



PHYSICAL HEALTH REVIEW FOR MENTAL HEALTH PATIENTS

PURPOSE

Patients presenting with behavioural disturbance may occasionally have a physical or organic cause for their abnormal behaviour. The most common causes include drugs in younger patients and infection in the elderly. They cause the altered mental state known as "delirium" or "organic illness."

Anyone presenting with a history of dangerous drug ingestion, or any patient aged over 65 with behavioural disturbance, will need standard medical management to exclude or stabilise an organic (as opposed to psychiatric) condition.

Patients presenting with a recurrence of their known mental illness, and assessed by MH staff as requiring admission to Banks House, do not need an "insurance" examination – they only need sufficient history and physiological observations to exclude an acute delirium. Long-term non-acute medical issues, which have not contributed to the acute presentation, do not need to be sorted out acutely in ED, but can be followed up by the medical team in Banks House.

In general, acute patients who have been seen acutely by a psychiatric registrar, and have been assessed as needing an acute MH (Banks House) admission, do not need any additional acute medical review unless there is a specific acute problem identified. As psychiatry registrars are clinical doctors, their assessment will exclude a delirium or other organic cause for the acute presentation.

Where patients being admitted to Banks House have only been assessed on-site by a non-medical member of the acute MH team, the ED should provide the delirium or organic illness check.

WHAT TO DO

- 1. All acute MH presentations must have PHYSIOLOGICAL OBSERVATIONS (TEMP, PULSE, HR, BP)
- If physiological observations are normal, a targeted history should be taken to exclude any acute physical symptoms. (tachycardia may be normal if acutely agitated)
- If there are no physiological abnormalities and no physical symptoms, record this on the back of this form and your review is complete
- 3. If obs are abnormal or there are significant acute symptoms, stabilise the patient, record your findings on this form, check whether they should preclude Banks House admission

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(this form has two sides – see guidelines on back)

Patient's deta	ails (or sticke	r)			
	Name Age DOB Address				
Brief descrip	tion of preser	nting problem:			
	I Observation				
Heart rate	BP	Temp.	Resp. rate	O2Sats	BSL
Any acute phy	sical health pr	oblems (includi	ng ingestion or o	drug side-effec	ts) ?
Is the patient of	excessively dro	owsy or confuse	ed?(distinguish d	confusion from	psychosis)
Can you find a	any evidence c	of physical caus	e for the acute p	presentation?	
Are there any	issues that the	e psychiatry tea	m should follow-	-up?	
ED doctor's r	name printed	Signe			nd time