

Crisis Situation

If at any time, a client makes a statement that they are suicidal, homicidal, or present as gravely disabled to a point creating increased risk to the, the crisis procedure needs to be followed.

1. Complete the Crisis Note to the Disposition section. Be as thorough as possible. Be very clear at the beginning of the Presenting Problem and the Assessment Sections as to why you feel they are a danger to self/others. Remember that if it is a child or if we have no beds available, this is the document that is sent to other agencies when trying to find a bed, so be concise but clear throughout this note.
2. Be sure to put Mental Status information in the Assessment portion, as this helps those that are deciding hospitalization and placement.
3. If the client is suicidal, complete the Columbia Suicide Assessment and add this information into the note.
4. Call Access to make them aware of what is happening. They will have up to the minute information and can prepare for possible hospitalization.
5. Staff with the On Call. Most of what they want to know is within the note you just wrote, but be sure to utilize the How to Staff with a Psychiatrist checklist to ensure you have all the information they may ask for.
6. Once a decision has been made by the On Call, fill in the Disposition section and complete the note for the chart.

If Safety Plan is Recommended

1. If the On Call recommends you Safety Plan, work with client (and family if present) to complete the Safety Plan in the Clinical Record. Once completed, ensure the client signs it and then print a copy for the client to take with them. Fill it out completely including phone numbers if possible.
2. Contact Access and let them know that Safety Plan was completed and hospitalization is not required.

If Hospitalization is Recommended

1. Call Access back and inform of the On Call's decision. If they need to start looking for a bed, they will utilize your note, and ask any clarifying questions they may have. For some sites, Access may take over at this point (VCOP, possibly CAS) and be able to monitor the client, set up transportation, etc. For other sites, you must ensure that the client is safe and does not leave the office until resolution occurs. Some sites, once Access finds a bed, set up transportation themselves, while others request Access completes this as well. **Clients are not to be transported by family without the consent of the On Call.** Due to risk, this should be a last resort. Work with your Clinical Supervisor and Program Manager if you need assistance with this.
2. Sometimes, the parents cannot follow transport and Access will request that you assist with completing the intake paperwork for the hospital. They will mark what needs completed.

Work with the family to complete and fax either to Access or the hospital directly, depending on directive given by Access.

3. Ensure there is a Facesheet and any documentation requested by transport company ready for when they arrive. If you completed any intake paperwork for the hospital, send the hard copy in an envelope with the client.
4. Call Access and inform them that the client has left and approximate ETA so they can pass that information along if needed.
5. You may be asked to staff with the nurse on the unit. Utilize your note to give them relevant information and answer any questions clearly and concisely.