

ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND
TRAUMA CENTER

Psychiatric Emergency Services Registered Nurse

Standardized Procedures and Protocols

2021

Zuckerberg San Francisco General Hospital and Trauma Center

Psychiatric Emergency Services

Standardized Procedure and Protocols Manual

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Zuckerberg San Francisco General Hospital and Trauma Center

Standardized Procedures

Introduction

The following protocols are the policies and guidelines for the care provided to patients at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG), Psychiatric Emergency Services (PES) by Psychiatric Registered Nurses (RN). Since it is impossible to anticipate every clinical situation or presenting chief complaint that may arise, it is expected that attending provider consultation from PES may be warranted. The belief is that the Psychiatric RN may refer any patient for PES provider evaluation using their nursing clinical judgment. In general, the Psychiatric RN shall function within the scope of practice as specified in the State of California Nurse Practice Act.

The Standardized Procedures were developed with assistance from the following:

1. Implementation of Standardized Procedures. Position Statement of the California Nurse Association
2. Standardized Procedure Work Sheet, State of California Board of Registered Nursing, Department of Consumer Affairs.

General Policy: Psychiatric Nurse in the Psychiatric Emergency Service

1. Policy Statement

- A. It is the policy of Zuckerberg San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively and approved by the Committee on Interdisciplinary Practice (CIDP) whose membership consists of Nurse Practitioners, Nurse Midwives, Physician Assistants, Clinical Psychologists, Pharmacists, Registered Nurses, Physicians and Administrators.
- B. A copy of the signed procedures will be kept at the triage area of PES.

2. Functions to be performed

The Psychiatric Registered Nurse based upon the nursing process determines the need for a standardized procedure. The Psychiatric RN provides health care, which involves areas of overlapping practice between nursing and medicine. These overlapping activities require standardized procedures. These standardized procedures include guidelines stating specific conditions requiring the Psychiatric RN to seek provider (Physician or Nurse Practitioner) consultation.

3. Circumstances under which Psychiatric RN May Perform Function:

- A. The setting is the Triage area in PES.
- B. Scope of Supervision Required:
 - 1. The Psychiatric RN is responsible and accountable to the PES Nurse Manager and to the PES Medical Director.
 - 2. Overlapping functions are to be performed in areas which allow for a consulting provider to be available at all times to the Psychiatric RN, by phone or in person, including but not limited to the clinical area.
 - 3. Provider consultation is to be specified in the protocols and under the following circumstances:
 - a. Emergency conditions requiring prompt prompt psychiatric and/or medical intervention.

4. Protocols:

- 1. Initiation and Advisement of 5150

5. Requirements for the Psychiatric Registered Nurse:

- A. Qualifications: each Triage Psychiatric RN must:
 - 1. Possess an unrestricted California license as a Registered Nurse
 - 2. Current Basic Life Support certification from an approved American Heart Association provider.
 - 3. Successfully complete the didactic and clinical training requirement described by the Psychiatric Emergency Service Nursing Standards of Practice.
 - 4. Possess effective interpersonal communication skills.

 - B. Evaluation of the Psychiatric Registered Nurse competence in performance of the standardized procedures.
 - 1. Initial:
General competency is initially evaluated during the education and training period through a preceptorship process by the Nurse Manager and/or Nurse Manager's designee.
 - 2. Follow-up evaluations for specified areas requiring increased skill may be conducted at specified intervals until acceptable level is achieved.
 - 3. Ongoing competency is evaluated by the annual written performance appraisal. Input will be sought from self-evaluation, attending psychiatrists, charge nurses, and nurse manager to determine maintenance of competency and inform related steps to close any identified gaps in competence.
6. Development and Approval of Standardized Procedures
- A. Method of Development
All Standardized Procedures are developed collaboratively by the PES Medical Director, PES Nurse Manager and administrators and must conform to the eleven steps of the standardized procedure guidelines as specified in Title 16, CCR Section 1474.

 - B. Approval
All standardized procedures must be approved by the CIDP, Credentials Committee, Medical Executive committee and the Joint Conference Committee prior to use.

 - C. Review Schedule
The standardized procedure will be reviewed every three years or as practice changes, by the registered nurses, nurse managers and medical directors.

Protocol #1: Initiation and Advisement of 5150 status

A. Definition

This protocol covers the initiation and advisement of 5150 status evolving out of PES triage screening.

B. Data Base

1. Subjective Data

- Statement of chief complaint
- Report of current or past suicidality or homicidality, including plan and access to means.
- Review Medical record for clinical alerts and other relevant information.
- Contact/review with relevant others (ie: family, case worker, therapist and other support systems etc.) as available for validation of patient information
- Patient history and signs and symptoms relevant to medical, psychosocial, psychiatric and/or addictive disease process/injury and organ systems affected.
- Pertinent past medical history, past psychiatric history, past episodes of substance withdrawal or detoxification, medication and substance abuse patterns and allergies.
- Psychiatric symptoms that impair reasonable access to food, clothing or shelter

2. Objective Data

- Evidence of psychiatric illness on focused mental status exam
- Overt evidence of grave disability
- Evidence of acute danger to self and others

3. Assessment

- Consistent with subjective and objective findings
- Assessment of risk to self or others or grave disability

C. Treatment Plan

1. Initiate 5150
2. Notify attending provider regarding new patient for assessment.
3. Stabilize patient and initiate education/support including treatment modalities and discharge information and instructions as appropriate for the next level of care.

D. Patient Conditions Needing Provider Consultation

1. All patients will see a physician and/or nurse practitioner prior to leaving PES.

E. Record Keeping

Documentation of care plan in medical record as appropriate.