PART 2

Now what?

TRIAGE OF GERIATRIC MENTAL HEALTH CRISIS
CASE PRESENTATIONS

GINA O’HALLORAN, MA
RICH GODDARD, RN, BSN, MA
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>CSB</td>
<td>Community Services Board</td>
</tr>
<tr>
<td>ICU</td>
<td>Intensive Care Unit</td>
</tr>
<tr>
<td>CHF</td>
<td>Congestive Heart Failure</td>
</tr>
<tr>
<td>HR</td>
<td>Heart Rate</td>
</tr>
<tr>
<td>BP</td>
<td>Blood Pressure</td>
</tr>
<tr>
<td>CBC</td>
<td>Complete Blood Count</td>
</tr>
<tr>
<td>WBC</td>
<td>White Blood Count</td>
</tr>
<tr>
<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
</tr>
<tr>
<td>LTC</td>
<td>Long Term Care Facility</td>
</tr>
<tr>
<td>ES</td>
<td>Emergency Services</td>
</tr>
<tr>
<td>UTI</td>
<td>Urinary Tract Infection</td>
</tr>
<tr>
<td>TDO</td>
<td>Temporary Detention Order</td>
</tr>
<tr>
<td>ECT</td>
<td>Electroconvulsive Therapy</td>
</tr>
<tr>
<td>MDD</td>
<td>Major Depressive Disorder</td>
</tr>
<tr>
<td>CT</td>
<td>(CAT) scan</td>
</tr>
</tbody>
</table>
now what?
tomorrow
yesterday
CONFUSED
UNCLEARED
PERPLEXED
DISORIENTED
BEWILDERED
LOST
UNSURE
TRIAGE QUESTIONS

- Recent Hospitalization?
- Recent Medication Change?
- Recent Change in Environment?
- Immediate safety concern?
- Polypharmacy?
- Acute signs and symptoms?
- Previous mental health diagnosis?
CASE PRESENTATION 1

Mr. Johnson, 78 year old male, has past medical history of depression; has been taking an antidepressant for 7 years with good results.

Stays in hospital for 7 days for congestive heart failure.

Daughter stays with Mr. J most admission.

Mr. J is medically cleared and sent to your facility.

Day 5 at your facility, Mr. J starts calling for his daughter and reports he wants to go back home.

WHAT SHOULD YOU DO NEXT?
SELECT ALL THAT APPLY

1. • CALL CSB ES BECAUSE THIS CLIENT IS A RISK TO OTHERS AND TO SELF AND NEEDS TO PlACED IN A MENTAL HEALTH FACILITY?

2. • CALL POLICE?

3. • CALL FAMILY?

4. • CALL PHYSICIAN AND OBTAIN AN ORDER FOR ATIVAN TO CALM THE CLIENT DOWN?

5. • COMPLETE FULL ASSESSMENT AND RE-EVALUATE (CLIENT IS WILLING).
CBC elevated WBC

Neuro client Alert to person, but requires reorientation to place, time.

In and out catheter
Urine positive for bacteria and WBCs

HR 122 regular rhythm
BP 130/78
RR 22
Temp 101.5 Axillary
Medical?

Mental Health?

Both?
Prevalence of Delirium in LTC: 22-70% (Voyer et al., 2012)

Over 94% of cases of Delirium are misdiagnosed and under treated internationally. (Ski & O'Connel, 2006)
You can be DELIVERED from Delirium
VIRGINIA’S INVOLUNTARY ADMISSION PROCESS

The involuntary treatment process; what is necessary in this case:

- Crisis Contact
- Emergency Custody
- Temporary Detention
- Court Hearing on Petition
- Release or Dismissal
- Mandatory Outpatient Treatment
- Voluntary Inpatient
- Involuntary Inpatient
Mrs. Smith, 67 year old female resides in your facility.

History of bipolar disorder with previous inpatient psychiatric hospital admission 2 years ago. Is prescribed a mood stabilizer.

She has COPD which is treated with Albuteral nebulizers.

Rapid speech

Up all night stating “My car will be here to pick me up at 0700. I am going to be in a Groucho Marx look-alike contest. When I win the prize I’m going to buy a mansion and bring the rest of the residents with me.”
DIG FAST
Primary Symptoms Of A Manic Attack

D - Distractibility
I - Indiscretion
G - Grandiosity
F - Flight of Ideas
A - Activity Increase
S - Sleep Deficit
T - Talkativeness
VIRGINIA’S INVOLUNTARY ADMISSION PROCESS

CSB Crisis Contact

Emergency Custody

Temporary Detention

Court Hearing on Petition

- Release or Dismissal
- Mandatory Outpatient Treatment
- Voluntary Inpatient
- Involuntary Inpatient
CASE PRESENTATION 3

Mr. Jones, 79 year old male, has a history of stating he wants to die but has never reported he wants to kill himself; has history of depression successfully treated with antidepressants.

He had been transferred to a different wing with different residents/care givers due to financial reasons 4 months prior.

Mr. J has reported to nursing staff he was going to kill himself.

He has a decreased appetite and has lost over 20% weight for not eating in the past 3 months; requires son to buy him a new wardrobe.

The client has been refusing all medications for one month.

WHAT SHOULD YOU DO NEXT?
Medical records indicate client had the following labs on monthly lab draws:

- Sodium: 120meq/L
- Glucose: 120mg/dl
- Bun: 24
- Potassium: 2.5meq/L
2/1/2013

In and out sterile catheter presents with increased WBC and bacteria in urine.

Treatment records report the client has fallen 2 times in the last month and neurochecks performed by nursing staff were normal

2/1/2013

Administer

40meq Potassium by mouth Qday
Cipro 100mg BID twice a day by mouth
Ativan 2mg PRN as needed for agitation
Zoloft 50mg QHS at bedtime
COURSE OF TREATMENT

• Client had been refusing medication for the last month e.g. antidepressant.
• All medications were discontinued on 2/2/2013
WHAT HAPPENS NEXT?

Call ES because client had threatened suicide?

Call Family?

Call Physician?
ES completed an assessment; the client was void of any psychotic features; reported depression and some thoughts of wanting to die but no plan and no previous attempts.

UTI and Hypokalemia (↓K⁺) were noted.

Client’s son was present throughout the evaluation. ES learned that client would take medication with son present.
LEAST RESTRICTIVE

TDO to mental health facility? (what will a TDO do for the patient?)

Will the client deteriorate if handcuffed, moved to a locked facility with high acuity clients?
Client’s medication times were adjusted when the son could be there to assist in administration.

Client began taking medications.

Client’s diet improved.

Client’s in-home counselor was informed and therapy was provided daily.
HOLISTIC CARE

- Family
- CSB ES
- Long Term Care Staff
- In home counselor

Client
The involuntary treatment process; what is necessary in this case:
CASE PRESENTATION 4

78 year old woman long history of MDD with psychotic features.

Successful remission of depression with ECT on multiple occasions.

Client presented with similar signs and symptoms as before.

Per protocol client needed a CT scan of the head was ordered to r/o intracranial etiology.
PROGRESSION

Client was bumped from CT due to other Trauma emergencies.

Family became furious and demanded ECT begin without CT rule out

Two initial treatments were ordered and produced brightening of mood
After 3rd ECT treatment client squatted in the dayroom and defecated on the floor while appearing totally disoriented.

Stat Neurology consult was ordered and CT revealed bilateral symmetrical frontal inoperative tumors

Client was believed to have brightening of mood from function loss of frontal area from tumors (Castro & Billick, 2013).
VIRGINIA’S INVOLUNTARY ADMISSION PROCESS

The involuntary treatment process; what is necessary in this case:

CSB Crisis Contact

- Emergency Custody
- Temporary Detention

Court Hearing on Petition

- Release or Dismissal
- Mandatory Outpatient Treatment
- Voluntary Inpatient
- Involuntary Inpatient
HOLISTIC CARE

Client

- Family
- Medical
- Psychiatric
- Dietary
- Social
- Spiritual
- EMS
STOP!
SAFETY
FIRST!
IMPORTANT CAVEATS

- PREVENTION!
- Consider the whole picture
- Utilize all resources
- ES will ask the triage questions due to rule out medical
- Older adult clients will require medical clearance and will usually not be admitted for psychiatric treatment until medical problems are treated or resolved.
REFERENCES


• *Medical Screening and Medical Assessment Guidance Materials*
QUESTIONS?