Are medical interventions required?

Does patient require transfer?

**Initiate Medical Management**

Consider Pediatrician consult.

YES

**Triage/Initial Assessment**

* History/Physical
* Diagnostic Investigations

YES

NOP

NOP

|  |  |
| --- | --- |
| GP | General Practitioner |
| CYMH | Child &Youth Mental Health Services (MCFD) |
| MCFD | Ministry of Child & Family Development |
| PTN | Patient Transfer Network |
| SU | Substance Use |
| BCCH | BC Children’s Hospital  |
| RACE | Rapid Access to Consultative Expertise |

**Discharge steps:**

* Address questions of child/youth & family/guardian
* Explain discharge follow-up
* Notify Aboriginal Liaison as needed
* Complete *&* fax ***Discharge Communication Plan*** as urgent referrals to CYMH (attach HEARTSMAP results)
* Fax communication plan to GP
* Fax communication plan to Aboriginal Youth Outreach & Family Support Worker (WI)
* Review ***Safety Plan*** with child/youth & family/guardian
* Consider SU services referral



**Admit/Manage locally**

*Psychiatric symptoms likely to clear within 24-48 hours*

* Consult local Psychiatrist
* Notify GP
* Notify Aboriginal Liaison when indicated
* Identify *Safety Plan*
* Identify level of observation
* Refer to local CYMH

**Consider:**

* Mental health act form 4
* Consult pediatrician
* SU services referral

**Admit – Transfer to higher level of care**

* Consult Psychiatrist at receiving hospital
* Call PTN & arrange transport
* Notify GP
* Urgent referral to CYMH
* Consider Mental health act form 4

Once environment safe, complete discharge steps

**Call: CYMH/MCFD**

* Weekday: M-F 0830-3:30 **250.992.4267**
* Afterhours or No local office:

310-1234

(No area code required)

**NO**P

**Psychiatric Assessment:** ER nurse/ Dr calls Quesst -> Quesst calls CYMH to for patient history and request clinician can come (M-F 08:30-3:30).

If CYMH cannot come -> Quesst comes -> If Quesst cannot come -> ER nurse or physician does assessment

* Interview child/youth and family/guardian independently (as appropriate)
* **HEARTSMAP** assessment (input results online, print report with recommendations, add patient label)

***\* If indicated, consult local Psychiatrist (M-F 0900-1600) or UHNBC on call Psychiatrist to assist with disposition and/or management***

***\* If unavailable after hours call: RACE 1-877-696-2131 (M-F 0800-1700) or BCCH afterhours: 604-875-2345 (ask for Psychiatry On-Call)***

***\*If unavailable/ after hours: RACE 1-877-696-2131 (M-F 0800-1700) or BCCH afterhours: 604-875-2345 (ask for Psychiatry On-Call)***

**PTN Transfer to appropriate level of care**

* Consult on call Psychiatrist
* Complete Mental health act form 4
* Notify GP & CYMH
* Notify Aboriginal Liaison when indicated

**Child/youth requires certification under mental health act**

**Child/youth requires further evaluation/ treatment**

**Child/youth suitable for discharge**

**YES**

**Have d/c safety questions been addressed?**

**See reverse**