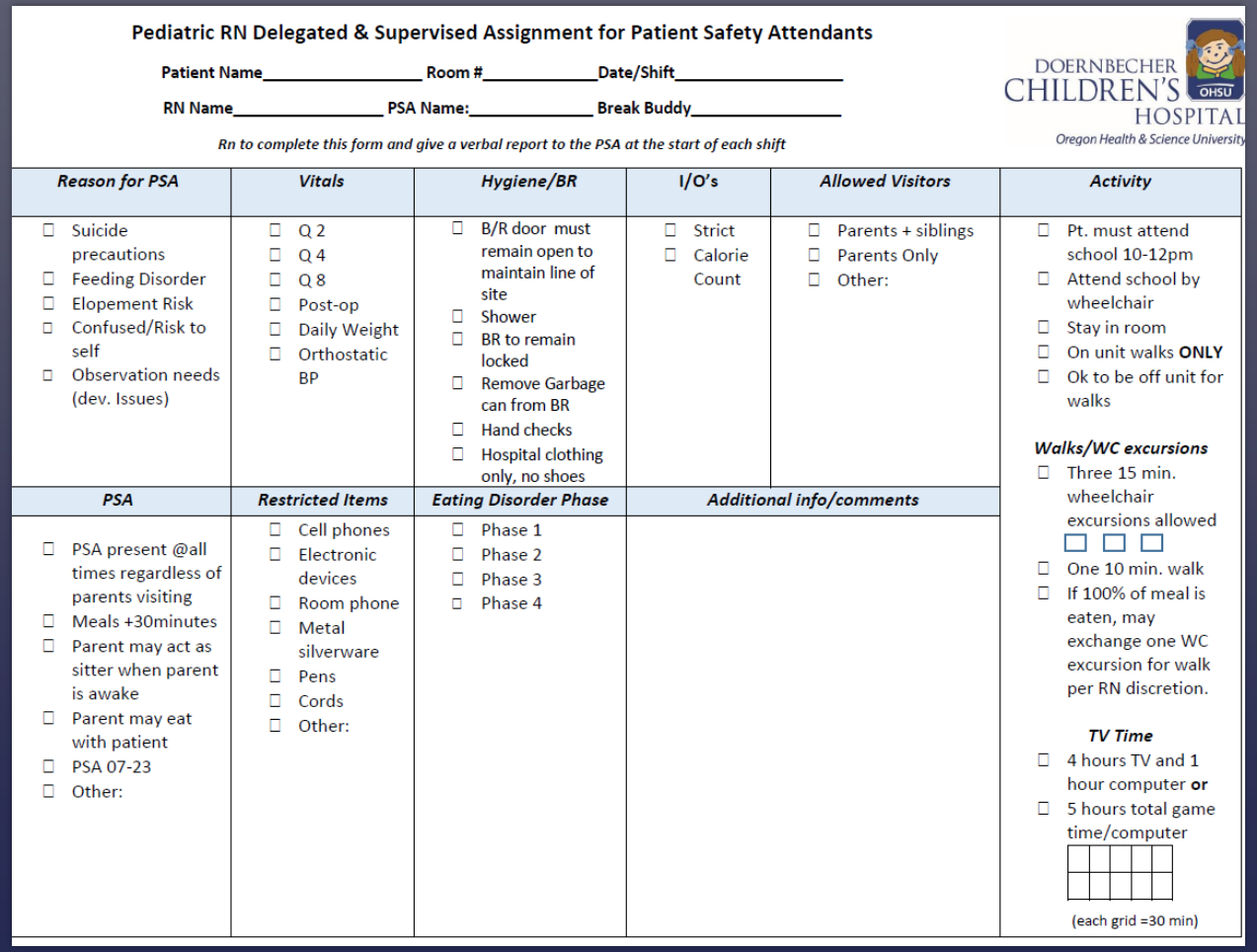
Exclusion Criteria:

- -Behavioral restraints or seclusion
- -Any patient under 12 years old on the Behavioral Health Protocol
- -Video Monitoring Tech (VMT) monitoring attempt failed, as evidenced by the following:
- · Numerous verbal re-directions in a short amount of time that interferes with the safe monitoring of other Continuous Video Monitoring patients
- · Greater than 3 STAT alarms in 30 minutes

SOLUTIONS-

Pediatric RN Supervised Assignment for PSA Worksheet

- Two sided with tips for caring for and communicating with this population found on back
- Easy to use with check boxes
- Can be updated and used for 24 hours



Pediatric RN Delegated & Supervised Assignment for Patient Safety Attendants

Patient Name_____ **Room #**_____ **Date/Shift**_____

RN Name_____ **PSA Name:**_____ **Break Buddy**_____

Rn to complete this form and give a verbal report to the PSA at the start of each shift

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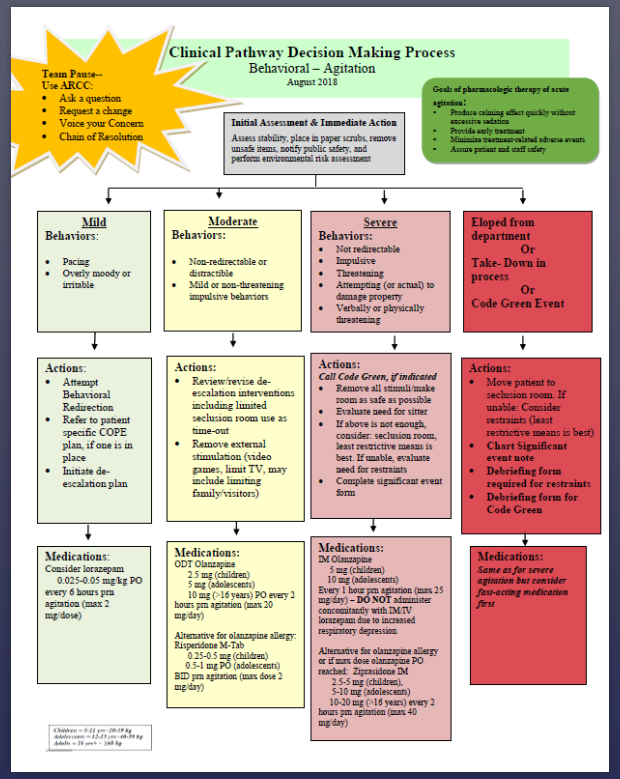
Reason for PSA	*Vitals*	*Hygiene/BR*	*I/O's*	*Allowed Visitors*	*Activity*
☐ Suicide precautions ☐ Feeding Disorder ☐ Elopement Risk ☐ Confused/Risk to self ☐ Observation needs (dev. Issues)	☐ Q 2 ☐ Q 4 ☐ Q 8 ☐ Post-op ☐ Daily Weight ☐ Orthostatic BP	☐ B/R door must remain open to maintain line of site ☐ Shower ☐ BR to remain locked ☐ Remove Garbage can from BR ☐ Hand checks ☐ Hospital clothing only, no shoes	☐ Strict ☐ Calorie Count	☐ Parents + siblings ☐ Parents Only ☐ Other:	☐ Pt. must attend school 10-12pm ☐ Attend school by wheelchair ☐ Stay in room ☐ On unit walks **ONLY** ☐ Ok to be off unit for walks ***Walks/WC excursions*** ☐ Three 15 min. wheelchair excursions allowed ☐ ☐ ☐ ☐ One 10 min. walk ☐ If 100% of meal is eaten, may exchange one WC excursion for walk per RN discretion. ***TV Time*** ☐ 4 hours TV and 1 hour computer **or** ☐ 5 hours total game time/computer (each grid =30 min)
PSA	***Restricted Items***	***Eating Disorder Phase***	***Additional info/comments***		
☐ PSA present @all times regardless of parents visiting ☐ Meals +30minutes ☐ Parent may act as sitter when parent is awake ☐ Parent may eat with patient ☐ PSA 07-23 ☐ Other:	☐ Cell phones ☐ Electronic devices ☐ Room phone ☐ Metal silverware ☐ Pens ☐ Cords ☐ Other:	☐ Phase 1 ☐ Phase 2 ☐ Phase 3 ☐ Phase 4			

SOLUTIONS – ED PED: Agitation Medications



Clinical Pathway Decision Making Process
Behavioral – Agitation
August 2018

Team Pause--
Use ARCC:
- Ask a question
- Request a change
- Voice your Concern
- Chain of Resolution

Initial Assessment & Immediate Action
Assess stability, place in paper scrubs, remove unsafe items, notify public safety, and perform environmental risk assessment

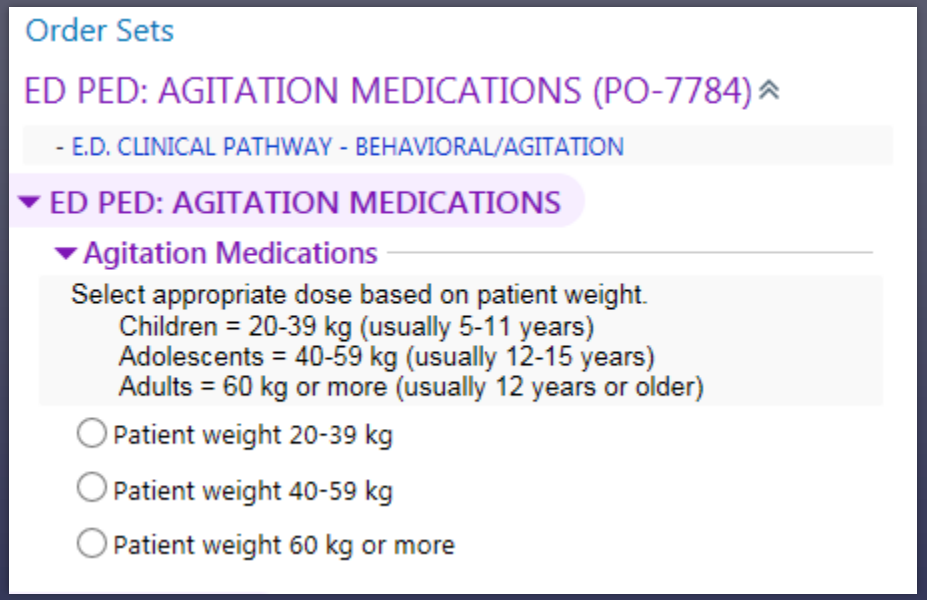
Goals of pharmacologic therapy of acute agitation:
- Produce calming effect quickly without excessive sedation
- Provide early treatment
- Minimize treatment-related adverse events
- Assure patient and staff safety

Mild	Moderate	Severe	Eloped from department Or Take- Down in process Or Code Green Event
Behaviors: • Pacing • Overly moody or irritable	**Behaviors:** • Non-redirectable or distractible • Mild or non-threatening impulsive behaviors	**Behaviors:** • Not redirectable • Impulsive • Threatening • Attempting (or actual) to damage property • Verbally or physically threatening	
Actions: • Attempt Behavioral Redirection • Refer to patient specific COPE plan, if one is in place • Initiate de-escalation plan	**Actions:** • Review/revise de-escalation interventions including limited seclusion room use as time-out • Remove external stimulation (video games, limit TV, may include limiting family/visitors)	**Actions:** ***Call Code Green, if indicated*** • Remove all stimuli/make room as safe as possible • Evaluate need for sitter • If above is not enough, consider: seclusion room, least restrictive means is best. If unable, evaluate need for restraints • Complete significant event form	**Actions:** • Move patient to seclusion room. If unable: Consider restraints (least restrictive means is best) • **Chart Significant event note** • **Debriefing form required for restraints** • **Debriefing form for Code Green**
Medications: Consider lorazepam 0.025-0.05 mg/kg PO every 6 hours prn agitation (max 2 mg/dose)	**Medications:** ODT Olanzapine 2.5 mg (children) 5 mg (adolescents) 10 mg (>16 years) PO every 2 hours prn agitation (max 20 mg/day) Alternative for olanzapine allergy: Risperidone M-Tab 0.25-0.5 mg (children) 0.5-1 mg PO (adolescents) BID prn agitation (max dose 2 mg/day)	**Medications:** IM Olanzapine 5 mg (children) 10 mg (adolescents) Every 1 hour prn agitation (max 25 mg/day) – **DO NOT** administer concomitantly with IM/IV lorazepam due to increased respiratory depression Alternative for olanzapine allergy or if max dose olanzapine PO reached: Ziprasidone IM 2.5-5 mg (children), 5-10 mg (adolescents) 10-20 mg (>16 years) every 2 hours prn agitation (max 40 mg/day)	**Medications:** ***Same as for severe agitation but consider fast-acting medication first***

Should initial treatment fail to produce an adequate response, after 2-4 hours (see table below for dosing frequency), options include:
- Give another dose of same medication if partially effective, or a different medication if first medication ineffective
- Give a dose of lorazepam if first medication was an antipsychotic
- Give a combination of the same antipsychotic and lorazepam (except olanzapine)

Medication	Route	Onset of Efficacy (min)	Duration of Effect (min)
Lorazepam (Ativan)	PO	30	60
Lorazepam (Ativan)	IM	15-30	45-60
Olanzapine ODT (Zyprexa)	PO	45-60	60-120
Olanzapine (Zyprexa)	IM	15-45	60-120
Risperidone M-Tab (Risperdal)	PO	30-60	60
Ziprasidone (Geodon)	IM	>15	60-180

Acute Agitation Clinical Pearls
- If appropriate, offer oral medication first. This may help the patient restore some feeling of control and ease escalating agitation.
- Rule-out medical complications as a potential cause of agitation (hyper- or hypoglycemia, electrolyte disturbance, renal or hepatic failure, thyroid or adrenal disorders, Wernicke's encephalopathy, hypotension, heart failure, neurologic disorders (stroke), meningitis infection (especially in elderly), and dementia).
- Rule-out substance intoxication or withdrawal.
- Rule-out medication causes of acute agitation (steroids, anticholinergics, barbiturates, amphetamines, antipsychotic-induced akathisia).
- Lorazepam is preferred for undifferentiated agitation (provides muscle relaxation, anxiolytic, anticonvulsant effects, and generalized sedation).
- After treatment with IM agents: monitor vitals and clinical status at regular intervals.
- Allow adequate time for clinical response between doses.
- Use lower starting and maximum doses in the child and adolescent population



Order Sets

ED PED: AGITATION MEDICATIONS (PO-7784)

- E.D. CLINICAL PATHWAY - BEHAVIORAL/AGITATION

▼ ED PED: AGITATION MEDICATIONS

▼ Agitation Medications

Select appropriate dose based on patient weight.
Children = 20-39 kg (usually 5-11 years)
Adolescents = 40-59 kg (usually 12-15 years)
Adults = 60 kg or more (usually 12 years or older)

- ○ Patient weight 20-39 kg
- ○ Patient weight 40-59 kg
- ○ Patient weight 60 kg or more

Behavioral patient's should have pre-ordered PRNs off the order set and reviewed daily during huddles for appropriateness and effectiveness.

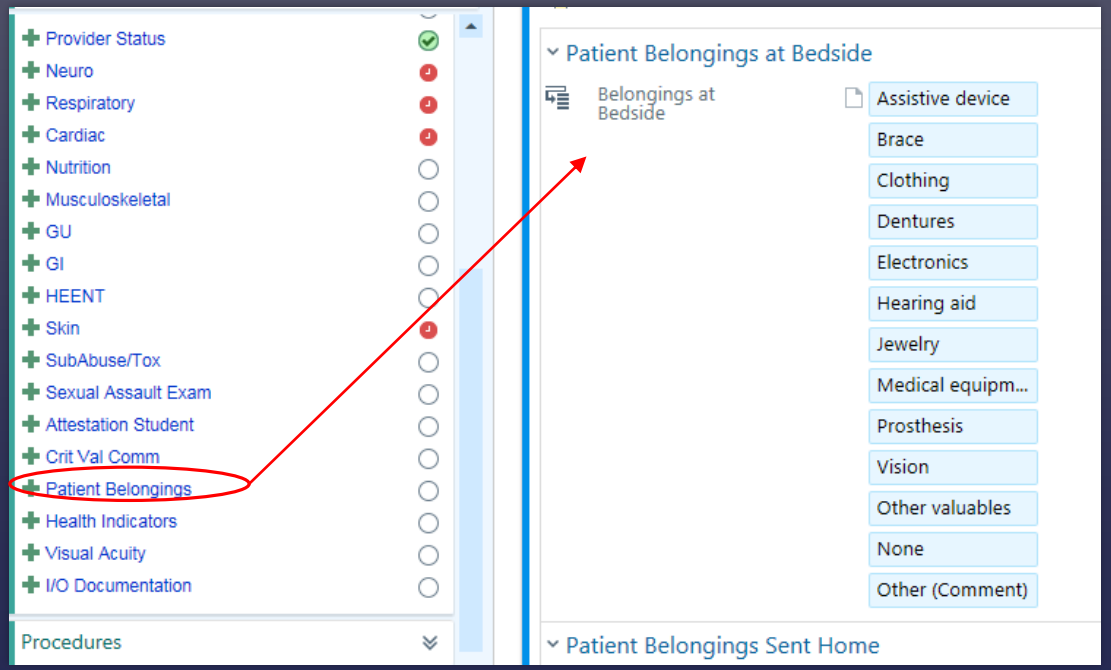
SOLUTIONS-Safety Searches & Belongings

- A safety search should be conducted on arrival to the unit by DPS
- Document your safety search in EPIC
- *If possible*, Patient Belongings should **be sent home with family** or securely locked in cupboard.
- Patient Medications should be sent home or placed in OmniCell. Storage of Patient's Own Medication During Hospitalization
- The patient should wear a hospital –provided gown and/or scrubs, ***no shoes, no strings***.
- **Daily**, additional belonging and room checks should occur immediately prior to huddle each day and documented.
- Continuously assess incoming visitors/new belongings in relation to safety risk.

Safety Search –Patient Belongings

Unsafe items bag

- It is the RN's responsibility to search patient belongings. You can call public safety to be on stand by.
- Status of patient belongings should be documented in the "Belongings" section of the EMR.
- Public safety can search the person, but CANNOT search belongings unless a significant risk is identified.
- Separate Non-Permissible from Unsafe Items . Non-permissible items go to Public Safety and Unsafe items go in the unsafe items bag and should be clearly marked: "UNSAFE."
- Please review policy Safety Search Policy



Safety Search –Patient Belongings

Non-Permissible Items

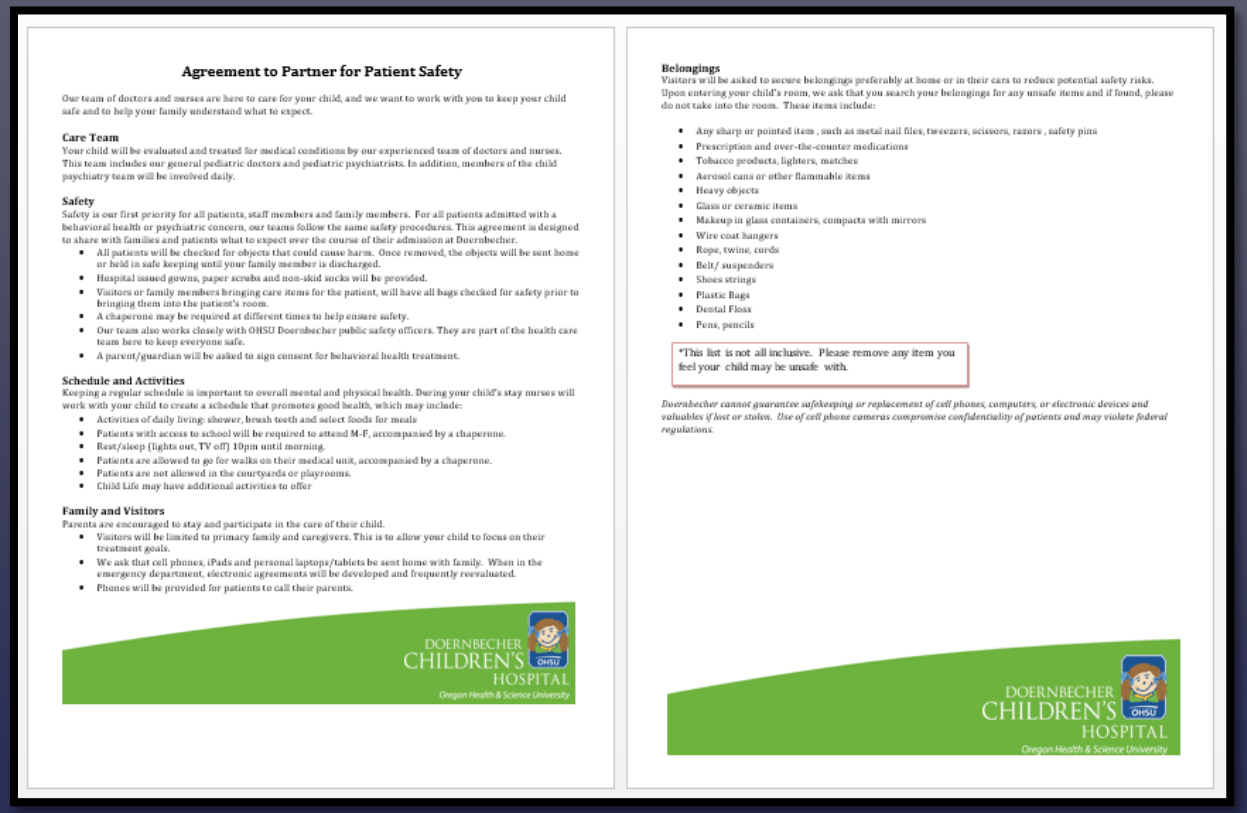
- Removed and given to Public Safety
- Weapons defined as: Any instrument, article, or substance specifically designed for and presently capable of causing death or serious injury.
- Any device, instrument, material or substance which, under the circumstances in which it is used, attempted to be used or threatened to be used, is readily capable of causing death or serious injury. (Note: Weapons Policy No.07-09-030)
- Illegal drugs, drug paraphernalia, and /or alcohol.

Unsafe Items—Removed from patient

- Any sharp or pointed item , such as metal nail files, tweezers, scissors, razors , safety pins
- Tobacco products, lighters , matches
- Aerosol cans or other flammable items
- Heavy objects, ex. Barbells
- Glass or ceramic items
- Makeup in glass containers, compacts with mirrors
- Wire coat hangers
- Prescription and over-the-counter medications
- Rope, twine, cords
- Clothing with remove able long strings, i.e. bathrobes, sweatpants , purses with long straps
- Belt/ suspenders
- Shoes strings
- Plastic Bags
- Pantyhose, tights
- Dental Floss (only dispense small sections)
- Canes, crutches
- Pens, pencils
- Electrical devices, see Personal Communication Device Policy Psychiatric Care Unit.
- Valuables – Cash, credit cards, ID
- Keys

SOLUTIONS-

- Provide Behavioral Health Safety Family Handout, "*Agreement to Partner for Patient Safety*"
  - This handout be found in health wise under patient education. (Education can not be linked to order sets.)
  - Copies available on unit in the bundle paperwork packet



Agreement to Partner for Patient Safety

Our team of doctors and nurses are here to care for your child, and we want to work with you to keep your child safe and to help your family understand what to expect.

Care Team
Your child will be evaluated and treated for medical conditions by our experienced team of doctors and nurses. This team includes our general pediatric doctors and pediatric psychiatrists. In addition, members of the child psychiatry team will be involved daily.

Safety
Safety is our first priority for all patients, staff members and family members. For all patients admitted with a behavioral health or psychiatric concern, our teams follow the same safety procedures. This agreement is designed to share with families and patients what to expect over the course of their admission at Doernbecher.

- All patients will be checked for objects that could cause harm. Once removed, the objects will be sent home or held in safe keeping until your family member is discharged.
- Hospital issued gowns, paper scrubs and non-skid socks will be provided.
- Visitors or family members bringing care items for the patient, will have all bags checked for safety prior to bringing them into the patient's room.
- A chaperone may be required at different times to help ensure safety.
- Our team also works closely with OHSU Doernbecher public safety officers. They are part of the health care team here to keep everyone safe.
- A parent/guardian will be asked to sign consent for behavioral health treatment.

Schedule and Activities
Keeping a regular schedule is important to overall mental and physical health. During your child's stay nurses will work with your child to create a schedule that promotes good health, which may include:

- Activities of daily living: shower, brush teeth and select foods for meals
- Patients with access to school will be required to attend M-F, accompanied by a chaperone.
- Rest/sleep [lights out, TV off] 10pm until morning.
- Patients are allowed to go for walks on their medical unit, accompanied by a chaperone.
- Patients are not allowed in the courtyards or playrooms.
- Child Life may have additional activities to offer

Family and Visitors
Parents are encouraged to stay and participate in the care of their child.

- Visitors will be limited to primary family and caregivers. This is to allow your child to focus on their treatment goals.
- We ask that cell phones, iPads and personal laptops/tablets be sent home with family. When in the emergency department, electronic agreements will be developed and frequently reevaluated.
- Phones will be provided for patients to call their parents.

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Belongings
Visitors will be asked to secure belongings preferably at home or in their cars to reduce potential safety risks. Upon entering your child's room, we ask that you search your belongings for any unsafe items and if found, please do not take into the room. These items include:

- Any sharp or pointed item , such as metal nail files, tweezers, scissors, razors , safety pins
- Prescription and over-the-counter medications
- Tobacco products, lighters, matches
- Aerosol cans or other flammable items
- Heavy objects
- Glass or ceramic items
- Makeup in glass containers, compacts with mirrors
- Wire coat hangers
- Rope, twine, cords
- Belt/ suspenders
- Shoes strings
- Plastic Bags
- Dental Floss
- Pens, pencils

*This list is not all inclusive. Please remove any item you feel your child may be unsafe with.

Doernbecher cannot guarantee safekeeping or replacement of cell phones, computers, or electronic devices and valuables if lost or stolen. Use of cell phone cameras compromise confidentiality of patients and may violate federal regulations.

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SOLUTIONS- Huddle w/ Consultants

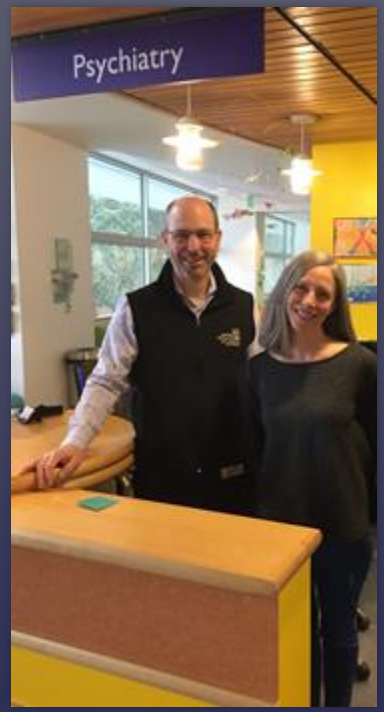
Why?
To ensure safe consistent care for the pediatric mental/behavioral health patient in the Peds ED.

When:
Daily at 0945

Where:
Peds ED Nurses Station

Who:

INDIVIDUAL:	Check In:	RESPONSIBILITY:
***Peds Charge RN**		Huddle Coordination/keeps huddle on track
***Ped ED Attending**		Gives current background information on the patient
***Primary ED RN**		Gives current background information on the patient And documents to huddle dot phrase in EPIC
***Child Psych Team**		Lead consultant
***Pediatric MSW** *(not available on Wednesdays)*		Helps with care coordination and bed placement and availability
ED SW		Helps with care coordination and bed placement and availability; call when Peds MSW not available
Sitter (PSA)		Patient safety attendant
ED Pharmacy		Medication management
Public Safety		Assures safety, if safety risks/concerns have been identified
AOD		Helps facilitate admission in cases of boarding multiple psych patients



Pictured : above Kyle Johnson, MD , Rebecca Marshall, MD

SOLUTIONS- Safety Huddle
(Document using EPIC dot phrase)

Job Breakdown and Overview

Mental/Behavioral Patient Huddle—JOB BREAKDOWN SHEET

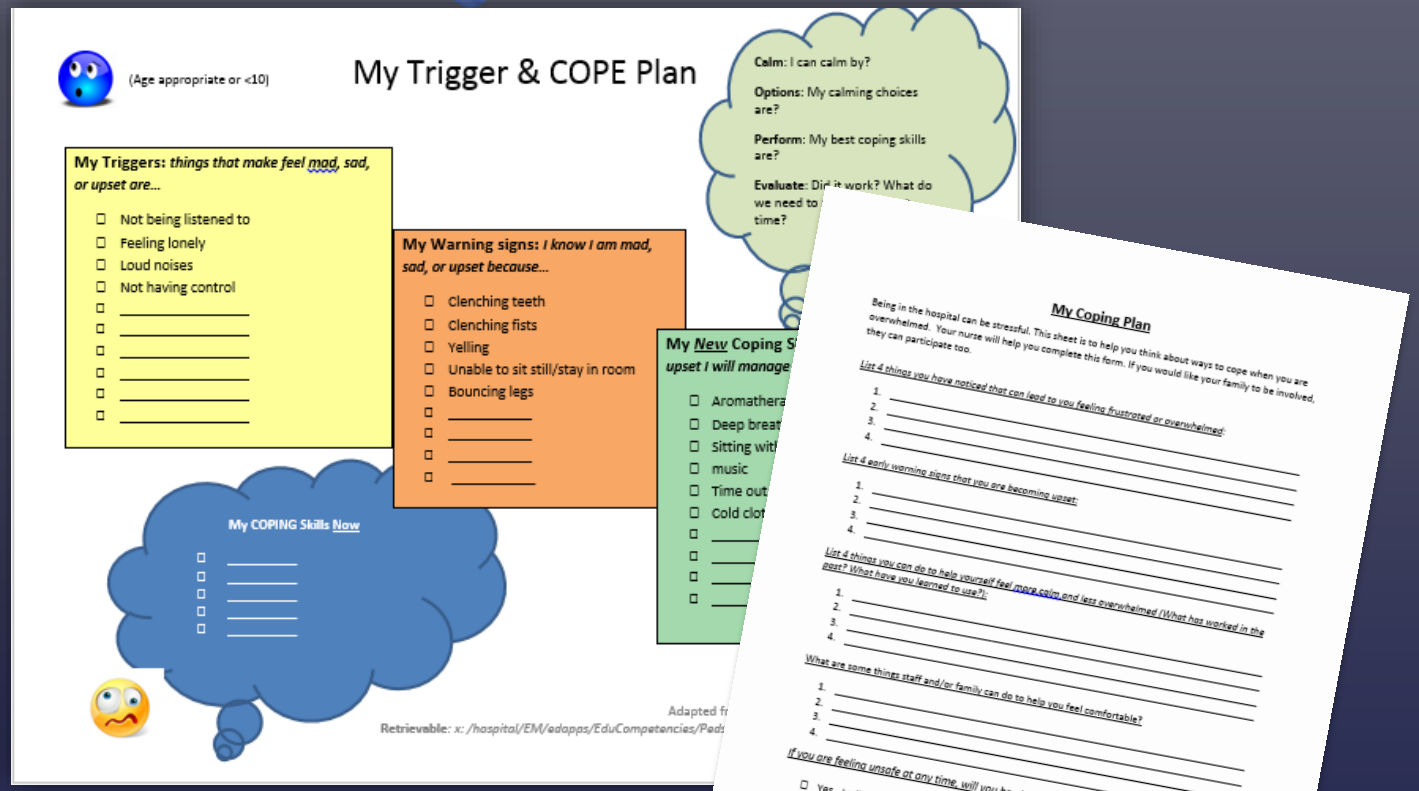
3. Charge RN to lead huddle	a.) Charge RN reads huddle script b.) Obtain Psych paperwork packet of information including: • Hold form signed • Agreement for patient safety • Assessment/Safety Checklist • Activity menu—write on dry erase board • Electronics agreement • Trigger/de-escalation/COPE plan • Education plan—to school? School to them? Or not appropriate for school c.) Review Patient background d.) Review MAR recommendations e.) Belongings reviewed and daily room search	a.) To ensure everyone has the same… • Goals • Safety priorities • Electronics limitations/allowances • Activity limitations/allowances • Plan A and Plan B for dealing with triggers/COPE plan • School/education plan • Medication
4. PEM Physician updates orders	a) MD updates order sets b) Updates medications c) RN Updates care plan and activities	a) Drives patient care towards disposition b) Maintains patient safety

Huddle Script

	PED Primary RN and Attending MD describes quick overview of patient and anticipated needs.	
Yes	NO	
		Family has been given agreement for patient safety
		Hold form has been signed and scanned?
		Identified safety risks or concerns that need to be addressed? ☐ Appropriate room placement ☐ Belongings secured ☐ Daily room search completed
		Activities that are appropriate or not appropriate reviewed. Extra activities removed from patient room
		Electronics agreement updated
		Cope/trigger plan completed? Does it need updates? Plan A? Plan B?
		Education Plan? Starting Day 3. Notify DCH 9s School if teacher is **NOT** to check in.
		Medication Review. Agitation medications. Daily medications. Home medications.
		Disposition.

SOLUTIONS-
De-escalation Plan called “My COPE/Trigger Plan”

Calm
Options
Plan
Evaluate



- Should be completed by RN and/or Child Psychiatry team
- Two variations—one for younger kids and one for adolescents
- Posted on White Boards in room
- Trigger/Cope plans aid in emotional regulation by helping children/adolescents name and manage emotions
- Trigger/Cope plans help build distress tolerance and problem solving skills
- Coaching and reinforcing these skills and encouraging families to continue to use these at home; these are a work in progress and will need to be re-evaluated after escalating events

SOLUTIONS-Daily Schedule

- Collaborate with Behavioral health team during morning huddles to complete
- Write schedule out on the White Board
- Assess patient before, during, and after activities to assure they continue to be the appropriate, safest therapeutic interventions
- Contact Child life for additional resource as needed

Available Activities:

Video games: Peds ED

Small toys, puzzles, and games: Peds ED

Books: Peds ED Library

Color sheets & Crayons: Peds ED

Exercise Ball: Peds ED

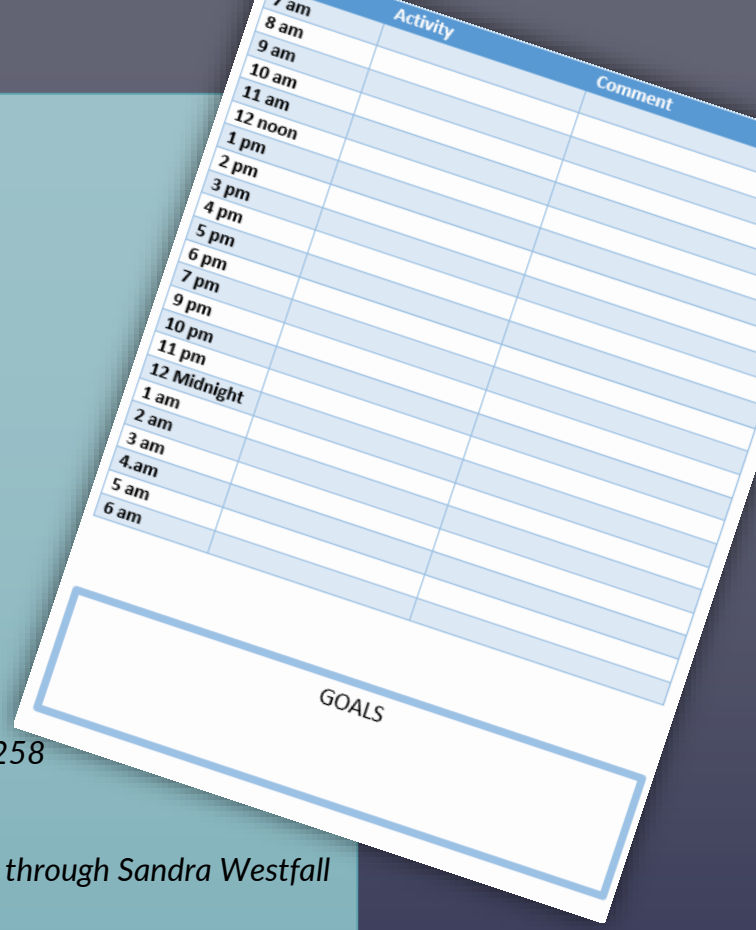
Yoga Mats: Kim Kuehnert, Child Life pager #10258

Weighted Blankets: Child Life pager # 18976 or through Sandra Westfall pager #11976

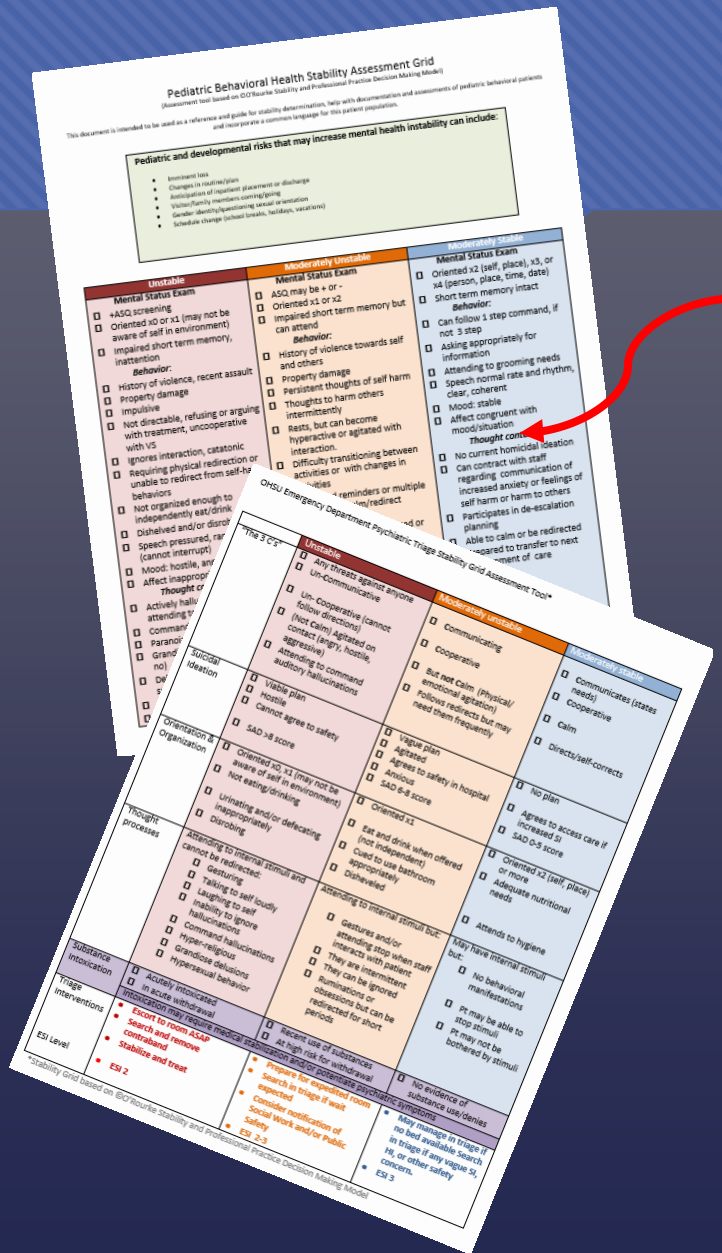
Autism Sensory Kit: Available in conference room or CLS page #18976

Other toys or craft supplies: Child Life pager #10258

Patient in ED > 3 days? Appropriate for afternoon in-room school appointments? Contact: Linda Criswell, 85444 or pager #15518



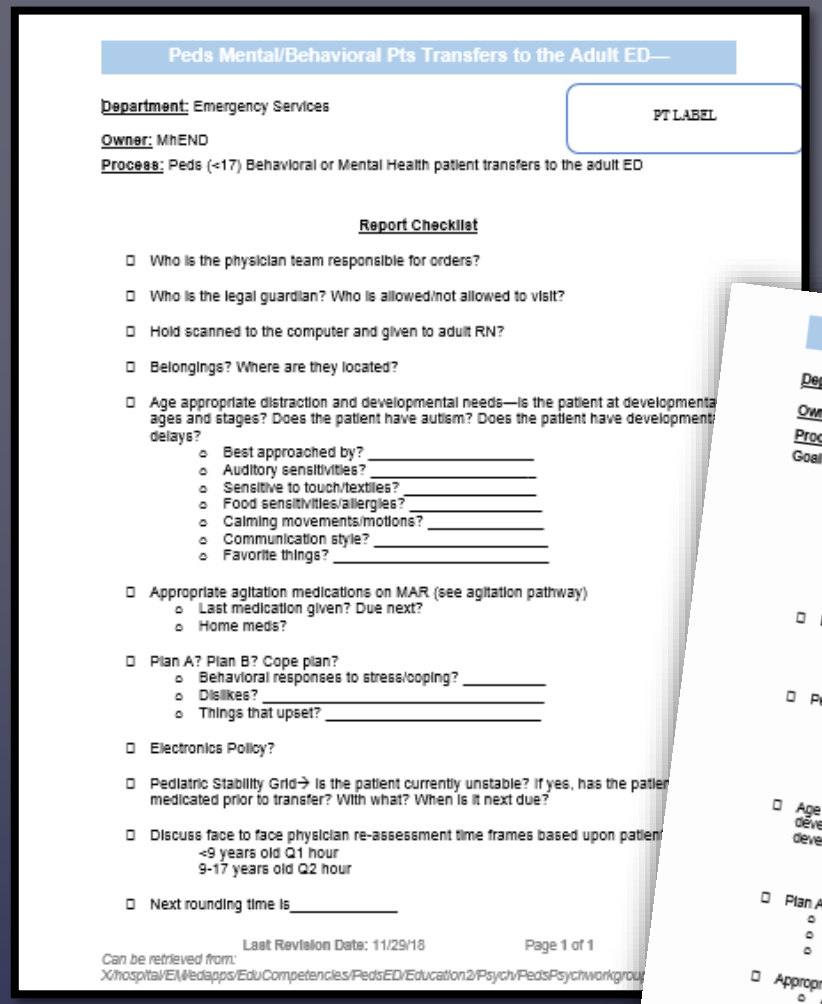
Behavioral Health Safety: Workflow



RN	Physician	PSA (if indicated)
Complete Triage and ASQ score	Perform Mental/Behavioral Health Assessment	Get report from RN and off going PSA
Safety Search Patient & Secure Belongings	Use Ped ED: Mental Health Order Set	Review Supervision worksheet with RN and ask clarifying questions
Determine Pt's Stability based upon the Pediatric Behavioral Health Stability Grid	Complete Notice of Consent for Behavioral Health assessment of minors	Stay with patient at all times, within arms reach and document Q1 hour
Make room Safe based upon patient Stability and risk	Read First Paragraph of partner for patient safety letter to patient and family	Notify RN if patient becomes agitated or there are concerns with behavior
Write initial assessment Dot phrase	Use Ped ED: Agitation Order Set	If patient in restraint, perform PSA restraint charting Q15 minutes
Provide Family Handout	Participate in daily 0930 multi-disciplinary huddle and document huddle	
Complete Cope plan & electronics plan PRN	Determine patient risk and use admission algorithm as needed	
Continue to re-assess Pt's Mental/Behavioral Health & Stability at minimum Q 4 hours		
Complete Shift assessment dot phrase		
Initiate 0945 Multi-disciplinary Huddle /document dot phrase		
Daily Room/Safety Search		

SOLUTIONS- Standard work, Report checklist, and Q4 hour rounding tool for patients transferring to the adult side

- For ALL pediatric patients <17 years old transferring to the adult seclusion room
  1. Medicate prior to transfer
  2. Assure hold in place and scanned
  3. PRN Agitation order Set on MAR
  4. Complete the Report Checklist
  5. Round Q 4 hours, using the rounding tool



Peds Mental/Behavioral Pts Transfers to the Adult ED—

Department: Emergency Services

Owner: MhEND

Process: Peds (<17) Behavioral or Mental Health patient transfers to the adult ED

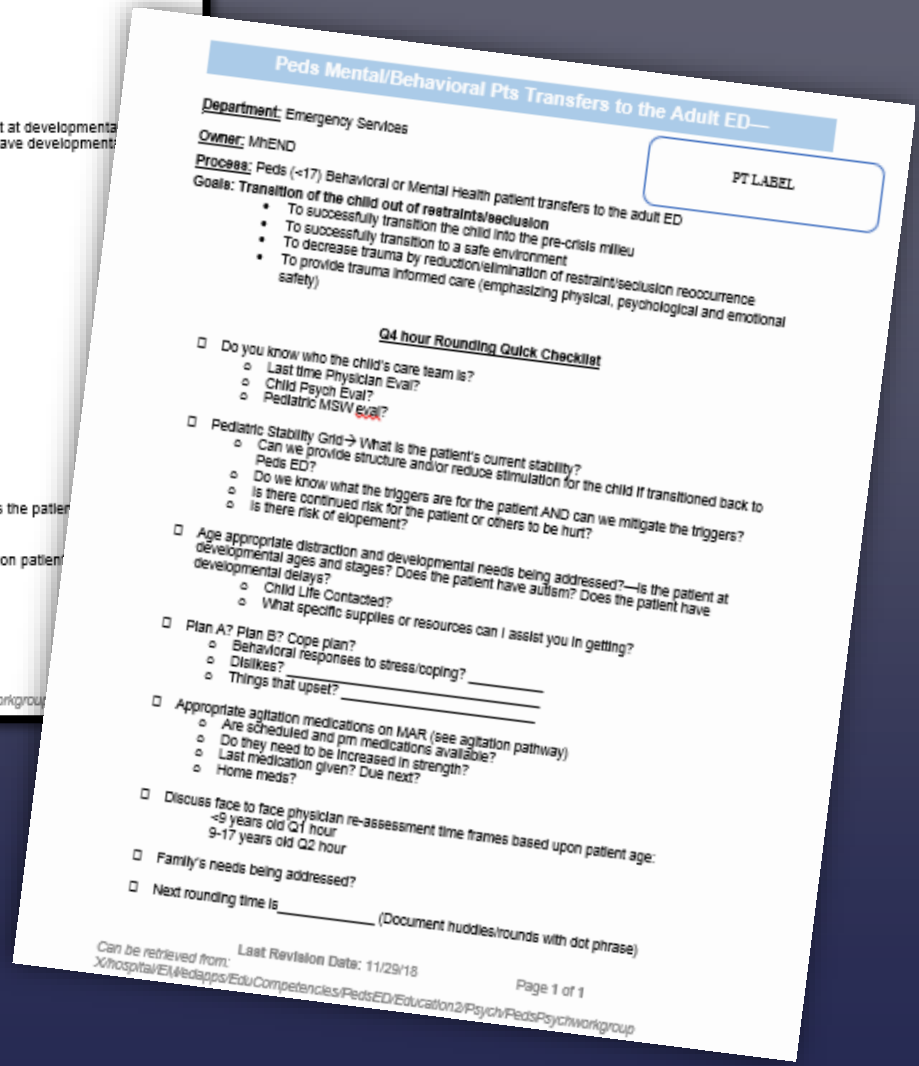
PT LABEL

Report Checklist

- ☐ Who is the physician team responsible for orders?
- ☐ Who is the legal guardian? Who is allowed/not allowed to visit?
- ☐ Hold scanned to the computer and given to adult RN?
- ☐ Belongings? Where are they located?
- ☐ Age appropriate distraction and developmental needs—Is the patient at developmental ages and stages? Does the patient have autism? Does the patient have developmental delays?
  - Best approached by? _____
  - Auditory sensitivities? _____
  - Sensitive to touch/textiles? _____
  - Food sensitivities/allergies? _____
  - Calming movements/motions? _____
  - Communication style? _____
  - Favorite things? _____
- ☐ Appropriate agitation medications on MAR (see agitation pathway)
  - Last medication given? Due next?
  - Home meds?
- ☐ Plan A? Plan B? Cope plan?
  - Behavioral responses to stress/coping? _____
  - Dislikes? _____
  - Things that upset? _____
- ☐ Electronics Policy?
- ☐ Pediatric Stability Grid→ Is the patient currently unstable? If yes, has the patient medicated prior to transfer? With what? When is it next due?
- ☐ Discuss face to face physician re-assessment time frames based upon patient
  <9 years old Q1 hour
  9-17 years old Q2 hour
- ☐ Next rounding time is_____

Last Revision Date: 11/29/18 Page 1 of 1

Can be retrieved from:
X/hospital/EM/Medapps/EduCompetencies/PedsED/Education2/Psych/PedsPsychworkgroup



Peds Mental/Behavioral Pts Transfers to the Adult ED—

Department: Emergency Services

Owner: MhEND

Process: Peds (<17) Behavioral or Mental Health patient transfers to the adult ED

PT LABEL

Goals: Transition of the child out of restraints/seclusion

- To successfully transition the child into the pre-crisis milieu
- To successfully transition to a safe environment
- To decrease trauma by reduction/elimination of restraint/seclusion reoccurrence
- To provide trauma informed care (emphasizing physical, psychological and emotional safety)

Q4 hour Rounding Quick Checklist

- ☐ Do you know who the child's care team is?
  - Last time Physician Eval?
  - Child Psych Eval?
  - Pediatric MSW Eval?
- ☐ Pediatric Stability Grid→ What is the patient's current stability?
  - Can we provide structure and/or reduce stimulation for the child if transitioned back to Peds ED?
  - Do we know what the triggers are for the patient AND can we mitigate the triggers?
  - Is there continued risk for the patient or others to be hurt?
  - Is there risk of elopement?
- ☐ Age appropriate distraction and developmental needs being addressed?—Is the patient at developmental ages and stages? Does the patient have autism? Does the patient have developmental delays?
  - Child Life Contacted?
  - What specific supplies or resources can I assist you in getting?
- ☐ Plan A? Plan B? Cope plan?
  - Behavioral responses to stress/coping? _____
  - Dislikes? _____
  - Things that upset? _____
- ☐ Appropriate agitation medications on MAR (see agitation pathway)
  - Are scheduled and prn medications available?
  - Do they need to be increased in strength?
  - Last medication given? Due next?
  - Home meds?
- ☐ Discuss face to face physician re-assessment time frames based upon patient age:
  <9 years old Q1 hour
  9-17 years old Q2 hour
- ☐ Family's needs being addressed?
- ☐ Next rounding time is_____ (Document huddles/rounds with dot phrase)

Last Revision Date: 11/29/18 Page 1 of 1

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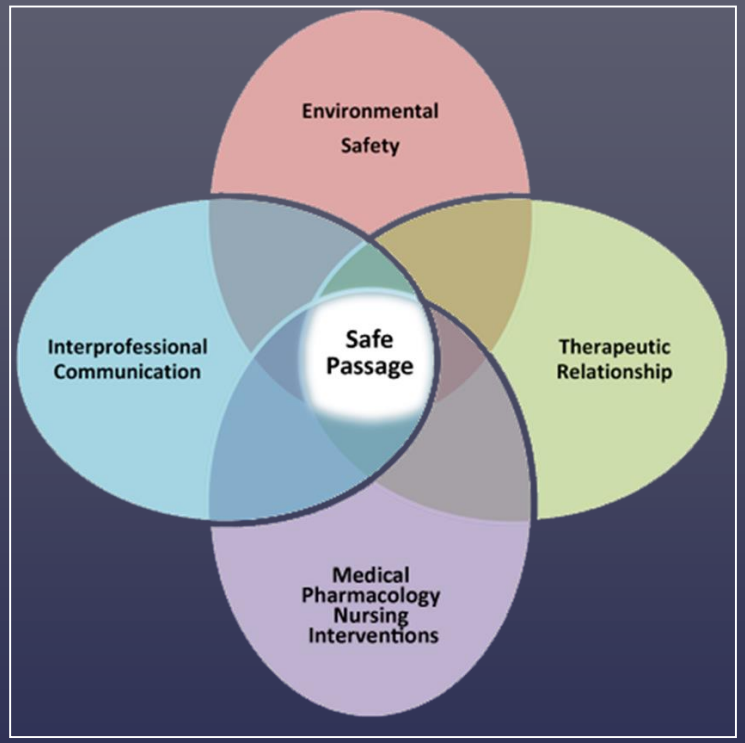
We are only as strong as our weakest link!

- Despite all our efforts, **consistency** is key for success! If exceptions are made or the protocol is not followed, we set ourselves at risk for poor interactions with our patient and families!
- ***We need to communicate and collaborate with our interdisciplinary team to remove barriers, identify risks, and develop goals to keep our patients safe***.

Resources: Nursing Portal: Mental Health Tool Kit

- Every vulnerable patients needs these things from every care provider:
  - Proactive standardized assessment of behavioral and emotional risk
  - A safety plan with a safety/comfort goal
  - Environmental Awareness for safety needs
  - Trauma informed trusting relationship
  - Communication of team members



The tool kit can be found on the nursing portal under staff tools. It is shared with adult nursing.
Mental Health Tool Kit | Nursing Portal

Thank you.