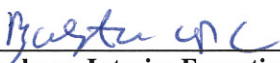




**COBB COUNTY COMMUNITY SERVICES BOARD
DOUGLAS COUNTY COMMUNITY SERVICES BOARD**

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| Policy # 8151 | Behavioral Health Crisis Center - Admission Protocol Observation Unit |
| Origination Date: October 1, 2012 | |
| Revision Date: July 1, 2015, July 30, 2015, December 28, 2015 | |
| Reviewed Date: May 8, 2013 | |
| Approved:  | |
| Bryan G. Stephens, Interim Executive Director | |

POLICY:

It is the policy of the Cobb County Community Services Board and the Douglas County Community Services Board's Behavioral Health Crisis Unit (BHCC) to collect a comprehensive data base in order to provide psychiatric stabilization, detoxification and stabilization of co-occurring illness. The expected outcome is to integrate clients back into the community in as short a period of time required for optimal restoration and stabilization.

PROCEDURE:

1. The BHCC receives referrals' from the Georgia Crisis and Access line (GCAL), direct referrals from our agency, community or a Court Order to Apprehend or through a self-referral.
2. For individuals coming through the Crisis Receiving Unit, Policy #8152 is followed. These individuals are triaged by the nursing staff and a medical history is obtained to make sure the BHCC can accommodate any special medical issues and to ensure the individual's medical history does not include the state's exclusionary criteria (See Attachment A). Once the information is reviewed by the charge nurse, a nurse to nurse is completed with the referring facility for the current status of the individual.
3. If there is information from a referring facility, once that information is obtained, it is reviewed by the Charge nurse. The Charge nurse looks at labs for any abnormalities such as potassium levels, platelets, blood sugar deviations, liver enzymes, blood alcohol levels, urine drug screens, acetaminophen and salicylate levels etc. Pregnancy test as applicable. A medical history is obtained as much as possible from the referring facility to make sure the BHCC can accommodate any special medical issues and to ensure the individual's medical history does not include the state's exclusionary criteria (Policy #8152, Attachment A). Once the information is reviewed by the charge nurse, a nurse to nurse is completed with the referring facility for the current status of the individual.
4. Staff conducts a pat-down search of each individual, her or his clothing, and all personal effects before admission to the units. (See Policy #8144)
5. When the nurse to nurse is completed the charge nurse/triage nurse reports the obtained information to the MD/APRN. The MD/APRN will then interview the individual (if on site), and deny or accept the individual for admission to the observation unit of the BHCC. At each 6 hours individuals are reassessed for level of care and referred to the acute unit or outpatient services.
6. Individuals will stay no more than 23 hours.

7. The MD/APRN will write orders for care, including the level of observation, and order a body search with rationale if needed (See Policy #8144)
8. GCAL and the referring facility will be notified of acceptance or denial with the reason for denial given. All denials are recorded with the reason for denial in the unit's denial log.
9. Per DBHDD guidelines, maximum capacity for Temporary Observation area is not more than six (6) individuals.
10. This Policy referenced in Policy #8155, #8149