Psychiatric Consultation on an Inpatient Medical Unit

Consultation-liaison (C-L) psychiatry is the subspecialty of psychiatry concerned with medically and surgically ill patients. Consults may be obtained on Members hospitalized on medical/surgical units or those presenting to emergency departments (EDs).

In general, the aims of psychiatric consultation are:
1. to ensure the safety and stability of Members within the medical environment;
2. to collect sufficient history and medical data from appropriate sources to assess the Member and formulate the problem;
3. to conduct a mental status examination; and,
4. to initiate an active treatment plan that could include medication, as deemed appropriate.

### Criteria

<table>
<thead>
<tr>
<th>Admission Criteria</th>
<th>The following criterion is necessary for admission to this level of care:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1. The Member is an inpatient on a medical/surgical unit or in the emergency department (ED).</td>
</tr>
</tbody>
</table>

One of the following criteria (2-7) is also necessary for admission to this level of care:
2. The Member has a suspected psychiatric or behavioral disorder, a significant psychiatric history, or current or recent use of psychotropic medications;
3. The Member has a high risk for psychiatric problems by virtue of serious medical illness (e.g., organ transplantation);
4. The Member displays acute agitation as a result of psychosis, intoxication, withdrawal, dementia, delirium, or other etiologies (e.g., toxic metabolic disturbances, cardiopulmonary, endocrine, neurologic disorders);
5. The Member expresses suicidal or homicidal ideation or a wish to die, including a request for hastened death, physician-assisted suicide, or euthanasia; or
6. The Member’s care involves a medico-legal situation (e.g., where there is a question of a patient’s capacity to consent to or refuse medical or surgical treatment).

| Psychosocial, Occupational, and Cultural and Linguistic Factors | These factors, as detailed in the introduction, may change the risk assessment and should be considered when making level-of-care decisions. |
**Exclusion Criteria**

*The following criterion is sufficient for exclusion from this level of care:*

1. The Member can be safely maintained and effectively treated without psychiatric consultation.

**Continued Stay Criteria**

*One of the following criteria (1-2) is necessary for continuing consultation:*

1. There is a need for ongoing data collection, systems interventions, psychopharmacological monitoring, prevention of behavioral or psychiatric relapse, or increased compliance with treatment recommendations; or

2. The Member needs restraints or is on constant observation, remains psychotic, agitated, potentially violent, psychiatrically unstable or suicidal, or a delirium has not resolved.

**Discharge Criteria**

The Member no longer requires psychiatric consultation services.